Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. Solve the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Δ		e 2017 calendar year, or tax year beginning $Jul 1$, 201	7, and end	ng Tu	n 30	, 20 18						
<u>-</u>			r, and cha	ing ou		identification number						
В		f applicable C Name of organization NEXT GENERATION MEN, INC.										
		s change Doing business as Number and street (or P O box if mail is not delivered to street address)	Room/s	uuto	47-18							
\vdash	Name c			uite								
	Initial re		304		(678)	458-8123						
님		urn/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return ATLANTA, GA 30303			G Gross rec							
Ш	Applicat	tion pending F Name and address of principal officer	_	_		bordinates ² Yes No						
		PHILLIP OLALEYE, 115 MARTIN LUTHER KING DR SW, SUITE 304, AT										
\vdash		empt status	or 1.527		•	ist (see instructions)						
J	Website	115111551111515115			exemption n							
K		<u></u>	Year of form	ation 201	4 M State o	f legal domicile GA						
ŀ	art i	Summary	-									
	1	Briefly describe the organization's mission or most significant activiti	es. BRII	NGS COLLE	GE AND	CAREER						
Governance		READINESS TO LIFE FOR UNDERSERVED STUDENTS ACK	ROSS ATI	LANTA THRO	OUGH							
nar		EXPOSURE AND SUPPORT.	·									
Ver	2	Check this box ▶☐ if the organization discontinued its operations o	r disposed	of more than	25% of it	s net assets						
ဗိ	3	Number of voting members of the governing body (Part VI, line 1a).			3	6						
م ۆ	4	Number of independent voting members of the governing body (Parl	t VI, line 1b)	4	6						
ties	5	Total number of individuals employed in calendar year 2017 (Part V,	line 2a)		5							
Activities &	6	Total number of volunteers (estimate if necessary) .			6	225						
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	_0.						
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.						
				Prior Ye	ar	Current Year						
ø.	8	Contributions and grants (Part VIII, line 1h)		220	,611.	450,669.						
ğ	9	Program service revenue (Part VIII, line 2g)										
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)										
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 27, 223										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A	,611.	477,892.								
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) .											
	14											
w	15	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{										
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,		7,001.	171,656.						
e j	b		9,981.	14 · 1	(X, A)	**************************************						
μ̈́	4-7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,733.	143,267.						
D >	18	Total expenses Add lines 13–17 (must equal Part IX, column (A) circ	25)		3,797.	314,923.						
2	19	Revenue less expenses Subtract line 18 from line 12	MED		3,186.	162,969.						
ets or 1 WW	;			Beginning of Cu		End of Year						
	20	Total assets (Part X, line 16) .	A AAAA	H-(A)	,159.	208,259.						
Net Asse	21	Total liabilities (Part X, line 16)	W 2018		,868.	0.						
i se i	22	Net assets or fund balances. Subtract line 21 from line 20		H (3-1	,291.	208,259.						
	art II	Signature Block	N. UT		, 2)1.	200,233.						
_		alties of perjury, I declare that I have examined this return, including accompanying sched	dules and stat	ements and to t	he best of m	v knowledge, and belief it is						
		ct, and complete Declaration of preparer (other than officer) is based on all information of				, knowledge and belief kno						
		1 10/2										
Sig	an	Signature of officer		Da	te							
	ere	PHILLIP_OLALEYE, EXECUTIVE DIRECTOR										
	-	Type or print name and title										
_		Print/Type preparer's name Preparet's signature	04	Date	1	a . PTIN						
	aid	TOWNER CONTINUES OF TOWNER CONTINUES OF	LV4	08/24/201	Check >	() if 100 oyed P00988488						
	epare		<i>w</i> .									
Us	se On				•	5-4213536						
Ms	v the II	Firm's address ► 206 Derby Court, Acworth, GA 30102 RS discuss this return with the preparer shown above? (see instruction)			ne no (67	78) 596-2771						
		work Reduction Act Notice, see the separate instructions. RAA		EV 12/05/17 PRO	<u> </u>	Form 990 (2017)						
COL	raven	WOLK DEGUCTOR ACTIVOLCE. SEE HIE SEDALATE INSTRUCTIONS. KAA	н н	.ev Diablit PRO		COMB 330 IZU / 1						

