Form **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

	For the 2020	calendar year, or tax year beginning , 2	uzu, and ending		, 20
_		C Name of organization		D Employer id	entification number
Ε	Check if applicable:	MIRACLES FOR KIDS		91-216	50616
	Address change	Doing business as	·		
Ì	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber
]	toilial return	17848 SKY PARK CIRCLE, SUITE C		(714) 73	30-3040
Ì	Final return	City or town, state or province, country, and ZIP or foreign postal code			
	terminated Amanded	IRVINE, CA 92614		G Gross receipt	ss 3,956,826
ŀ	return ! Application	F Name and address of principal officer: AUTUMN STRIER		H(a) Is this a gro	
Ĺ	pending	17848 SKY PARK CIRCLE, SUITE C, IRVINE, C	n 02611	subordinate	s?
-				H(b) Are all subore	dinates included? Yes No attach a fist. See instructions
-	Tax-exempt sta	atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a) WWW.MIRACLESFORKIDS.ORG	(1) or 527	· · ·	
		The state of the s	1		ption number
-		zation: X Corporation Trust Association Other	L Year of	formation: 2001 M	State of legal domicile: CA
		nmary			
	1 Briefly	describe the organization's mission or most significant activities: MIRA	CLES FOR K	IDS HELPS FA	MILIES WITH
į	CRI7	ICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOME			
elivition 9 Continues	DEPF	ESSION SO THEY CAN FOCUS ON FIGHTING FOR TH	EIR CHILD'	S LIFE.	
	2 Check	this box > if the organization discontinued its operations or disp	osed of more than	25% of its net assets	ş,
ä	3 Numbe	er of voting members of the governing body (Part VI, line 1a)			3 18.
0	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b			4 17.
Š	5 Total n	umber of individuals employed in calendar year 2020 (Part V, line 2a)			5 9.
17.24	6 Total n	umber of volunteers (estimate if necessary)			6 414.
Ž	7a Total u	nrelated business revenue from Part VIII, column (C), line 12			7a 0.
	1	elated business taxable income from Form 990-T, Part I, line 11			7b 0.
	D (Vet till)	erated business taxable income nont Point 950-1, Part I, line 11	 	Prior Year	Current Year
	0 Cantain	utions and grants (Part VIII, line 1h)	<u></u>	2,918,51	·····
97	8 Contrib				0. 0.
Revenue	9 Program	n service revenue (Part VIII, line 2g)		-285,10	
O.	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)			
	ł	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	278,95	
		venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,912,36	
		and similar amounts paid (Part IX, column (A), lines 1-3) ,			0. 0.
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0.
S	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5-10)		814,588	3. 1,041,598.
Expenses	16 a Professi	ional fundraising fees (Part IX, column (A), line 11e)			0. 0.
ă	b Total fui	ndraising expenses (Part IX, column (D), line 25) ▶ 423, 88	8.		
ш	17 Other ex	openses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,429,538	3. 1,918,787.
	ł	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	(2,244,126	2,960,385.
	19 Revenue	less expenses. Subtract line 18 from line 12		668,241	31,795.
Is or				ginning of Current Ye	ar End of Year
캶	20 Total ass	sets (Part X, line 16)	 -	5,462,742	5,645,960.
Net Asset: Fund Balan		pilities (Part X, line 26)	· · · · · ·	2,822,866	
<u> </u>		ts or fund balances. Subtract line 21 from line 20.	· · · · · · -	2,639,876	
		ature Block	<u> </u>	2,000,000	2,0,1,0,1.
			luing and statement	a and to the heat of a	ny transladan and ballof is in
true	, correct, and cor	erjury, I declare that I have exa mined this return , including accompanying sched notete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer has an	is, and to the best of h ly knowledge.	ify knowledge and belief, it is
		Mahande Kalleria		11/	12/11
Sign	,	alure of officer	***************************************		2/4/
ler		argie of onicer		Date /	/
101		WIDTHD ROTHER			
		or print name and title			
ald	1 "	e preparer's name Preparer's signature	Date	Check if	PTIN
	arer STEPHA	- Jugarian	11/14/20		P01231617
-	Only Firm's nar	ne ▶HOLTHOUSE CARLIN & VAN TRIGT LLP		Firm's EIN ▶ 95	-4345526
		ress ▶3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 9136	1		5-374-8555
ау	the IRS discu	uss this return with the preparer shown above? (see instructions)			X Yes No
		uction Act Notice, see the separate instructions.	<u> </u>		Form 990 (2020)
		· · · · · · · · · · · · · · · · · · ·			(2020)

