

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning, 2019, and ending, 20

Form sections B through K: B Check if applicable: C Name of organization MIRACLES FOR KIDS, D Employer identification number 91-2160616, E Telephone number (714) 730-3040, F Name and address of principal officer: AUTUMN STRIER, 17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA 92614, G Gross receipts \$ 8,189,000., H(a) Is this a group return for subordinates? Yes X No, H(b) Are all subordinates included? Yes X No, I Tax-exempt status: X 501(c)(3), J Website: WWW.MIRACLESFORKIDS.ORG, K Form of organization: X Corporation, L Year of formation: 2001, M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box [X] if the organization discontinued its operations... 3-7a Activities & Governance... 7b Net unrelated business taxable income... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: [Blank] Type or print name and title: [Blank]

Paid Preparer Use Only: Print/Type preparer's name: STEPHANIE WILKINSON, Preparer's signature: [Signature], Date: 11/16/2020, Check self-employed: [Blank] if PTIN: P01231617, Firm's name: HOLTHOUSE CARLIN & VAN TRIGT LLP, Firm's EIN: 95-4345526, Firm's address: 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361, Phone no.: 805-374-8555

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)

Part III 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: MIRACLES FOR KIDS HELPS FAMILIES WITH CRITICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELESSNESS, HUNGER AND DEPRESSION SO THEY CAN CONCENTRATE ON WHAT IS MOST IMPORTANT - FIGHTING FOR THEIR CHILD'S LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 427,987. including grants of \$) (Revenue \$) HOUSING PROGRAM - FAMILIES AT RISK OF HOMELESSNESS HAVE AN AFFORDABLE AND SAFE PLACE TO CALL HOME WITH MIRACLE MANOR, A 12-UNIT APARTMENT COMPLEX LOCATED IN ORANGE COUNTY, CA.

4b (Code:) (Expenses \$ 1,225,907. including grants of \$) (Revenue \$) BILL PAY PROGRAM - MONTHLY GRANTS PAY RENT, HELP KEEP THE LIGHTS ON, THE WATER RUNNING AND SO MUCH MORE.

4c (Code:) (Expenses \$ 66,033. including grants of \$) (Revenue \$) WELLNESS AND SUPPORT PROGRAM - MENTAL HEALTH SERVICES, EDUCATIONAL SESSIONS AND WELLNESS ACTIVITIES HELP FAMILIES BETTER COPE WITH TRAUMA AND STRESS ASSOCIATED WITH LIFE-THREATENING DISEASES. IN ADDITION, GETTING BASIC NECESSITIES CAN BE A CHALLENGE FOR FAMILIES IN CRISIS, SO THE BASKET OF MIRACLES AND CLOSET OF MIRACLES PROGRAMS HELP PROVIDE FOOD, CLOTHING AND OTHER ESSENTIAL ITEMS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,719,927.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C IRVINE, CA 92614 714-730-3040