	90 (2017)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Briefly describe the organization's mission	
₹	BRINGS COLLEGE AND CAREER READINESS TO LIFE FOR UNDERSERVED STUDENTS ACROSS ATLANTA THROUGH	
	EXPOSURE AND SUPPORT. Did the organization undertake any significant program services during the year which were not listed on the	
-		Yes 🗵 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes ⊠ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	measured by ons to others
4a	(Code)(Expenses \$ 198,836. including grants of \$ 0.)(Revenue \$ 500, EXECUTED A YEAR LONG PROGRAM FOR MULTIPLE COHORTS OF STUDENTS AIMED AT BRINGING COLLEGE AND CAREER READINESS TO LIFE FOR PARTICIPANTS. THE PROGRAMS MET ONE TO TWO TIMES PER WEEK AFTER SCHOOL AND ALSO INCLUDED MONTHLY EXPOSURE VISITS TO DIFFERENT COMPANIES AND COLLEGES ACROSS ATLANTA WHERE STUDENTS MET WITH REAL INDUSTRY PROFESSIONALS AND LEARNED WHAT IT TAKES TO ACHIEVE THE SPECIFIC CAREERS THEY ARE EXPERIENCING. THE STUDENTS ALSO PARTICIPATED IN MULTIPLE LARGE-SCALE EVENTS THROUGHOUT THE YEAR, INCLUDING A NETWORKING NIGHT, A CAREER DISCOVERY DAY, AND THE NEXT GEN GAMES - AN INTERSCHOLASTIC COMPETITION THAT TESTED THE SKILLS THE STUDENTS HAD WORKED ON THROUGHOUT THE YEAR.	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

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Form 99	00 (2017)	J (J L	Páge 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	۱.		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		×	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_	<u> </u>	×
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
O	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<u> </u>	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1525EBE3	×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	146		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	17		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	×	v
		19		<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
₹ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			1
00		22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	_23		×
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		_	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	į		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		l	
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			١
07		26	├ -	×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	*, 3.08	R. San P. Harlis	×
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	galet a	10,1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	 - -	×
JŁ	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JE	 	 ^
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		— —	
	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u></u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
••	Part VI	37	<u> </u>	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.			
	19. Note. Air rotti 990 illers are required to complete schedule O.	38	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
₫a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 31	al registration	ž.	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		Y MINI	
	reportable gaming (gambling) winnings to prize winners?	1c	_ <u>×</u>	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	TO THE SAME	· Marin	the cla
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		dar and	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1996		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1 10 .006	X //w////
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	THE STATE OF		
5a		E-		
эа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	<u> </u>	×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	PR GREET PR		**. A
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		See .	i jijimaniy minanaka
	and services provided to the payor?	7a	×	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	2. mai	a det	r Malaite
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u>×</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	L	×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	Walde d	Co with the state of
Ū	sponsoring organizations maintaining donor advised failed. Bid a donor advised failed maintained by the	8	र्द्धाः क्षाः	21.5
9	Sponsoring organizations maintaining donor advised funds.		E.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Alleman (C.)	History Hall
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	l	
10	Section 501(c)(7) organizations. Enter.	Fall	Sal Tri	LAN
а	Initiation fees and capital contributions included on Part VIII, line 12			MA
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4 4		nya isali
b	Gross income from other sources (Do not net amounts due or paid to other sources			***
	against amounts due or received from them)	4.54 1 -		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1999 % squire	985 7680A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	वेषश्रीकृति .	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	(Latina)	200 Sec. 100
b	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans		Paris Property	and and a second
С	Enter the amount of reserves on hand	1	B.	Salari ba
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	tenth Hear	×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\vdash	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	tructi	_
Sacti	Check if Schedule O contains a response or note to any line in this Part VI			×
Section	on A. doverning body and Management	$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	77		2 3/2 /2 A
	If there are material differences in voting rights among members of the governing body, or	to the		**************************************
	if the governing body delegated broad authority to an executive committee or similar	100 PM		
_	committee, explain in Schedule O.		N.	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6		Negoli	146
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	الغمد هند	ALÉ MA
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	编		1
	the year by the following	200		San And
a	The governing body?	8a	<u></u> _	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<u></u> _	
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	401		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	# T. 5 , 24 4 8
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	اداده المعاددة . - 🗶	, 754m å
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	40-		
13	Did the organization have a written whistleblower policy?	12c	×	
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by	(**) (j	Fair of	Par Shirt
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		**	
а	The organization's CEO, Executive Director, or top management official	15a	×	<u></u>
b	Other officers or key employees of the organization	15b	X_	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			(A) (A) (A)
100	with a taxable entity during the year?	16a	Salta:	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Solvenistics)
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	15 m		\$ 4°
	organization's exempt status with respect to such arrangements?	16b	- Allenia	<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA Section 6104 required on account to make to Forms 1002 (or 1004 to solve).		-1/01	د بامم
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ו 501 (c)(3)s	only)
4-	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re			

Part VII	Compensation of Officers	Directors,	Trustees,	Key Employees,	Highest (Compensated	Employees	, and
	Independent Contractors							

