Form **990-EZ**

Short Form 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 1545-1150

2014

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning 1/1/2014 , 2014, and ending		12/31	, 20 14
В	heck if ap	oplicable C Name of organization D	Empl	oyer ide	entification number
	Address o	thange NATIONAL COALITION FOR MEN, INC		1	1-2592580
닏	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telep	hone nu	ımber
=	nitial retui	1932 C STREET		(61	9) 231-1909
_	-ınaı retur Amended	return City or town, state or province, country, and ZIP or foreign postal code F	Grou	ıp Exer	nption
=		n pending SAN DIEGO, CA 92101	Nun	nber 🕨	•
G A	Account	ting Method ☐ Cash ☑ Accrual Other (specify) ► H Che	eck I	▶ □ 11	the organization is not
	Vebsite	e:▶ www.ncfm.org · red			ach Schedule B
JT	ax-exen	npt status (check only one) —	rm 9	90, 990)-EZ, or 990-PF)
KF	orm of	organization			
LA	dd line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
(Par	t II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struc	ctions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I.			<u>🗹</u>
	1	Contributions, gifts, grants, and similar amounts received		1	\$36,994
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments	•	3	3,460
	4	Investment income		4	5,700
	5a	Gross amount from sale of assets other than inventory 5a	0	٠ , ,	
	b	Less: cost or other basis and sales expenses	0	ر مر ۱۹۹۶ میرید	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
•	а	Gross income from gaming (attach Schedule G if greater than			
Revenue		\$15,000)	0		
ē	b	Gross income from fundraising events (not including \$o of contributions			
æ		from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) . 6b	0	LL E year Long Comme	
	С	Less: direct expenses from gaming and fundraising events 6c	0	34.5	
	ď	Net income or Ross Felty gaming and fundraising events (add lines 6a and 6b and subtra	act	362	
	_	line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	0		
	Ь	Less. cost of goods sold 2015	0		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	•	7c	0
	8	Other revenue mescripeum Schedule O. OK		8	0
	9	Total revenue: Add lines 1, 2, 3, 4, 5c. 6d, 7c, and 8		9	\$46,154
	10	Grants and similar amounts paid (list in Schedule O)	٠	10	0
/A	11	Benefits paid to or for members	•	11	9,100
ses	12	Salaries, other compensation, and employee benefits	•	13	0 000
Expense	13	Professional fees and other payments to independent contractors	•		9,886
ᄶ	14	Occupancy, rent, utilities, and maintenance	٠	14	8,450
	15	Printing, publications, postage, and shipping		15	5,781
	16	Other expenses (describe in Schedule O)		16	4,935
	17	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	\$38,152
əts	18 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	uth	"	\$8,002
SS	19	end-of-year figure reported on prior year's return)		19	ACE 400
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) . OK		20	\$65,482
Š	20 21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	<u>0</u> \$73,484
_		Net assets or fund balances at end of year. Combine lines 18 through 20		41	\$73,484 Farm 990-F7 (2014)

Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			\$65,482	22	\$73,484
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) . 04.				24	0
25	Total assets			\$65,482	$\overline{}$	\$73,484
26	Total liabilities (describe in Schedule O) . Of				26	0
27	Net assets or fund balances (line 27 of column			\$65,482	27	\$73,484
Par		•		•		-
	Check if the organization used Schedule			Part III	/Do	Expenses guired for section
Wha	is the organization's primary exempt purpose?	See	1 sne 28 (ne	kt)	501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline in the service accompline in the service accompline in the service accompline in the service accomplished in the servic	nanner, describe the ach program title.	e services provide	d, the number of		anizations, optional for ers)
28	NCFM IS A NON-PROFIT, ALL VOLUNTEER ORGANI					
	SEX DISCRIMINATION AFFECTS MEN AND BOYS.					
	INVOLVED IN THOUSANDS OF ACTIVITIES - GLOBA					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ ⊔	28a	9
29						
	(O) A (A)				00-	
	(Grants \$) If this amount	t includes foreign gra	ants, cneck nere .	<u> </u>	298	3
30						
	/O				20.	
		includes foreign gra		🟲 📋	30a	3
31	Other program services (describe in Schedule O)				04.	
		t includes foreign gra			318	
	Total program service expenses (add lines 28a				32	
Par					ışıru	ctions for Part IV)
	Check if the organization used Schedule	·	(c) Reportable	(d) Health benefits,	\top	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS (if not paid, enter -0-	contributions to employ benefit plans, and) Estimated amount of other compensation
HAR	RY CROUCH, PRESIDENT					
		40		0	0	0
MAR	C ANGELUCCI, VICE-PRESIDENT					
		2		0	0	0
AL R	AVA, SECRETARY					
		2		0	0	0
DEB	DRAH WATKINS, TREASURER					
		2		0	0	0
J ST	EVEN SVOBODA ESQ, MEMBER AT LARGE	_				
		2		0	0	0
WILL	HAGEMAN, TWIN CITIES CHPTR, VOTING MEMBER					
		2		0 0	2	0
MAR	K BATES, TWIN CITIES CHPTR, VOTING MEMBER					
		2		0	0	0
вов	WALKER, SAN DIEGO CHPTR, VOTING MEMBER					
		2		0	0	0
TIM (SOLDICH, CHICAGO CHPTR, VOTING MEMBER					
		2		0	0	0
CHR	S WOODWARD, LOS ANG CHPTR, VOTING MEMBER	3				
_		2		0	0	0
RAY	BLUMHORST, LOS ANG CHPTR, VOTING MEMBER					
		2		o	0	0
		_1				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
0.4	•	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	 •		-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	1/9
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		nla
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N \ldots	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ▶		ŀ	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	ļ	ļ	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		,	,
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958		1	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
_	40c reimbursed by the organization	*		- 4
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► HARRY CROUCH Telephone no ►	619)23	31-190	9
	Located at ▶ 932 C STREET SUITE B, SAN DIEGO, CA ZIP + 4 ▶	92	101	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		ļ	
С	At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country.	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	-	1 1/	T
44-	Did the executation mountain any dense advised finds diving the years If "Ves." Farm 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	AAL		1
_	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	 	1
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440	ļ	 ^
d	explanation in Schedule O	110	 	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 -	1
	DIO THE OFGANIZATION HAVE A CONTROLLED ENTRY WITHIN THE INEATHING OF SECTION 3 12(D)(13)?	TOd		v
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1