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For	m 990 (2020)	Page 2
P	art 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	<u>:</u>
	BANKRUPTCY, HOMELESSNESS, HUNGER AND DEPRESSION SO THEY CAN	
	CONCENTRATE ON WHAT IS MOST IMPORTANT - FIGHTING FOR THEIR CHILD'S	<u> </u>
	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? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow the total expenses, and revenue, if any, for each program service reported.	
42	(Code:) (Expenses \$ 758,036. including grants of \$) (Revenue \$	<u> </u>
74	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, ONLY A FEW	:
	BLOCKS AWAY FROM CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC).	<u> </u>
		:
		:
4b	(Code:) (Expenses \$1,361,676. including grants of \$) (Revenue \$))
	GRANTS PROGRAM - MONTHLY GRANTS PAY RENT, HELP KEEP THE LIGHTS ON,	:
	FOOD ON THE TABLE, THE WATER RUNNING AND SO MUCH MORE.	
		:
		:
		:
		:
		:
		:
		:
		:
4 c	(Code:) (Expenses \$ 101,013. including grants of \$) (Revenue \$	· '
	WELLNESS AND BASIC NEEDS PROGRAM - MENTAL HEALTH SERVICES,	
	EDUCATIONAL SESSIONS AND OUTDOOR WELLNESS ACTIVITIES HELP FAMILIES	
	BETTER COPE WITH TRAUMA AND STRESS ASSOCIATED WITH	
	LIFE-THREATENING DISEASES. IN ADDITION, THE BASKET OF MIRACLES AND	
		·
	BOX OF MIRACLES PROGRAMS HELP PROVIDE FOOD, CLOTHING, HOME GOODS,	
	AND OTHER ESSENTIAL ITEMS TO ENSURE FAMILIES IN CRISIS ARE GETTING	·
	NECESSITIES.	:
		<u>:</u>
		:
4d	Other program services (Describe on Schedule O.)	:
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,220,725.	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
^	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		ļ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		.,	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3.5
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	\rightarrow	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	**********
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Part IV Checklist of Required Schedules (continued)

616	F	eage 4
	Yes	No
22		Х
	v	
23	Х	
24a		Х
24b		
24c 24d		
24d		
25a		Х
25b		Х
26		Х
20		
27		Х
28a		Х
28b		X
28c		Х
29	X	
30		X
31		X
32		Х
33	Х	
34 35a		X
35b		
36		X
37		Х
38	Х	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		,,	
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
20 d	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	***************************************		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	Ì		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	7.7	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
24		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-554		
.,	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	j	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		T	
=	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · ·	·	
		·····	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	
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Par	Part V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)			
				Yes	Nο
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and	t Tax			
	Statements, filed for the calendar year ending with or within the year covered by this ret	1 1 01			
b	b If at least one is reported on line 2a, did the organization file all required federal e	· · · · · · · · · · · · · · · · · · ·	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see				
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the		3a		Х
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation of	·	3b		
	4a At any time during the calendar year, did the organization have an interest in, or a signature	Į.			
74	a financial account in a foreign country (such as a bank account, securities account, or o	li di	4a		X
h	b If "Yes," enter the name of the foreign country	ther intancial accounty: 2.1			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F	Financial Accounts (FRAR)			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		Χ
	b Did any taxable party notify the organization that it was or is a party to a prohibited	- ,	5b		Х
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	1	5c		
	6a Does the organization have annual gross receipts that are normally greater than				
	organization solicit any contributions that were not tax deductible as charitable contribut		6a		Χ
b	b If "Yes," did the organization include with every solicitation an express statement th	t t			
~	gifts were not tax deductible?	i i	6b		
7					
	a Did the organization receive a payment in excess of \$75 made partly as a contribut	ion and partly for goods			
_	and services provided to the payor?		7a	Х	
b	b If "Yes," did the organization notify the donor of the value of the goods or services provide		7b	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal pro-				
_	required to file Form 8282?	· ·	7c		X
d	d If "Yes," indicate the number of Forms 8282 filed during the year	1 1 1			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a premium of the property	t t	7e		Х
f		1	7f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization to		7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	i de la companya de	7h		Х
8		f			
	sponsoring organization have excess business holdings at any time during the year?		8		
9					
а	a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related	i i	9b		
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			-	
	a Gross income from members or shareholders	11a			
b	b Gross income from other sources (Do not net amounts due or paid to other sources)	urces		.	
	against amounts due or received from them.)	1 1			
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu of Form 1041?	12a		
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
13	3 Section 501(c)(29) qualified nonprofit health insurance issuers.	Ĺ			
а	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Sch	edule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in whi			İ	
	the organization is licensed to issue qualified health plans				
	c Enter the amount of reserves on hand				
	4a Did the organization receive any payments for indoor tanning services during the tax year		14a		X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation		14b		
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	and a design and a	net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