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)AUTUMN STRIER CO-FOUNDER & CEO	40.00 0.	X		X				158,930.	0.	0.
(2)KEN CRUSE TREASURER	2.50 0.	X		X				0.	0.	0.
(3)CURTIS GREEN CO-FOUNDER AND VICE CHAIR	2.50 0.	X		X				0.	0.	0.
(4)MONI MOSHARAF SECRETARY	2.50 0.	X		X				0.	0.	0.
(5)JORDY SPIEGEL BOARD MEMBER	2.50 0.	X						0.	0.	0.
(6)PAULA ANSARA-WILHELM BOARD MEMBER	2.50 0.	X						0.	0.	0.
(7)BRIAN FISCHBEIN BOARD MEMBER	2.50 0.	X						0.	0.	0.
(8)DAVID HEIL BOARD MEMBER	2.50 0.	X						0.	0.	0.
(9)BOB ROVZAR BOARD MEMBER	2.50 0.	X						0.	0.	0.
(10)GARY STANDEL BOARD MEMBER	2.50 0.	X						0.	0.	0.
(11)TOM SWANECAMP BOARD MEMBER	2.50 0.	X						0.	0.	0.
(12)JASON PENDERGIST CHAIRPERSON	2.50 0.	X		X				0.	0.	0.
(13)MIKE MEYER BOARD MEMBER	2.50 0.	X						0.	0.	0.
(14)DOUG INGRAM BOARD MEMBER	2.50 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NORM CHRISTENSEN BOARD MEMBER	2.50 0.	X						0.	0.	0.
(16) KEVIN DEALLEN BOARD MEMBER	2.50 0.	X						0.	0.	0.
(17) TOM FERRY BOARD MEMBER	2.50 0.	X						0.	0.	0.
(18) RASHEED MUHAMMAD BOARD MEMBER	2.50 0.	X						0.	0.	0.
(19) KING NELSON BOARD MEMBER	2.50 0.	X						0.	0.	0.
(20) TROY MEDLEY BOARD MEMBER	2.50 0.	X						0.	0.	0.
(21) DAN CHARLIER CHAIR (UNTIL 09/16/19)	1.00 0.	X		X				0.	0.	0.
1b Sub-total								158,930.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								158,930.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,317,659.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	600,857.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$			
	h	Total. Add lines 1a-1f		2,918,516.			
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		0.			
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real	6a	127,736.		
			(ii) Personal	6b	147,626.		
			6c	-19,890.			
	d	Net rental income or (loss)		-19,890.	-19,890.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7a		4,350,000.	
			(ii) Other	7b		4,635,105.	
			7c		-285,105.		
	d	Net gain or (loss)		-285,105.	-285,105.		
	8a	Gross income from fundraising events (not including \$ 2,317,659. of contributions reported on line 1c). See Part IV, line 18	8a	493,902.			
	b	Less: direct expenses	8b	493,902.			
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.			
b	Less: direct expenses	9b	0.				
c	Net income or (loss) from gaming activities.		0.				
10a	Gross sales of inventory, less returns and allowances	10a	0.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	1,550.	1,550.	
	b	GAIN ON TERMINATION OF PLEDGE AGREEMENT	900099	297,296.		297,296.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		298,846.			
12	Total revenue. See instructions		2,912,367.	-304,995.		298,846.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	158,930.	101,595.	9,888.	47,447.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	578,067.	369,526.	35,964.	172,577.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	19,711.	12,600.	1,226.	5,885.
10 Payroll taxes	57,880.	36,999.	3,601.	17,280.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	2,875.		2,875.	
c Accounting	26,365.		26,365.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	34,905.		34,905.	
12 Advertising and promotion	26,146.	16,778.	1,128.	8,240.
13 Office expenses	32,048.	18,142.	2,168.	11,738.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	106,408.	104,310.	663.	1,435.
17 Travel	23,089.	323.	16,155.	6,611.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	19,745.	19,618.	42.	85.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	107,247.	96,566.	3,582.	7,099.
23 Insurance	9,179.	8,576.	202.	401.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BILLPAY PROGRAM GRANTS	736,976.	736,976.		
b HOUSING PROGRAM	121,538.	121,538.		
c BANK & OTHER FEES	90,192.		13,211.	76,981.
d WELLNESS & SUPPORT SUPPLIES	38,448.	38,448.		
e All other expenses	54,377.	37,932.	4,259.	12,186.
25 Total functional expenses. Add lines 1 through 24e	2,244,126.	1,719,927.	156,234.	367,965.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	362,390.	1	1,944,582.
	2	Savings and temporary cash investments.	0.	2	0.
	3	Pledges and grants receivable, net	1,010,377.	3	742,086.
	4	Accounts receivable, net.	0.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7	Notes and loans receivable, net.	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	39,243.	9	19,580.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	107,824.		
	10b	Less: accumulated depreciation.	70,565.		
			4,571,570.	10c	37,259.
	11	Investments - publicly traded securities.	0.	11	0.
	12	Investments - other securities. See Part IV, line 11.	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	16,174.	15	2,719,235.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,999,754.	16	5,462,742.	
Liabilities	17	Accounts payable and accrued expenses.	151,653.	17	98,378.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	15,000.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	3,502,916.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	297,296.	25	2,709,488.
	26	Total liabilities. Add lines 17 through 25.	3,951,865.	26	2,822,866.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,047,889.	27	2,639,876.
	28	Net assets with donor restrictions.	0.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	2,047,889.	32	2,639,876.
33	Total liabilities and net assets/fund balances.	5,999,754.	33	5,462,742.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,912,367.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,244,126.
3	Revenue less expenses. Subtract line 2 from line 1	3	668,241.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,047,889.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	-34.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-76,220.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,639,876.

Part XII Financial Statements and Reporting

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

- 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?
 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
- c 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?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		