46 D	id the organization engage, directly or i	ndirectly, in political c	campaign activities	on behalf of	or in oppositi	on 46	Yes	No
Part VI		s only ns must answer que	estions 47–49b an	d 52, and c	complete the		or line	- - ≽s □
	id the organization engage in lobbying ear? If "Yes," complete Schedule C, Pai	activities or have a		tion in effec	t during the t	ax 47	Yes	No
49a D b If 50 C	the organization a school as described in did the organization make any transfers to "Yes," was the related organization a si complete this table for the organization's employees) who each received more that	to an exempt non-cha ection 527 organizations five highest comper	aritable related orga on? isated employees (d	nization? other than of	 fficers, directo	48 49a 49b ors, truste e, enter "N	es and	√ √ √ (d ke)
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plan	Ith benefits, ns to employee is, and deferred pensation	(e) Estimate other com		
NO EMPL	OYEES							
51 C	otal number of other employees paid over omplete this table for the organization 100,000 of compensation from the organization (a) Name and business address of each independent	's five highest companization If there is no	ensated independe	nt contracto		received Compensation		thar
NONE								
52 D	otal number of other independent contr id the organization complete Sched ompleted Schedule A	•		. ▶ganızatıons				No
Under pena true, correc	alties of perjury. I declare that I have examined this tt, and complete. Declaration of preparer to the that	return, including accompar in officer) is based on all info	nying schedules and state ormation of which prepar	ements, and to t er has any knov	the best of my kno vledge	owledge and	l belief,	rt ıs
Sign Here	Signature of Officer DEBORAH WATKINS, TREASURE Type or print name and title				5/14/2 Date 5/14/2015	015		
Paid Prepar Use Oı	nly Firm's name ▶	Preparer's signature			Check ☐ self-employ	of PTIN		
May the	Firm's address ► IRS discuss this return with the prepare	er shown above? See	instructions	<u> </u>	hone no	► ☐ Yes		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

vame	e of the organization					Employer Identification	number
	ONAL COALITION FOR MEN, INC				<u></u>	11-259	
_	rt Reason for Public Char				•		ns.
	organization is not a private founda		· ·		•	•	
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section		•				
3	A hospital or a cooperative hos						
4	A medical research organizatio		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
_	hospital's name, city, and state						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	☐ An organization that normally			port from	a gover	nmental unit or from	the general public
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II)				
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☑ An organization that normally if	receives: (1) mo	re than 331/3% of its	support f	rom con	tributions, members	hip fees, and gross
	receipts from activities related	•	-				
	support from gross investmen						k) from businesses
	acquired by the organization at	ter June 30, 197	75 See section 509(a	i)(2). (Cor	nplete Pa	art III.)	
10	An organization organized and		- · · · · · · · · · · · · · · · · · · ·	-			
11	☐ An organization organized and o						
	one or more publicly supported	_				, , , ,	
	the box in lines 11a through 11c			-		•	
а	_ ,,						
	the supported organization(s) organization. You must com			ct a majo	rity of the	e directors or trustee	s of the supporting
b	Type II. A supporting organiz	ation supervised	d or controlled in conf	nection w	ıth its su	pported organization	n(s), by having
	control or management of the	e supporting org	janization vested in th	e same p	ersons ti	nat control or manag	e the supported
	organization(s). You must co	mplete Part IV,	Sections A and C.				
c	Type III functionally integra	ted A supportin	ng organization operat	ted in cor	nection	with, and functionally	y integrated with,
	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Sectio	ns A, D, and E	
d	i ☐ Type III non-functionally int	egrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)
	that is not functionally integra	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	an attentiveness
	requirement (see instructions). You must coi	mplete Part IV, Secti	ons A an	d D, and	Part V.	
е							I, Type III
	functionally integrated, or Type	oe III non-function	onally integrated supp	orting or	ganızatıo	n.	
f							
g	Provide the following information	about the supp	orted organization(s).			·	
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9			(v) Amount of monetary	(vi) Amount of
			above or IRC section		ment?	support (see instructions)	other support (see instructions)
			(see instructions))				
				Yes	No		
(A)							
							
(B)		·					
(C)					-		-
·~,		<u> </u>					
(D)	!						
	<u> </u>			ļ			
(E)							
		4		Signal val			
Tota					Mir (*)		