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

☐ Check this box if neither the organization	nor any relate	d org	anız			ompe	nsa	ated any curren	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	official individual	unles er and	Pos neck ss pe	rson	e than of is both or/trust employee employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LEONTE BENTON DIRECTOR	3.00	×						0.	0.	0.
(2) SAMUEL WAKEFIELD DIRECTOR	3.00	×						0.	0.	0.
(3) CHRIS THOMAS DIRECTOR	3.00	×						0.	0.	0.
(4) ROBERT FORTSON DIRECTOR	3.00	×						0.	0.	0.
(5) DINA BAILEY DIRECTOR	3.00	×						0.	0.	0.
(6) BRIAN SADLER DIRECTOR	3.00	×						0.	0.	0.
(7) PHILLIP OLALEYE EXECUTIVE DIRECTOR	40.00			×				45,667.	0.	0.
(8) BENJAMIN SPERLING CHIEF OPERATING OFFICER	40.00			×				48,666.	0.	0.
(9)										
(10)			İ			_				
(11)				-					-	_
(12)		-			-	-				
(13)										
(14)		-					-			

Part	Section A. Officers, Directors, Trust . (A)	ees, Key E (B)			Pos) ition	than o		(D)	(E)		(F)
٠	Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, i	unles	s pe	rson	bor/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensation related organizatio (W-2/1099-M	n from	amo ot compe fror organ and r	mated unt of her ensation n the nization telated izations
(15)							0.	-		<u> </u>			-
(16)				-									
(17)			-			_		-		,-			
(18)								-			-		
(19)								-					····
(20)		-	<u> </u>			_		-					<u>_</u>
(21)			1										
(22)								_					
(23)				-		-							
(24)						-		-					
(25)						ļ		-				·	
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c) .	=	 on A	1	<u> </u>		<u> </u>	>	94,333.		0.		0.
2	Total (add lines 1b and 1c) . Total number of individuals (including bu reportable compensation from the organ	t not limited	to th	nose	list	ed	above	e) w		ore than \$1		of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	ployee, or high	nest compe	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	×
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividual	5	×
Section	on B. Independent Contractors					_						<u> </u>	
1	Complete this table for your five highest compensation from the organization. Rej year.												
	(A) Name and business add	dress						<u> </u>	(B) Description of s	ervices	C	(C) ompens	ation
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who			

Part	VIII	Statement of Reve						
CO DECEMBER TO SE	90.0V - 300.u '9	Check if Schedule O	contains a re	esponse or note t				<u>.</u> . <u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a b	Federated campaigns Membership dues						Amales and a
Š, A	С	Fundraising events .	1	0.			and the second	A HOURS DO NOT
	d	Related organizations	1.	d				And the second
	e	Government grants (con	· -	e				
tion S	f	All other contributions, g						
호美		and similar amounts not inc	L					
Contributions, and Other Sim	g	Noncash contributions include		5 7,802.				
	<u>h</u>	Total. Add lines 1a-1	<u>f</u>	>	450,669.	3.7		r construction for the
Program Service Revenue	0-			Business Code			7 3 1 3 A	
eve	2a				ļ	 		
Se F	b					 		
Ĭ.	d							
Š	u a							
grai	•	All other program sen		-	 			
Pro	g	Total. Add lines 2a–2		•	 	Pour on taking and the	T. A.F. W. E.	
	3	Investment income and other similar amo	(including div					11.00.172.472.47
	4	Income from investmen	•			 		
	5	Royalties	'	▶				
	}	,	(ı) Real	(II) Personal		. 411.		
	6a	Gross rents .						
	b	Less rental expenses						
	С	Rental income or (loss)						part of
	ď	Net rental income or ((loss) .	>				
	7a	Gross amount from sales of	(i) Securities	(II) Other	Mary Mary	endating the e		CONB. T. S. S.
	}	assets other than inventory					Marie L. Marie	graphic control of the control of th
	b	Less cost or other basis						7,747,
		and sales expenses						
	С	Gain or (loss)						
	ď	Net gain or (loss)			200 Ab 2000-7 300 400	oba-destiferentalisas: of	Tank C. G. G. Yan calable b	a con a sellabor on transplant
e	82	Gross income from fu	ındraicina					
en	Va		50,319.		10 m 2 m 30			
ě	}	of contributions reporte						
er er		See Part IV, line 18		a 50,319.	Associate to		A Long Long to	
Other Revenue	b	Less. direct expenses		b 23,096.		Winds the state		
0	C	Net income or (loss) f			27,223.		0	27.223
	9a	Gross income from ga					FARA E	
		See Part IV, line 19		а				Torring and the state of the st
	b	Less: direct expenses	3	b				
	С	Net income or (loss) f	rom gaming a	ctivities .				
	10a			3	W. Carlo	The state of the s		
		returns and allowance		a				
	b	Less cost of goods s		b	A Principal	wal in Arm if		an Jakanas a
	С	Net income or (loss) f		-,	* * * * * * * * * * * * * * * * * * * *	\$ 1 May 2 m		1 000 1007
	<u> </u>	Miscellaneous F	revenue	Business Code			M. L. L. M.	ra tele mod
	11a			-	 	ļ		
	b			-			 	
	C	All other revenue .			 		 	
	de	Total. Add lines 11a-	•		 		State of Sta	Party Discould be and
	12	Total revenue. See II			477,892.	· Arran france	0.	27,223.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service (C) Management and 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV. line 22 . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 . . . 4 Benefits paid to or for members . . 本部"教徒""武汉 Compensation of current officers, directors, trustees, and key employees 106,750. 51,013. 37,675. 18,062. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . . 52,481. 46,133. 853. 5,495 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . 2,083. 0. 2,083. 0. 10 Payroll taxes 10,342. 5,147. 4,129. 1,066. Fees for services (non-employees) Management Legal . 3,621 0. 3,621. 0. Accounting . 4,587. 4.587. 0. 0. Lobbying d Professional fundraising services See Part IV. line 17 Investment management fees . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2,431. 0. 2,431. 0. 12 Advertising and promotion 3. 0. 3. 0. 13 Office expenses 4,104. 0. 4,104. 0. 14 Information technology . Royalties . . 15 16 Occupancy . 12,567. 0. 12,567. 0. 17 Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 0. 0. 0. 0. Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 . . 1,279 0. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column S THIS SHARE I m yk. (A) amount, list line 24e expenses on Schedule O) dural Maria e - Alba Chiadha - A STUDENT PROGRAMS AND EVENTS 61,375. 61,375. 0. 0. MATERIALS AND SUPPLIES 7,528. 7,528. 0. 0. INDEPENDENT CONTRACTORS 40,357. 40,357. 0. 0. d MISCELLANEOUS 5,415. 2,288 3,127. 0. All other expenses Total functional expenses. Add lines 1 through 24e 25 314,923. 200,503. 94,439. 19,981. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