91-2160616

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	"No" tions.
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	X
Sect	ion A. Governing Body and Management			
		,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			:
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		X
_				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		X
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.		X
	stockholders, or persons other than the governing body?	7b		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
	Did the organization have a written document retention and destruction policy?	14	Χ	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	· · · · · · · · · · · · · · · · · · ·			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Χ	
a	The organization's CEO, Executive Director, or top management official	15b	Х	
b	Other officers or key employees of the organization			
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
าชล	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
	with a taxable entity during the year?	, 54		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sorti	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
17		/ C==		04/0)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Y Upon request Other (explain on Schedule O)	(Sec	ion a	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finter	est r	olicy,
	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 record AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C IRVINE, CA 92614	s 🕨		
	AUTUMN STRIER 1/848 SKY PARK CIRCLE, SUITE C IRVINE, CA 92614 714-730-3040		000	

91-2160616

MIRACLES FOR KIDS

Form 990 (2020)

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

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.

(A) Name and title	(B) Average hours per week (list any	box,	not ch unles er and	s pe	ition more rson irect	than c is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)AUTUMN STRIER	40.00									
CO-FOUNDER & CEO	0.	Х		Х				168,493.	0.	0.
(2) KEN CRUSE	2,50									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(3) CURTIS GREEN	2.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(4)MONI MOSHARAF	2.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(5) JORDY SPIEGEL	2.50									
BOARD MEMBER	0.	X						0.	0.	0.
(6) PAULA ANSARA-WILHELM	2.50									
SECREȚARY	0.	Х		Х				0.	0.	0.
(7)BRIAN FISCHBEIN	2.50									_
BOARD MEMBER	0.	Х	<u> </u>					0.	0.	0.
(8) DAVID HEIL	2.50									
BOARD MEMBER	0.	Х	<u> </u>					0.	0.	0.
(9)BOB ROVZAR	2.50							_	_	_
BOARD MEMBER	0.	Х					<u> </u>	0.	0.	0.
(10) GARY STANDEL	2.50				Ì			_	_	
BOARD MEMBER	0.	Х						0.	0.	0.
(11) TOM SWANECAMP	2.50									
BOARD MEMBER	0.	X	 					0.	0.	0.
(12) JASON PENDERGIST	2.50								_	
TREASURER (AS OF 11/17/20)	0.	X		Х				0.	0.	0.
(13) MIKE MEYER	2.50							<u> </u>	2	
TREASURER (THRU 11/17/20)	0.	Х		Х			<u> </u>	0.	0.	0.
(14) NORM CHRISTENSEN	2.50	٠						_	^	
BOARD MEMBER	0.	X	1 [i	i			0.	0.	0.