Total

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	-i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support		T			T	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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)						
6	Public support. Subtract line 5 from line 4.					<u> </u>	<u> </u>
	ion B. Total Support		Γ	T			T
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he ion C. Computation of Public Support	re		nd, third, fourth	_		
14	Public support percentage for 2014 (line			11. column (fl)		14	%
15 16a	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi	hedule A, Part zation did not	II, line 14 . check the box	on line 13, and		15 73% or more, o	% check this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2013 . If the organicheck this box and stop here . The organicheck this box and stop here .	nization did no	ot check a box	x on line 13 oi	16a, and line		▶ □ or more, ▶ □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization".	014. If the orga	anization did n and-circumsta	ot check a box ances" test, ch	on line 13, 16 eck this box a	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the	e "facts-and-c	rcumstances"	test, check the	his box and s	top here.
18	Private foundation. If the organization di	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	ck this box and	l see

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

(Complete only i	f you checked the box on li	ne 9 of Part I or if	the organization f	ailed to qualify	under Part II.
	on fails to qualify under the				

Secti	on A. Public Support			, p. 0000 00			
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		.,,	(3, 22, 12	(4, 2010		(1)
	received (Do not include any "unusual grants")	109,437	45,578	32,888	36,133	40,454	264,490
2	Gross receipts from admissions, merchandise	100,431	43,370	32,000	30,133	40,434	204,430
	sold or services performed, or facilities			i			
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
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						
3	furnished by a governmental unit to the			- 1			
	organization without charge			İ			
	_				_	_	
6 7a	Total. Add lines 1 through 5	109,437	45,578	32,888	36,133	40,454	264,490
<i>i</i> a	received from disqualified persons .					į	
	· · ·					· ·	
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						
_	·- •						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	*	, «			. *	
C4:	,		·		<u></u> , , , 1		264,490
	on B. Total Support	() 0040	#1.0044		1	7.722	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	109.437	45,578	32,888	36,133	40,454	264,490
10a	Gross income from interest, dividends,			i			
	payments received on securities loans, rents, royalties and income from similar sources.						
	- 1	0	98	284	7,137	5,700	13,219
b	Unrelated business taxable income (less section 511 taxes) from businesses				Ì		
	acquired after June 30, 1975				İ		
_				_			
	Add lines 10a and 10b	0	98	284	7,137	5,700	13,219
11	Net income from unrelated business	İ			ŀ		
	activities not included in line 10b, whether				ľ		
40	or not the business is regularly carried on						
12	Other income. Do not include gain or		ľ	1			
	loss from the sale of capital assets (Explain in Part VI.)		ļ	1			
12	Total support. (Add lines 9, 10c, 11,						
13				1			_
14	′	109,437	45,676	33,172	43,270	46,154	277,709
14	First five years. If the Form 990 is for the organization, check this box and stop her				=	ar as a section	1 50 1(0)(3)
Secti	on C. Computation of Public Suppor			· · ·	· · ·		<u>· · · </u>
15	Public support percentage for 2014 (line 8			3 column (f))		15	05 24 %
16	Public support percentage from 2013 Sch					16	95 24 %
	on D. Computation of Investment Inc			· · · ·	<u>· </u>	1 10 1	97.03 %
17	Investment income percentage for 2014 (I			/ line 13 colum	nn (fl)	17	4.76 %
18	Investment income percentage from 2013		-		, ,,	18	2 97 %
19a	331/3% support tests—2014. If the organi						and line
	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2013. If the organiz						
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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	4b		
С	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.	4c		, ,
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)	* *: * //	* *	* 4
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?	5b	4 4	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	6	, ,	* :
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		,
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).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
ь	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.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? 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.	11b		
Section	on B. Type I Supporting Organizations	11c	_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\Box		110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	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.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			Ì
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Section	on D. All Type III Supporting Organizations	1		<u> </u>
Secui	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	\Box	163	140
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3		2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		·
Section	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 i	nstru	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 (s	ee ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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.	2b	ļ <u>-</u>	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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	3h	l	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional rt V Type III Non-Function Part V Type I	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru mpl	st on Nov. 20, 1970 See ete Sections A through E	instructions. All
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) 7 Other expenses (see instructions) 	6		
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 instructions for short tax year or assets held for part of year):			
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):			
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	*	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
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 instructions)	y-ın	tegrated Type III support	ing organization (see

Part		3) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex-	orted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
<u>4</u> 5	Amounts paid to acquire exempt-use assets		<u> </u>	
<u>5</u>	Qualified set-aside amounts (prior IRS approval required)			
7	Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6.			
 -				
0	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	on the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			·
	Elife o amount arriada by Elife o arribant	T	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
<u>b</u>	,			
c d				
e e	From 2013			
f	Total of lines 3a through e			
<u>'</u>	Applied to underdistributions of prior years			······································
<u> </u>	Applied to dilderdistributions of prior years Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section		· · · · · · · · · · · · · · · · · · ·	
7	D, line 7 \$	* •	, ,á	
а	Applied to underdistributions of prior years	* *	* * * *	, , , , , , , , , , , , , , , , , , ,
	Applied to 2014 distributable amount	,		
С	Remainder. Subtract lines 4a and 4b from 4.	-	····	
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015 Add lines 3j and 4c.		, A	
8	Breakdown of line 7:			
а				
b				
<u> </u>				
d	Excess from 2013			
е	Excess from 2014	j l		

	orm 990 or 990-EZ) 2014 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See 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 ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization					Employer identification number
NATIONAL COALITION FOR	R MEN INC	Form 990EZ 2014			11-2592580
				-	
Part I, line 16 - Other Expen	ses of \$4.935				
Text y money Cuper	303 01 44,000				
Supplies	¢2 165	Talanhana communication	ne ¢ 211	Consist Desi-	note avante #210
Supplies	\$2,165	Telephone, communication	ns \$ 211	Special Proje	ects, events \$218
					