if following SOP 98-2 (ASC 958-720)

if

REV 12/05/17 PRO

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 47,592. 208,259 Cash—non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . . . 4 2.567 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net R 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less, accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 16 50,159. 16 208,259 **Total assets.** Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses . 17 4,868. 18 Grants payable 18 19 19 Deferred revenue . . 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability, Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 Total liabilities. Add lines 17 through 25 4,868. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 40,291. 27 28 Temporarily restricted net assets . . . 5,000. 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances 45,291. 208,259. 33 50,159. 208,259. Total liabilities and net assets/fund balances . .

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	477,8	92.
2	Total expenses (must equal Part IX, column (A), line 25)	314,9	23.
3	Revenue less expenses Subtract line 2 from line 1	162,9	69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	45,2	91.
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	208,2	259.
Part			
	Check if Schedule O contains a response or note to any line in this Part XII		
		Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		36 4
	reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b ×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both.		
	Separate basis Consolidated basis Both consolidated and separate basis		unitabili
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c ×	
	If the organization changed either its oversight process or selection process during the tax year, explain in	PARTY AND A	Rapital Liku ée
	Schedule O.		Gradital A.A.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	T GENERATION MEN, INC.					47-1865064				
Par					<u> </u>		ns.			
1 2 3	organization is not a private foundat A church, convention of church A school described in section A hospital or a cooperative hos	ies, or associati 170(b)(1)(A)(ii).	on of churches descri (Attach Schedule E (F	bed in se orm 990	ection 17 or 990-E	'0(b)(1)(A)(i). Z).)	D9			
4	A medical research organizatio hospital's name, city, and state	!								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6 7	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 									
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organizer or university or a non-land-granuniversity.	nt college of agr	iculture (see instructio	ons) Ente	er the nan	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ole incom	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 33½% of its			
11	An organization organized and	operated exclus	sively to test for public	safety :	See sect	ion 509(a)(4).				
12										
а	Type I. A supporting organithe supported organization supporting organization. You	s) the power to	regularly appoint or e	lect a ma	jority of t					
b	control or management of the organization(s). You must c	he supporting o complete Part I	rganızatıon vested ın V, Sections A and C.	the same	persons	that control or mana	age the supported			
С	Type III functionally integr its supported organization(s						ally integrated with,			
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribi	ution requirement an				
е	Check this box if the organi functionally integrated, or T	zation received ype III non-func	a written determination	on from th oporting o	ne IRS th organizat	at it is a Type I, Type ion.	e II, Type III			
f	Enter the number of supported of	•								
<u>g</u>	Provide the following information (i) Name of supported organization	about the supp	(III) Type of organization (6). (described on lines 1–10		organization ur governing	(v) Amount of monetary	(vi) Amount of			
			above (see instructions))	docui	ment?	support (see instructions)	other support (see instructions)			
(A)				Yes	No					
(B)										
(C)							··· · -			
(D)										
(E)										
		12 . Martiniis. mis- a	AND ASSESSED TO THE RESIDENCE OF THE PARTY AND ASSESSED TO THE PARTY AND ASSESSED TO THE PARTY AND ASSESSED TO THE PARTY ASSESSED TO THE PARTY AND ASSESSED TO THE PARTY ASSESSED.	Read Street 1987	2 44 636					
Total	ı į	· 一种一种		ALL STATES	(a), (b), (c)	1				