Page 8

Part VII	Section A. Officers, Directors, Tr	ustees, Ke	ey Er	nplo	oye	es,	and	Hig	hest Compensat	ed Employees	(continued)
	(A) Name and title	(B) Average hours per week (fist any hours for	box	(do not check box, unless proficer and a			e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated m amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	
	N DEALLEN	2.50	ને			<u> </u>					
BOAF 16) TOM	RD MEMBER	2.50	X						0.	0	•
	RD MEMBER	2.50	X						0.	0	
	EED MUHAMMAD	2.50		 				1			•
BOAR	D MEMBER	0.	Х		İ				0.	0	-
	NELSON	2.50								***************************************	
BOAR	D MEMBER	0.	X	<u> </u>	<u> </u>	<u> </u>			0.	0	
			ļ				ļ			·	
		 	ł								
	<u> </u>			ļ		-					
		t	1								
			ļ					.,			
			 			-					
		t									****
1b Sub-to	tal	.1						•	168,493.	C	. C
	rom continuation sheets to Part VII, S	ection A						•	0.	C	
	add lines 1b and 1c)							▶	168,493.	C	·-
	umber of individuals (including but not able compensation from the organization				d at	DOV	e) who	ге	ceived more than s	\$100,000 of	
reporte	able compensation from the organization			L							Yes No
employ	e organization list any former offic ee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ıal						Yes No
organiz	y individual listed on line 1a, is the station and related organizations ground in the station of the station o	eater than	\$15	0,0	00?	· If	"Yes	," (complete Schedul	e J for such	4 X
for sen	y person listed on line 1a receive or vices rendered to the organization? If "Ye	accrue cor es," complet	mpen te Sch	satio redu	on f le J	ron for	any such	unr pers	related organization	n or individual	5 X
	Independent Contractors ete this table for your five highest com	nancat-d ·	la			ne - '			hat an artist of the	than #400 000	_£
compe year.	nsation from the organization. Report c	pensated ir ompensatio	naepe on for	the	cal	end	racto lar ye:	rs tr ar e	nat received more nding with or with	than \$100,000 in the organizati	or on's tax
	(A)								(B)		(C)
ሞስልፍሞ ድ	Name and business add		^ A ^	217) 1			F.,	Description of ser	vices	Compensation
TONSI P	14 5TH AVENUE, SUITE A SAN	DIEGO, (CA 9	21(JΙ			E.	VENT COMPANY		161,269.

2 Total n	umber of independent contractors (ir	icluding bu	t not	lim	ited	to	thos	e lis	sted above) who	received	
more th	nan \$100,000 in compensation from the	e organizati	ion 🕨	-			1		, -		

Form	990 (2020) MIRACLES	FOR KIDS			91-2160	516 Page !
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a resp	oonse or note to an	y line in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-514
tts	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b	<u> </u>				
ΘĒ	C	Fundraising events 1c	1,459,770.				
aff.	d	Related organizations 1d	<u> </u>			. :	
S.E	e	Government grants (contributions) 1e	160,900.				
Sign	f	All other contributions, gifts, grants,					
ig te		and similar amounts not included above . 1f	1,365,928.				
Ξŏ	g	:					
e E		lines 1a-1f <u>1</u> g					
	h	Total. Add lines 1a-1f	[2,986,598.			
a.			Business Code				<u> </u>
Program Service Revenue	2a		_				
Jer Le	b		-				
m S	С						
gra Re	d	4					
ĕ	е	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_				
D.,	f	All other program service revenue					
	g	Total. Add lines 2a-2f	1	0.			-
	3	Investment income (including dividend		_			
		other similar amounts)		0.			
	5	Income from investment of tax-exempt bo	. 1	0.			
	3	Royalties	(ii) Personal	0.1			
	6a	Gross rents 6a 101,60 Less: rental expenses 6b 92,20					
	b						
	C	(100), 100		9,399.	9,399.		
	d	Net rental income or (loss), , (i) Securities	(ii) Other	9,399.	9,339.	:	
	7a	Gross amount from (i) Securities sales of assets	(a) Outer	1			
		other than inventory 7a 363,66	0. 40,959.	***************************************			
đ)	ь	Less: cost or other basis			ij		
3evenue	"	and sales expenses 7b 363,66	0. 47,201.				a all period
e e	С	3.0 00.00 0.000000	-6,242.				1.5
	q	Net gain or (loss)		-6,242.	-6,242.	·····	<u> </u>
Other					-		
ö	8a	events (not including \$1,459,770.				:	
		of contributions reported on line					
		1c). See Part IV, line 18	a 461,584.				
	b		b 461,584.	ļ			
	С	Net income or (loss) from fundraising even	ts	ი.			
	9a	Gross income from gaming			j		
		activities. See Part IV, line 19 9	a 0.		***************************************		
	b	Less: direct expenses 9	b 0.			<u> </u>	
	С	Net income or (loss) from gaming activities	es >	0.			
	10a	Gross sales of inventory, less					_
		returns and allowances 10	o. 0.				and the second s
	b	Less: cost of goods sold 10	b 0.				
	c	Net income or (loss) from sales of inventory,	>	0.			
Sn			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	2,425.			2,425
lar	b		_				
Se.	С		-				ļ
ž l	d	All other revenue					
	е.			2,425.	·	:	
	12	Total revenue. See instructions		2,992,180.	3,157.		2,425

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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).