Charitable contr	ibution \$ 408	Travel, meetings	\$1,933		
		÷			

					•
••					

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2015 calenda	ar year, or tax year beginning 1/1 , 2015, and ending	12/3	, 20 15					
В	Check if ap	oplicable	C Name of organization D En	nployer i	dentification number					
	Address c	hange	NATIONAL COALITION FOR MEN, INC	11-2592580						
님	Name cha	-	lephone	number						
H	Initial retur	m n/terminated	932 C STREET B	(6	19) 231-1909					
d	Amended		City or town, state or province, country, and ZIP or foreign postal code	roup Ex	emption					
	Applicatio	n pending	SAN DIEGO, CA 92101	umber	>					
G	Account	ing Method	☐ Cash	k ▶ 🗀	If the organization is not					
	Website		ncfm org requi	red to a	ttach Schedule B					
<u>J 1</u>	Tax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form	1 990, 9	90-EZ, or 990-PF)					
		organization.								
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts						
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$					
L	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the Inst							
_	T		the organization used Schedule O to respond to any question in this Part I.							
	1		ons, gifts, grants, and similar amounts received	-	56,716					
	2		ervice revenue including government fees and contracts	2	0					
	3		ip dues and assessments	3	2,015					
	4	Investment		4	4,049					
	5a		ount from sale of assets other than inventory	<u> </u>	7					
) 1	þ		or other basis and sales expenses	0	<u>-</u>					
⇒1	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) ind fundraising events	. <u>5c</u>	0					
•	a	-	ome from gaming (attach Schedule G if greater than	45	v					
JUL enue				0						
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions		Į į					
ું હ્		from fundr		3						
9		sum of suc	0							
氢	С	Less: direc	0	♦ 1 ₫						
	d	Net incom	t 💹							
SCALLES RES		line 6c) .	o en en en en en en en en en en en en en	6d	0					
90	7a	Gross sale	s of inventory, less returns and allowances	0						
	b	Less: cost	of goods sold	0						
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0					
	8		nue (describe in Schedule O)	. 8	0					
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62,780					
	10		d similar amounts paid (list in Schedule O)	10	 					
	11		aid to or for members	11	6,300					
šes	12		ther compensation, and employee benefits	12						
en	13		al fees and other payments to independent contractors	13						
Expense	14	•		14						
ш	1		ublications, postage, and shipping	15						
	16		enses (describe in Schedule O)	16	 					
_	17		enses. Add lines 10 through 16	17						
şţ	18 19		(control) for the jour (cultimother)	18 18	4,928					
SSE	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with ar figure reported on prior year's return)	19						
Net Assets	20	=		. 20						
Š	20		nges in net assets or fund balances (explain in Schedule O)	21	+					
_	21	iver assets	or fund balances at end of year. Combine lines 18 through 20		78,412					

Pa	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part II	<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			73,484	22	78,412
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			73,484		78,412
26	Total liabilities (describe in Schedule O)		-		_	0
27	Net assets or fund balances (line 27 of column	<u> </u>		73,484	27	
Par	Statement of Program Service Accom					Expenses
\A (I	Check if the organization used Schedule	•	ny question in this I	Part III	(Red	guired for section
	, , , , , , , , , , , , , , , , , , , ,	See 28 below			501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise many consideration on the prelevant information for each	nanner, describe the			orga othe	anizations, optional for ers)
28	NCFM IS A NON-PROFIT, ALL VOLUNTEER ORGANI SEX DISCRIMINATION AFFECTS MEN AND BOYS E INVOLVED IN THOUSANDS OF ACTIVITIES - GLOBA (Grants \$) If this amount	STABLISHED IN 1977 LLY - TO IMPROVE T	7, OUR MEMBERS HA HE LIVES OF MEN AI	NVE BEEN ND BOYS.	28a	
29						
30		ıncludes foreign gra	ants, check here .	▶ □	2 9a	a
		ıncludes foreign gra		▶ □	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ Џ</u>	316	
_	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke				nstru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	\dot{T}	<u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ		Estimated amount of other compensation
HAR	RY CROUCH, PRESIDENT				- }	
		40	0		0	0
MAR	C ANGELUCCI, VICE-PRESIDENT	_				
		2	0		0	0
AL R	AVA, SECRETARY	-			- 1	_
		2	0		<u>•</u>	0
DEB	DRAH WATKINS, TREASURER	_	_			
		2			0	0
751	EVEN SVOBODA ESQ, MEMBER AT LARGE					C
1000	UNCESTANT THEN OUT IS OUT TO MOTIVE MEMBER	2	0		0	
WILL	HAGEMAN, TWIN CITIES CHPTR, VOTING MEMBER	-1	1		0	C
MAD	K BATES, TWIN CITIES CHPTR, VOTING MEMBER	2		<u>'</u>	-	
IAIVI	N DATES, TWIN CITIES CHETK, VOTING MEMBER	2	C	1	0	C
TIM (GOLDICH, CHICAGO CHPTR, VOTING MEMBER			<u> </u>	-	`
-11111-	SOLDION, CHICAGO CHI TR, VOTING MEMBER	2)	0	C
CHR	S WOODWARD, LOS ANG CHPTR, VOTING MEMBER					
::::		2	d		0	
RAY	BLUMHORST, LOS ANG CHPTR, VOTING MEMBER	<u> </u>				
					0	
		_				