	 (Complete only if you checked the Part III. If the organization fails to 						alify under
Secti	on A. Public Support	o quality unde	tile tests lis	sted below, p	iease comple	te Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(2)	(4) 2010	(4, 2010	(0) 2017	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/	/
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .					/	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		and the second				
6	Public support. Subtract line 5 from line 4			Fair L	F 1 / 1	M. H. Mani	
	on B. Total Support				/		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4				/		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				/		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	. 463,00 m/st 2 - 3 -5000 3			iona I of The		
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the form 1990 is for 199			d third fourth	or fifth toy w	12	n 501(a)(3)
13	organization, check this box and stop he			a, illira, lourii	i, or militax ye	ear as a secuc	on 50 n(c)(5) ► □
Secti	on C. Computation of Public Suppo			•	• • •	•	· · · <u>- </u>
14	Public support percentage for 2017 (line			1 column (fl)		14	%
15	Public support percentage from 2016 Sc		1.	r, column (i))	•	15	//
16a	331/3% support test—2017. If the organ		. ,	x on line 13. ai	nd line 14 is 33		
	box and stop here. The organization qua						▶ □
b	331/3% support test—2016. If the organ this box and stop here. The organization	ization did not	check a box o	on line 13 or 16		is 33 ¹ /3% or m	_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "façts	-and-circumst	ances" test, cl	neck this box a	and <mark>stop here</mark>	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization is supported organization	ation meets th	e "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization d	lid not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		117,072.	216,030.	220,611.	500,988.	1,054,701.
2	Gross receipts from admissions, merchandise				,		
	sold or services performed, or facilities	ļ					
	furnished in any activity that is related to the organization's tax-exempt purpose		0.	0.	0.	0.	0.
3	Gross receipts from activities that are not an		† · · ·				
	unrelated trade or business under section 513			1			
4	Tax revenues levied for the			-			
-	organization's benefit and either paid to						
	or expended on its behalf						
_	•		 				
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
			115 050	212			0.5.4. #10.1
6	Total. Add lines 1 through 5.		117,072.	216,030.	220,611.	500,988.	1,054,701.
7a	Amounts included on lines 1, 2, and 3	}					
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	•					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						<u> </u>
С	Add lines 7a and 7b .						
8	Public support. (Subtract line 7c from						
	line 6)	S. Harris Chr.					1,054,701.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		117,072.	216,030.	220,611.	500,988.	1,054,701.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
С	Add lines 10a and 10b		·			-	
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)	1					
13	Total support. (Add lines 9, 10c, 11,		-				
.0	and 12)	}	117 070	216 020	220 611	500 000	1 054 701
14	First five years. If the Form 990 is for the	he organizatio	117,072.		220,611.		1,054,701.
17	organization, check this box and stop he	-			-		· · · · · · · · · · · · · · · · · · ·
Socti	on C. Computation of Public Suppo			· · ·			<u> </u>
15	Public support percentage for 2017 (line		·	2 ookumn (f)		15	%
	· · · · · · · · · · · · · · · · · · ·		•				
16 Secti	Public support percentage from 2016 Sc on D. Computation of Investment In			.	<u> </u>	16	
	 			v lino 10!	mp (fl)	147	
17	Investment income percentage for 2017						
18	Investment income percentage from 201						%
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box		_			-	
b	331/3% support tests—2016. If the organization						·
	line 18 is not more than 331/3%, check this		_	,			=
20_	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions ► _

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Schedu	le A (Form 990 or 990-EZ) 2017		F	Page 5
Part	Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	400		September
٠a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		÷. 64.,	344
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			· -
		ادحد أنماحة	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		3.5	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		***	3077
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			*
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			27.30
_		1	.wa :3	. No. 253
2	Did the organization operate for the benefit of any supported organization other than the supported	27		12-2
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		12/2/10	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3/1	なで	tay ficini
	supervised, or controlled the supporting organization.	2	L	
Secti	on C. Type II Supporting Organizations			
		1 25 22	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			10 A 10
	or management of the supporting organization was vested in the same persons that controlled or managed		图	No. No.
	the supported organization(s)	1_		<u> </u>
Secti	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	* 3		- 1.5
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100	4 3	10 mil
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	5 T 20		M
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ve.) x34286	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	F-34		75.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		L .2	Libra.
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	y Lyi		in terior
	significant voice in the organization's investment policies and in directing the use of the organization's			A STATE OF
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	a las		فكالمد
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	'see in	struct	ions)
2	Actuation Test. Anguar (a) and (b) halou		Vac	No
2	Activities Test. Answer (a) and (b) below.	(2 € 7 52	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	(6)	WE S	Service Contract
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	14		
	how the organization was responsive to those supported organizations, and how the organization determined	39	**************************************	
	that these activities constituted substantially all of its activities	2a	نشد	1262
h		Za	* & ·	" W. V.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported experization(s) would have been engaged in 2.15 "Voc." explain in Part III the			P.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.		لَدُ مُصحَدُ ا	7.47E.
_		2b	24.54.50 r	1 Bosc
3	Parent of Supported Organizations Answer (a) and (b) below.		144	Š.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			16_E
	trustees of each of the supported organizations? Provide details in Part VI.	3a	(Aproposition	1 7977 248-0
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		1