Do not include amounts reported on lines 6b, 7b,	nse or note to any line (A)	(B) Program service	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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			İ	
organizations, foreign governments, and			1	
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			:
5 Compensation of current officers, directors,	168,493.	95,173.	22,296.	51,024
trustees, and key employees	100,493.	JJ, 173.	22,230.	31,023
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	772,508.	436,354.	102,221.	233,933
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
	30,087.	16,995.	3,981.	9,111
9 Other employee benefits	70,510.	39,828.	9,330.	21,352
10 Payroll taxes		,		
a Management	0.			
b Legal	0.			
c Accounting	72,009.		72,009.	***************************************
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.).	61,371.		61,371.	
12 Advertising and promotion	81,613.	60,276.	6,675.	14,662
13 Office expenses	57,510.	42,588.	4,561.	10,361
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	191,741.	167,807.	14,360.	9,574
17 Travel	2,050.	1,517.	164.	369
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	15,922.	11,782.	1,274.	2,866
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	100,617.	74,457.	8,049.	18,111
23 Insurance	10,017.	7,413.	801.	1,803
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, fist line 24e expenses on Schedule O.)	615 605	60.5 60.5		
aBILLPAY PROGRAM GRANTS	615,685.	615,685.		
bWELLNESS & SUPPORT SUPPLIES	188,340.	188,340.		
cHOUSING PROGRAM	413,746.	413,746.	2 002	C 75.C
d DUES AND SUBSCRIPTIONS	37,533.	27,775.	3,002.	6,756
e All other expenses	70,633.	20,989.	5,678.	43,966
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	2,960,385.	2,220,725.	315,772.	423,888
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if	_	-	efferente	
following SOP 98-2 (ASC 958-720)	0.	1	-	

JSA 0E1052 1.000

		MIRACLES FOR KIDS		91~	2160616
_	n 990 (Page 11
P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u>X</u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,944,582.	1	1,518,654.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	742,086.	3	849,619.
	4	Accounts receivable, net.	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,	·····	<u> </u>	:
·s		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		<u> </u>	
	ľ	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.
Assets	8	Inventories for sale or use	0.	8	0.
AS	9	Prepaid expenses and deferred charges ATGH . 1	19,580.		34,930.
	1 -	Land, buildings, and equipment: cost or other			!
	100	basis. Complete Part VI of Schedule D 10a 513,071.			:
	h	Less: accumulated depreciation	37,259.	100	380,525.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.	-	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	2,719,235.	15	2,862,232.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,462,742.	16	5,645,960.
Liabilities	17	Accounts payable and accrued expenses	98,378.	17	142,690.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	15,000.	19	0.
	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,		<u> </u>	· · · · · · · · · · · · · · · · · · ·
		trustee, key employee, creator or founder, substantial contributor, or 35%			:
		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	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		24	~~~
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
			2,709,488.	25	2,831,599.
	26	of Schedule D	2,822,866.	26	2,974,289.
Fund Balances	2.0	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	· ·	20	2,7,7,4,0,7,
ā	27	Net assets without donor restrictions	2,639,876.	27	2,671,671.
Ba	28	Net assets with donor restrictions.	0.	28	0,
pu		Organizations that do not follow FASB ASC 958, check here ▶		2.0	:
or Fu		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,639,876.	32	2,671,671.
_	33	Total liabilities and net assets/fund balances	5,462,742.	33	5,645,960.
	33	Total liabilities and net assets/fund balances	5,402,/42.	33	5,645,960

Form 9	90 (2020)			Pa	ge 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				ليا		
1	Total revenue (must equal Part VIII, column (A), line 12)			180.			
2	Total expenses (must equal Part IX, column (A), line 25)			2,960,385.			
3	Revenue less expenses. Subtract line 2 from line 1				795.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			2,639,876.			
5	realized gains (losses) on investments		0.				
6	Donated services and use of facilities				0.		
7	Investment expenses			0.			
8	Prior period adjustments		0.				
9	er changes in net assets or fund balances (explain on Schedule O)				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))				2,671,671.		
Part							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	 ,		عليار		
		۳		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	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 or	ı a		į			
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis		ŀ		!		
C	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ı		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain	on			ſ		
	Schedule O.				· ·		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t		1				
	Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t				!		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b				
			Form '	44H /	(2020)		