Part	- the first the periodical periodical periodical contract statement requirement			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	<u>Part</u>		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 100 101 102 103 103 104 105 105 106 107 107 108 109 109 109 109 109 109 109	37b 38a	1111	√
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			*
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
	List the states with which a copy of this return is filed ▶			
42a		(619)23		9
b	Located at ▶ 932 C STREET SUITE B, SAN DIEGO, CA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	92	101 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country: ▶	1980	41 64	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	* '	****	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	İ	1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	٠	<i>y</i>

Form 99	90-EZ (2	2015)						F	age 4
			<u> </u>					Yes	No
46	Dıd t	he organization engage, directly or in-	directly, in political c	ampaign activities o	n behalf of or	in oppositio	on 📑		
		indidates for public office? If "Yes," co	omplete Schedule C	, Part I <u>.</u>		·	46		✓
Part '	VI	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organizations	s must answer que	stions 47-49b and	52, and co	mplete the	tables for	or lin	es
		50 and 51.							
		Check if the organization used Sch	edule O to respond	I to any question in	this Part VI				. \square
				·				Yes	No
47	Did t	the organization engage in lobbying a	activities or have a	section 501(h) electi	on in effect o	during the ta	ax 🗍		
		? If "Yes," complete Schedule C, Part					47		/
48	Is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes " complete	Schedule E		48		J
49a		he organization make any transfers to		-			49a		7
b		es," was the related organization a sec				· · ·	49b		-
50		plete this table for the organization's						es an	nd ke
		loyees) who each received more than							
				Ţ	(d) Health				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee ((e) Estimate		
	·		devoted to position	(Forms W-2/1099-MISC	benefit plans, comper		other com	npensa	tion
NO EM	IDI AV	FFC		· · · · · · · · · · · · · · · · · · ·					
NO EM	IPLUY	EE2							
								··· <u>-</u>	
				ļ.		-			
									
		<u></u>				ł			
				-,					
				_					
f		number of other employees paid over		. >					
51		plete this table for the organization's			nt contractors	who each	received	more	e tha
	\$100	,000 of compensation from the organ	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independent	ent contractor	(b) Type of se	ervice	(c) C	Compensati	on	
NONE				1					
				ļ <u>.</u>					
				1					
							_		
				_					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
52	Dıd	the organization complete Schedu	le A? Note: All se	ection 501(c)(3) org	anizations n	ust attach	а		
		oleted Schedule A					►∐ Yes	; 🗆	No
Under po	enalties	s of perjury, I declare that I have examined this re	eturn, including accompar	nving schedules and state	ments, and to the	best of my kno	wledge and	d belief	, it is
true, cor	rect, ar	nd complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	r has any knowle	dge			
		Dell'Indi							
Sign		Signature of officer			Dat	e			
Here		Deborah Watkins, Treasurer				5/13/2016			
		Type or print name and title				<u> </u>			
<u> </u>		Print/Type preparer's name	Preparer's signature	 	Date	Ob	PTIN		
Paid		Time Type preparer straine				Check L	ग ed		
Prepa		Firm's name	<u> </u>			n's EIN ▶			
Use (Unly	Firm's name ► Firm's address ►				ne no			
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions		>	► ☐ Yes		No
.v.ay III	.5 11 10	allogodo uno returni with the brebarer	SHOWIT ADOVE! SEE		<u> </u>	<u> </u>		<u></u>	<u></u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization					Employer identification	number	
NATIONAL COALITION FOR MEN, INC					11-259		
Part I Reason for Public Cha						ns	
The organization is not a private found				•	•		
	= 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
2 A school described in section							
3 A hospital or a cooperative he						::::\	
4 A medical research organizat hospital's name, city, and sta	te:						
5 An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned o	r operate	d by a government	al unit described in	
6 A federal, state, or local gove							
7 An organization that normally described in section 170(b)(1			port from	a goveri	nmental unit or from	the general public	
8 A community trust described	ın section 170(b))(1)(A)(vi). (Complete I	Part II.)				
9 An organization that normally	receives: (1) mo	ore than 331/3% of its	support t	rom cont	tributions, members	hip fees, and gross	
receipts from activities relate	•			-			
support from gross investm						x) from businesses	
acquired by the organization				•	•		
10 An organization organized an			-				
11 An organization organized and one or more publicly supported							
the box in lines 11a through 1							
a Type I. A supporting organi		• • • • • • •	_				
the supported organization organization. You must co	(s) the power to re	egularly appoint or ele					
b Type II. A supporting organ			nection w	ıth its sui	oported organization	n(s), by having	
control or management of t	•				· -		
organization(s). You must o	complete Part IV	, Sections A and C.					
c Type III functionally integrits supported organization(s						y integrated with,	
d Type III non-functionally in	ntegrated. A sup	porting organization of	perated i	n connec	tion with its support	ed organization(s)	
that is not functionally integ	_		-			an attentiveness	
requirement (see instruction	•	-					
e Check this box if the organi						I, Type III	
functionally integrated, or T	• •	onally integrated supp	orting or	ganizatio	n.		
f Enter the number of supported	•					· ·	
g Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization	T	roapization	(v) Amount of monetary	(vi) Amount of	
(i) Name of Supported Organization	(1) 2.14	(described on lines 1-9	listed in you	ır governing	support (see	other support (see	
		above (see instructions))	gocu	ment?	instructions)	instructions)	
			Yes	No			
(A)							
(B)							
	-	-	-	 			
(C)							
(D)							
(E)							
				_			
	1 3 2 2 2 2	I*		1	ı	1	