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			· ·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		·
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	4-1		
instructions for short tax year or assets held for part of year).	*** 10°3		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)	A		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	THE POST OF THE POST OF	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	和海南市河 电码子	
4 Enter greater of line 2 or line 3.	4	建筑设置中部的	
5 Income tax imposed in prior year	5	100 140 14 14 14 14 14 14 14 14 14 14 14 14 14	
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		2 44 477	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	g Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
• 2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		1世 美国家	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI) See			
	instructions		N 196 6 1 29 290 1 200 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	Excess distributions carryover, if any, to 2017		Check Martin Charles	
a	The second secon			
b	From 2013	www. And was	Wantage 35/27/highten	
С	From 2014	out the second section in	si promotiva de la companya (1973).	3 660 5 3
d	From 2015			
<u>e</u>	From 2016		er militar em	egar ar fizhañou Jerrette
f_	Total of lines 3a through e	e 1711 2 mm 4.5 Sm 1 mm		
g	Applied to underdistributions of prior years	*	5882 en 8 m - 8680 a de - 668 a n	
<u>h</u>	Applied to 2017 distributable amount	Bind A in the St. 16		. F. Hans, V 1898. or 186. cartable and the
<u>i</u> _	Carryover from 2012 not applied (see instructions)	Constitution & State of the Sta		A Partie Committee
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	51 (2865 1966 177.4 27.)	Prince and Associated the Miller	
4	Distributions for 2017 from	plant and the state of the stat		
	Section D, line 7 \$		ide fa i Marie Man I de S	CONTROL OF STREET
a	Applied to underdistributions of prior years		256 628 65 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E W S MALLALIN BA
b	Applied to 2017 distributable amount	### " # # # # # # # #		Committee of the second of the
c	Remainder. Subtract lines 4a and 4b from 4.	Carlo de la marchia de la Carlo de La Carl	####77% ' , 15% 18% 1841 1841 1841 1841 1841 1841 1841 1841 1841 1841 1841 1841 184	produced in the second of the
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	THE REAL PROPERTY.		
			White Man will a straight and a state of the	127 * 47 · 1 * 1864 · 1 * Wall (* 127 · 1882)
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2018 Add lines 3	Agran TEART, States Ver. 34	AND THE ASSESSMENT OF THE	ANGERS STATES
•	and 4c			
8	Breakdown of line 7		in the second second second	NAME OF THE OF SEC
_ _ a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			AND BUILDING TO THE
	Excess from 2017 .	and Mark Laborate that were		

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	
	<u> </u>
	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number NEXT GENERATION MEN, INC. 47-1865064 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 .

Assets included in Form 990, Part X . . .

Part	Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures	, or Otl	her Similar As	sets (co	ntınued)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	ner record	ds, chec	k any of th	e follow	ring that are a s	ignificant	use of its
·a	☐ Public exhibition		d [Loan	or exchang	ge progr	ams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	3			• • • • • • • • • • • • • • • • • • • •				
4	Provide a description of the organizat		nd explai	n how th	nev further	the org	anızatıon's exen	npt purpo	se in Part
	XIII.				,	J			
5	During the year, did the organization	solicit or receive of	donations	ofart	historical ti	reasures	or other similar	ar	
•	assets to be sold to raise funds rather								s 🗌 No
Part									
	Complete if the organization 990, Part X, line 21.	answered "Yes"					•		Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er interm	ediary fo	or contribut	tions or	other assets no		es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing ta	able		A	mount	
С	Beginning balance					1c	+		
d	Additions during the year			• •		1d			
e	D 1 1 1 11			•	•	10 1e	· · · · · · · · · · · · · · · · · · ·		
f	Ending balance			•		1f			
				01 fara				0 T V-	
2a	Did the organization include an amount "Nas." evaluation the arrangement in Di						•		s 🗆 No
	If "Yes," explain the arrangement in Pa	art XIII. Uneck nere	tne ex	pianation	n nas been	provide	ed on Part XIII .	•	
Par			. –	000 5		40			
	Complete if the organization							T-1	
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
J	programs								
	· -								
f	Administrative expenses								
g	End of year balance				·			.\	
2	Provide the estimated percentage of t			e (line 1g	, column (a	i)) held a	as		
а	Board designated or quasi-endowmer	nt ▶	_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organiz	ation tha	at are held	and adı	ministered for th	e	
	organization by								Yes No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requir	ed on So	chedule R?			3b	
4	Describe in Part XIII the intended uses								
Pari									
T GIT	Complete if the organization		on Forr	n 990 F	Part IV Im	11a ب	See Form 990	Part X I	ine 10
								(d) Boo	
	Description of property	(a) Cost or oth	1		or other basis ther)	de	Accumulated epreciation	(a) Boo	k value
1a	Land					lighter at	ALLE ALLE		
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other					<u> </u>			
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	 90. Part X	column	(B), line 1)c)	•		
			,	,		/			

	Complete if the organization answered "Yes" on Fo (a) Description of security or category	(b) Book value		1990, Part X, line 12.
•	(including name of security)	(b) Book value		of-year market value
1) Financial	derivatives			
2) Closely-l	neld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments – Program Related.	000 5 . 11/4		
	Complete if the organization answered "Yes" on Fo	T		
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13) ▶	<u></u>	THE STATE OF THE S	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, I	ine 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col (B) line 15.)		•	
		·		
Part X	Other Liabilities. Complete if the organization answered "Ves" on Fe	000 Dort IV I	ing 11g or 11f Cod	S Earm 000 Dart V

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Federa	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col '(B) line 25)	>	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

		per Return.	
The state of the s		. 1	500,988.
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	2a		
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII.)	2d 23,	096.	
-		2e	23,096.
		3	477,892.
•	4a		
· · · · · · · · · · · · · · · · · · ·	4b		
		. 4c	
			477,892.
		es per Return.	
	Part IV, line 12a.	· · · · · · · · · · · · · · · · · · ·	
·		1	338,019.
	2a		
•		Jasa, E.	
·	2d 23,	096.	
·		. 2e	23,096.
		3	314,923.
	4a		
•	4b	E	
			
	e 18.)	5	314,923.
·	to provide any addition	onal information.	
		··	
			••
	Complete if the organization answered "Yes" on Form 990, F Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line XIII Supplemental Information. Be the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Cother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) XIII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIIII Supplemental Information. Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b at XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition XIII.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments Donated services and use of facilities Pecoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIIII, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. The time texpenses not included on Porm 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 1X, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest instructions.

Nâme of the organization Employer identification number NEXT GENERATION MEN, INC. 47-1865064 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I: Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations g

Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (IV) Gross receipts (or retained by) (ii) Activity custody or control of or entity (fundraiser) fundraiser listed in col (i) from activity contributions? organization Yes No 1 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

;		gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	
			GOLF TOURNAMENT	(5) 21011112	(c) Cities evering	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	50,319.			50,319.
L	2 3	Less. Contributions . Gross income (line 1 minus	50.210			50.210
\dashv		line 2)	50,319.			50,319.
	4	Cash prizes .				
,,	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs .				
ct Ext	7	Food and beverages				
Dire	8	Entertainment				
1	9	Other direct expenses	23,096.			23,096.
	10 11	Direct expense summary. Add				23,096. 27,223.
Par		Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, c organization answer	olumn (d) .		27,223.
Pa	11	Net income summary. Subtra	ct line 10 from line 3, c organization answer	olumn (d) . ed "Yes" on Form 99	00, Part IV, line 19, o	27,223. r reported more
	11	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, c organization answer	olumn (d) .	00, Part IV, line 19, or	27,223.
	11	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, c organization answer 00-EZ, line 6a.	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant		27,223. r reported more (d) Total gaming (add
Revenue	11 1 III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	ct line 10 from line 3, c organization answer 00-EZ, line 6a.	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant		27,223. r reported more (d) Total gaming (add
Revenue	11 1 III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	ct line 10 from line 3, c organization answer 00-EZ, line 6a.	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant		27,223. r reported more (d) Total gaming (add
enses Revenue	11 1 III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	ct line 10 from line 3, c organization answer 00-EZ, line 6a.	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant		27,223. r reported more (d) Total gaming (add
enses Revenue	11 rt III 1	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	ct line 10 from line 3, c organization answer 00-EZ, line 6a.	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant		27,223. r reported more (d) Total gaming (add
enses Revenue	11 1 2 3	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes	ct line 10 from line 3, c organization answer i0-EZ, line 6a. (a) Bingo	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	27, 223. r reported more (d) Total gaming (add col (a) through col (c))
Direct Expenses Revenue	11 1 1 2 3 4	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes Rent/facility costs	ct line 10 from line 3, c organization answer 00-EZ, line 6a.	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant	(c) Other gaming	27, 223. r reported more (d) Total gaming (add col (a) through col (c))
enses Revenue	11 11 1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	ct line 10 from line 3, c organization answer 10-EZ, line 6a. (a) Bingo	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	27, 223. r reported more (d) Total gaming (add col (a) through col (c))
enses Revenue	11 1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Other direct expenses Volunteer labor	ct line 10 from line 3, c organization answer 00-EZ, line 6a. (a) Bingo Yes % No	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes% No olumn (d)	(c) Other gaming	27, 223. r reported more (d) Total gaming (add col (a) through col (c))
enses Revenue	11 1 2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary Additional field in the	ct line 10 from line 3, c organization answer 00-EZ, line 6a. (a) Bingo Yes % No d lines 2 through 5 in co	olumn (d) . red "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d)	(c) Other gaming	27,223. r reported more (d) Total gaming (add col (a) through col (c))