Total

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

(Complete only if you checked the box on line 9 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	<u> </u>		on, piedee de			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	45,578	32,888	36,133	40,454	58,731	213,784
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6	Total. Add lines 1 through 5	45,578	32,888	36,133	40,454	58,731	213,784
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	A 4,54		2 31000		Eller, all	
	line 6.)			1 / TEST			213,784
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	45,578	32,888	36,133	40,454	58,731	213,784
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	98	284	7,137	5,700	4,049	17,268
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	:					
С	Add lines 10a and 10b	98	284	7,137	5,700	4,049	17,268
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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,]			
	and 12.)	45,676				62,780	231,052
14	First five years. If the Form 990 is for the organization, check this box and stop he	ere			, or fifth tax ye		1 501(c)(3)
	on C. Computation of Public Suppo	<u> </u>					
15	Public support percentage for 2015 (line		-			15	92.53 %
16	Public support percentage from 2014 Sc			<u> </u>	<u> </u>	16	95 24 %
	on D. Computation of Investment In						
17	Investment income percentage for 2015	•	* *	•		17	7 47 %
18	Investment income percentage from 201					18	4.76 %
19a	331/3% support tests—2015. If the organ 17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly suppo	orted organizati	on . ▶ 🔽
b	331/3% support tests – 2014. If the organization 18 is not more than 331/3%, check this						zation 🕨 🗌
20	Private foundation If the organization d	id not check a	hox on line 14	19a or 19h o	check this box	and see instruc	ctions

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.

2015

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

NATIONAL COALITION FOR MEN, INC	 	11-2592580
OTHER EXPENSES, PART I, LINE 16:		
Website Maintenance, Computer Needs, Internet	\$ 5,033	
Facebook Ads	\$ 2,488	
Awards	\$ 109	
Telephone and systems	\$ 1,198	
Insurance	\$ 1,876	
Registration, Govt Fees, Banking fees	\$ 377	
Programs, Sponsorships, Travel for Pgms	\$ 5,997	
Transfer of Investment Funds to SD Chapter	\$16,331	
TOTAL OTHER EXPENSE	\$33,408	

50m 990-EZ

Short Form 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 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2016 calenda	ar year, or tax year beginning 1/1 , 2016, and ending		12/31	, 20 16
_	Check if ap	•) Emple	oyer ıd	entification number
	Address c	hange	COALITION OF FREE MEN, INC (DBA NATIONAL COALITION FOR MEN)	-		1-2592580
	Name cha	ange		Telep		
_	initial retui		932 C STREET STE B		(61	9) 231-1909
=	Final return Amended	n/terminated		Grou		mption
=		n pending	SAN DIEGO, CA 92101	Num	ber	• ·
G /	Account	ting Method		heck ▶	▶ □ i	f the organization is not
1.3	Neb site	e: Nww				ach Schedule B
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (F	om 99	90, 99	0-EZ, or 990-PF)
		organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets		
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► _\$	<u> </u>
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	ctions	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .			<u> </u>
] 1	Contribution	ons, gifts, grants, and similar amounts received	[1	76,463
	2	Program se	ervice revenue including government fees and contracts	[2	0
	3	Membersh	ıp dues and assessments	[3	585
	4	Investment	ncome	[4	1,051
	5a		ount from sale of assets other than inventory 5a	0		
	þ		or other basis and sales expenses	0		
	6 6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	0
ē	а	Gross inco \$15,000)	ome from gaming (attach Schedule G if greater than			
Revenue	Ь		me from fundraising events (not including \$ 0 of contributions	4		
ě	-		aising events reported on line 1) (attach Schedule G if the	- }	1	
	1		h gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
	}	line 6c) .		[6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b	Less: cost	of goods sold	0		
	С	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other reve	nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	78,099
	10		similar amounts paid (list in Schedule O)		10	0
	11	•	ther compensation, and employee benefits	7 ·	11	6,300
ses	12			1 . }	12	0
Expenses	13		al fees and other payments to independent contractors	1 · }	13	175
Ä	14	-	v, rent, utilities, and maintenance	! · }	14	10,930
	15		1 774	 •	15	304
	16			1:1	16	23,620
	17		nses. Add lines 10 through 16		17 18	41,329
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree to	with	10	36,770
SS			r figure reported on prior year's return)		19	70 412
Net Assets	20	· -	ges in net assets or fund balances (explain in Schedule O)	. }	20	78,412 0
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	115,182
For	`		on Act Notice, see the separate instructions. Cat No 10642		لـــــا	Form 990-EZ (2016)