Schedu	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party.
	Name ►
	Address►
16	Gaming manager information
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	······································
	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization								yer idei		on nur	noer		
NEXT GENERATION M. Part I Excess Bene		s (section 501	I(c)(3),	section :	 501(c)(4), a	nd 50	<u>↓_471</u> 1(c)(29) organiz	.8650 atıons					
							a or 25b, or Fo				/, line	40b	
1 (a) Name of disqualified	l person	(b) Relationship between disqualified person and organization				(c) Description of transaction					(d) Cor	rected?	
												Yes	No
(1)			_										
(2)						ļ. <u> </u>							
(3)						 		_					
(5)					· · · · · · · · · · · · · · · · · · ·								
(6)													
2 Enter the amount under section 4958		by the organ	nizatio	n manag		qualif	ed persons du	ring th	ne ye	ar ▶ \$		_	
3 Enter the amount of	of tax, if any, on	line 2, above,	reımb	ursed by	the organ	ızatıoı	ı		. 1	> \$			
Complete if the	d/or From Interne organization reported an amo	answered "Ye	es" on 990, P			2 nai	: 38a or Form 9!	90, Pa		(h) Ap	proved	(ı) W	ritten ment?
	with organization	IOan	organization?		principal an	nount		y 1		by board or committee?			r
(1)	 		То	From				Yes	No	Yes	No	Yes	No
(2)	 			-				-		-			
(3)	+							+					
(4)	 			+			-						
(5)				1			· · · · · · · · · · · · · · · · · · ·						
(6)													
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(10)		<u> </u>						894 × 154	1 (Luyoga	allaban sa	A.C. VXXXXX	diameter 2 10	Straight, 4, Statio
	sistance Beneration					▶ line 27			, ded -		debr Carrillon		
(a) Name of interested perso	n (b) Relations	ship between inter	rested		of assistance	T	d) Type of assistance	e	(e) Purpo	se of a	ssistan	ıce
(1)						 							
(2)			-										
(3)				·									
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(5)													
(6)									<u> </u>				
(7)						1							
(8)													
(9)					_				<u> </u>				
(10)													

Provide additional information for responses to questions on Schedule L (see instructions).	(a)	Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation nues?
V Supplemental Information	_					res	No X
Provide additional information for responses to questions on Schedule L (see instructions).		OHEN	FORMER OFFICER	15000.	COMPENSATION		+^
Provide additional information for responses to questions on Schedule L (see instructions).		·····				_	+-
Provide additional information for responses to questions on Schedule L (see instructions).							+-
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Provide additional information for responses to questions on Schedule L (see instructions).				ļ			↓
Provide additional information for responses to questions on Schedule L (see instructions).							┼
Provide additional information for responses to questions on Schedule L (see instructions).		C		<u> </u>			
	ì	Provide additional information	on for responses to allestion	s on Schedule I. (si	ee instructions)		
							-
						-	
	- -			-			
			·				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

	Open to Pub						
	Inspection						
Employer identification number							

NEXT GENERATION MEN, INC.	47-1865064
Pt VI, Line 11b: 990 IS PRESENTED FOR REVIEW BY OFFICERS AND BOAF	RD OF DIRECTORS
BEFORE FILING	
Pt VI, Line 12c: OFFICERS AND BOARD OF DIRECTORS MONITOR COMPLIAN	ICE
Pt VI, Line 15a: REVIEWED BY BOARD OF DIRECTORS	
Pt VI, Line 15b: REVIEWED BY OFFICERS AND SUBJECT TO APPROVAL BY	BOARD OF DIRECTORS
Pt VI, Line 19: INFORMATION PROVIDED UPON WRITTEN REQUEST AND BOA	ARD APPROVAL
Pt XI: ROUNDING	
	······································