_	990-EZ (2016)					Page 2
Pai	Balance Sheets (see the instructions for		augastian in this	Dowt II		[]
 -	Check if the organization used Schedule	O to respond to ar		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	78,412		
23	Land and buildings				23	114,223 0
24	Other assets (describe in Schedule O)		, 		24	959
25	Total assets			78,412		115,182
26	Total liabilities (describe in Schedule O)				26	(13,102
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	78,412		115,182
Par						.,,,,,,
	Check if the organization used Schedule	•		•	ļ	Expenses
What		See line 28 below				ured for section
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				c)(3) and 501(c)(4) inizations, optional for rs)
28	NCFM IS A NON-PROFIT, ALL VOLUNTEER ORGANIZ	ZAION THAT RAISES	AWARENESS OF TH	E WAYS THAT	1	
	SEX DISCRIMINATION AFFECTS MEN AND BOYS. E	STABLISHED IN 197	, OUR MEMBERS H	AVE BEEN		
	INVOLVED IN THOUSANDS OF ACTIVITIES GLOBALI	LY TO IMPROVE THE	LIVES OF MEN AND	BOYS.		
	(Grants \$) if this amount	ınciudes foreign gra	ints, check here .	≥ □	28a	
29					1	1
					l	
	(Grants \$) If this amount	includes foreign gra	ints, check here	<u>····</u>	29a	1
30					1	
					-	
		includes foreign gra		<u> ▶ □</u>	30a	
31	Other program services (describe in Schedule O)					
22	(Grants \$) If this amount	includes foreign gra	ints, check here .	· · · · P 💾	31a	
	Total program service expenses (add lines 28a t				32	to a few Deat NA
Far	List of Officers, Directors, Trustees, and Key				nstruc	ctions for Part IV)
	Check if the organization used Schedule	T	(c) Reportable	(d) Health benefits,		<u>·· · · </u> <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ		Estimated amount of other compensation
HARI	RY CROUCH, PRESIDENT]				
		40	0	<u> </u>	0	
MAR	C ANGELUCCI, VICE-PRESIDENT]			1	
		2			0	
DEBO	DRAH WATKINS, TREASURER					
		2	0		0	
JSTE	EVEN SVOBODA, MEMBER AT LARGE	1			ļ	
		2	c	<u> </u>	0	
WILL	HAGEMAN, TWIN CITIES CHAPTER VOTING MBR				-	
		2	c	 	0	
MAR	K BATES, TWIN CITIES CHAPTER VOTING MBR	.}			-	
		2	c	<u> </u>	0	
TIM C	GOLDICH, CHICAGO CHAPTER VOTING MBR	.}			1	
		2	C	 	0	
CHRI	S WOODWARD, LOS ANGELS CHPT VOTING MBR					
		2	ļc		0	
RAV	RITIMHODST LOS ANGELES CHOT VOTING MRD	I	1	1	1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	<u> </u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		√
.	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	<u> </u>	√
39 b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
a	Initiation fees and capital contributions included on line 9	}	1	
ь 40а	Gross receipts, included on line 9, for public use of club facilities	}		
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ none			
42a		619) 23		9
h	Located at ▶ 932 C Street Suite B, San Diego CA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	921	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	√
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ļ
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	445	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		/
	Did the organization receive any payments for indoor tanning services during the year?	440 44c		1
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		

Form 990-EZ (2016)	6)
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Page 4

Yes No

46	Did the organization engage, directly or in to candidates for public office? If "Yes," (46	
Part '			, raiti	· · · ·	· · · ·	<u>· </u>	46	✓
rart	All section 501(c)(3) organization		etions 47–49h and	52 and co	mnlete th	e tahla	e for li	nes
	50 and 51.	is must answer que	Stions 47 400 and	52, and 60	inbiere m	e table	23 101 11	163
	Check if the organization used Sc	hadula O to respond	I to any question in t	hie Part VI				
	Check if the organization used Sc	riedule O to respond	to any question in t	ilis i alt vi	- · · · · · · · · · · · · · · · · · · ·		Ye	s No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect o	during the	tax 🗀	16	3 140
71	year? If "Yes," complete Schedule C, Pai				adming the		47	1 /
40	•				• • •			+-
48	Is the organization a school as described in					-	48	1
49a	Did the organization make any transfers t					-	19a	→
b	If "Yes," was the related organization a s						9b	
50	Complete this table for the organization's							
	employees) who each received more than	1 \$100,000 or comper	isation from the orga	(d) Health		e, ente	None	<u> </u>
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans, comper	to employee and deferred		mated am compens	
NO EM	IDI OVEES							
INO EIV	PLOYEES	1						
		<u> </u>	 	 				
		į						
				 	· · · · · · · · · · · · · · · · · · ·			
		-						
				 				
		-						
				 				
		1						
	Total acceptance of other applications and ac	\$100,000	<u> </u>	-L	<u>-</u> ł			
	Total number of other employees paid or		· · · — · · · · · · · · · · · · · · · ·					4
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors	wno eacr	1 recei	vea mo	re man
	with the organization from the organization	anization, it tricle is no	T TOTIE:					
	(a) Name and business address of each indepen	dent contractor	(b) Type of ser	vice	(c)) Compe	nsation	
NONE			·					
INDIAL			-					
			1					
								·
								·
	Total number of other independent contr	•				0		
d 52	Did the organization complete Sched	ule A? Note : All se	ection 501(c)(3) orga	inizations m	nust attach	n a		
	Did the organization complete Sched	•	ection 501(c)(3) orga	inizations m	nust attach		Yes	No
52 Under p	Did the organization complete Sched	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kr	n a .►☑ nowledge	and beli	
Under potrue, con	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kr	n a .►☑ nowledge		
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Under potrue, con	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kr	n a .►☑ nowledge	and beli	
Under potrue, cor	Did the organization complete Sched completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete Declaration of prepare (other than other property).	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kridge	n a .►☑ nowledge	and beli	
Under potrue, corr	Did the organization complete Sched completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete Destaration of prepared (other that stignature at officer Deborah Watkins, Treasurer	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kr dge	n a . ► ✓	and beli	
Under potrue, con Sign Here	Did the organization complete Sched completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete Declaration of prepared (other that of the complete Declaration of the complete Declaration o	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the has any knowle	best of my kridge	n a .▶☑ nowledge 7	e and beli	
Under putrue, corr Sign Here	Did the organization complete Sched completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that of the complete Declaration of preparer (other that of the complete Declaration of preparer (other that of the complete Declaration of preparer (other that of the complete Declaration of preparer) Deborah Watkins, Treasurer Type or print name and title Print/Type preparer's name	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the has any knowle	best of my krdge 5/12/201 Check cself-emplo	n a .▶☑ nowledge 7	e and beli	
Under potrue, con Sign Here	Did the organization complete Sched completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that of the complete Declaration of preparer (other that of the complete Declaration of preparer (other that of the complete Declaration of preparer (other that of the complete Declaration of preparer) Deborah Watkins, Treasurer Type or print name and title Print/Type preparer's name	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the has any knowle Dat	best of my kr dge 5/12/201	n a .▶☑ nowledge 7	e and beli	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

<u>NATI</u>	<u>anc</u>	L COALITION FOR MEN, INC					11-259	
Pa	t I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	_	A hospital or a cooperative hos		•				
4		A medical research organization					,, ,, ,	iii) Enter the
-		hospital's name, city, and state	•	injunction with a nost	ntai desc	iibed iii s		ing. Enter the
_							4.6	
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	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	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). (Complet	e Part II.)				
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agrıcultural research organı			-	erated in	conjunction with a la	and-grant college
		or university or a non-land-grain	nt college of agri	culture (see instruction	ns). Ente	r the nan	ne, city, and state of	the college or
		university.	•	·	,		•	-
10	\checkmark	An organization that normally r	eceives: (1) more	e than 331/3% of its su	apport fro	m contri	butions, membership	fees, and gross
		receipts from activities related	to its exempt ful	nctions—subject to co	ertain exc	eptions,	and (2) no more that	റ 33¹⁄ദ% of its
		support from gross investment acquired by the organization a						businesses
44				_		-		
11		An organization organized and	•	•	•			
12		An organization organized and						
		of one or more publicly support	-		•			
		Check the box in lines 12a thro	-	,		-		-
а	١	Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b	(Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organization	on(s), by having
		control or management of t	he supporting o	rganization vested in	the same	persons	that control or mana	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.				
С	(Type III functionally integr	rated. A support	ting organization oper	ated in c	onnection	n with, and functiona	ally integrated with,
		its supported organization(
d	(Type III non-functionally i	ntegrated. A su	nnorting organization	operated	t in conne	ection with its suppo	orted organization(s)
_		that is not functionally integ						
		requirement (see instruction						- an anomin on o
_	ſ	-	•	- ·				. () Toran ())
е	ι	Check this box if the organ functionally integrated as T						е п, туре п
	۲.	functionally integrated, or T	* *			Jiyanizad	IOH.	
1		nter the number of supported or rovide the following information						· L
9							r	
	(I) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui		instructions)	instructions)
	about (550 mondetario))							
					Yes	No		
(A)								
					l			
(B)								
, ,					1		}	
(C)								
.					1			
(D)								
9								n
E)				H	}			
			L		 	ļ <u> </u>	 	

	lle A (Form 990 or 990-EZ) 2016						Page 3
Part							
¥	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part I	l.)	
	on A. Public Support	-		() 2014	(0.00.00	- :	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(1) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	32,868	36,133	40,454	58,731	76,463	244,669
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6	Total. Add lines 1 through 5	32,868	36,133	40,454	58,731	76,463	244,669
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						244,669
Secti	on B. Total Support						2-1,000
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	32,868	36,133	40,454	58,731	76,463	244,669
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	284	7,137	5,700	4,049	1,051	18,221
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	204	7,137	5,700	4,049	1,051	10,221
С	Add lines 10a and 10b	33,172	43,270	46,154	62,780	77,514	262,890
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	33,172	43,270	46,154	62,780	77,514	262,890
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second	l, third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3. column (f))		15	93 07 %
16	Public support percentage from 2015 Sch					16	92.53 %
	on D. Computation of Investment Inc			'		_ 	<u> </u>
17	Investment income percentage for 2016 (I			line 13, colum	ın (f))	17	6.93 %
18	Investment income percentage from 2015					18	7.47 %
19a	331/23% support tests-2016. If the organi	zation did not d	check the box	on line 14, and	d line 15 is m		s, and line
	17 is not more than 331/3%, check this box a						
b	331/2% support tests—2015. If the organization 18 is not more than 331/2%, check this b						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

COALITION OF FREE MEN, INC (DBA NATIONAL COALITION FOR MEN) 11-2592580 OTHER EXPENSES, PART I, LINE 16 Website Maintenance, Computer Needs \$ 6,544 Promotions, including Facebook ads \$ 4,133 Awards \$ 109 Telephone and systems \$ 2,168 Insurance \$ 1,873 Registration and Banking Fees \$ 512 Programs, Sponsorships, Travel for Pgms \$ 2,738 Supplies, Books, Subscriptions \$ 3,530 Transfers to chapters \$ 2,012 TOTAL OTHER EXPENSES \$23,620