## **Return of Organization Exempt From Income Tax**

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

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

_		***************************************		aria erianig		
В	Chec	k if epplicable:	C Name of organization		D Employer Ident	ification number
£			MIRACLES FOR KIDS, INC.			
<u> </u> _	°	Address change	Doing business as		91-21606	516
	<u>X</u> ,	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numi	per
	_   1	nitial return	17848 SKY PARK CIRCLE, SUITE C		(714)730	0-3040
Г		inal return/ erminated	City or town, state or province, country, and ZIP or foreign postal code		\	
	$\neg$	eturs	IRVINE, CA 92614		G Gross receipts \$	6,025,431
		Application	F Name and address of principal officer: AUTUMN STRIER		H(a) Is this a group	0,020,101
_		ending	17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA 926	61.4	subordinates?	H '**  A '**
	Tav	k-exempt st		1 1	H(b) Are all subordina	
÷				527		ch a list. See instructions
			WWW.MIRACLESFORKIDS.ORG		H(c) Group exemption	
_			ization: X Corporation Trust Association Other	L Year of form	ation: 2001 M St	ate of legal domicile: CA
	art		mmary			
	1	1 Briefly	describe the organization's mission or most significant activities: MIRACL	ES FOR KI	DS HELPS FAN	MILIES WITH
g	}		FICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELES			
2	<u>i</u>		RESSION SO THEY CAN FOCUS ON FIGHTING FOR THEIR			
5	1		this box 🕨 🔲 if the organization discontinued its operations or disposed			
Š		3 Number	er of voting members of the governing body (Part VI, line 1a)	or more trial 20	70 OF ILS FIEL ASSELS.	.
2		Numbi	or of independent veting members of the several back (Death)			····
Activities & Governance		• Number	er of independent voting members of the governing body (Part VI, line 1b)	* * * * * * * * *	· · · · · · ·   <u>-</u>	<del></del>
<u> </u>		5 Total r	number of individuals employed in calendar year 2021 (Part V, line 2a)			2.
to	{	5 Total r	number of volunteers (estimate if necessary)		[6	1,066
Q.	7	<b>a</b> Total u	inrelated business revenue from Part VIII, column (C), line 12		7	a NONE
	<u> </u>	<b>b</b> Net un	related business taxable income from Form 990-T, Part I, line 11		7	b NONE
					Prior Year	Current Year
Ф	8	3 Contril	butions and grants (Part VIII, line 1h)		2,986,598	4,705,730.
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		NON	<del></del>
ě	10	Investr	ment income (Part VIII, column (A), lines 3, 4, and 7d).		-6,242	
œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<del></del>
	12				11,824	<del></del>
_			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		2,992,180	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		NON	<del></del>
	14		ts paid to or for members (Part IX, column (A), line 4)		NON	E NONE
9	15	Salarie	is, other compensation, employee benefits (Part IX, column (A), lines 5-10).		1,041,598	1,100,803.
Expenses	16	a Profes	sional fundraising fees (Part IX, column (A), line 11e)		NON	E NONE
Ř	·	<b>b</b> Total for	undraising expenses (Part IX, column (D), line 25) ▶ 546,620.			
Ш	17	Other of	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,918,787	1,677,411.
	18	Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	* * * * *	2,960,385	
	19		ue less expenses. Subtract line 18 from line 12		31,795	
200			20 1000 Opposition, Constitute to from the 12			<del>}</del>
ssets or	20	Total a	anata (Part V. Ban 46)	1	nning of Current Year	
Saji	24		ssets (Part X, line 16)	• • • • •	5,645,960	
3 5	21 22	i otal lii	abilities (Part X, line 26)		2,974,289	
			sets or fund balances. Subtract line 21 from line 20.		2,671,671.	3,818,251.
	ert (		nature Block			
Uni	der p	enalties of	perjury, I declare that I have examined this return, including accompanying schedules omplete. Declaration of preparer (other than officer) is based on all information of which I	and statements,	and to the best of my	knowledge and belief, it is
	3, 001	Teor, and c	omplete. Declaration of preparer total onicer) is based on all information of which	preparer has any k	nowledge.	
					ļ	
Sig		Sig	gnature of officer TAXPAYER'S C	MNV	Date	
He	re		IAAFAICE OU			
		TV	pe or print name and title			
	-		ype preparer's name Preparer's signature	Data		
Paid	ı			Date 11/07/2023	Check if	PTIN
Prej		STEP	HANIE WILKINSON Stephani Wilkinson	11/0//202	self-employed	P01231617
Use		Eirm'e r	name ► HOLTHOUSE CARLIN & VAN TRIGT LLP		Firm's EIN	95-4345526
			ddress ▶ 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91	361		305-374-8555
May	/ the	RS dis	cuss this return with the preparer shown above? See instructions			. X Yes No
			eduction Act Notice, see the separate instructions.			Form <b>990</b> (2021)
	-		• • • • • • • • • • • • • • • • • • • •			1 Oran 2 2 2 (2021)

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	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		İ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	<del> </del>	X
	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			١
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<del> </del>	Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		۱
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	<del> </del>	Х
•	complete Schedule D, Part III			١.,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	ļ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		<b></b>	X
	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,	''		Λ.
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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		Х
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	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
Ь	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		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
Đ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ľ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Ì	
17	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			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
.0	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			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	+	<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24	ĺ	ν
JSA		21		<u>X</u>

	Checklist of Required Schedules (continued)		Yes	N
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	Х	
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	X	<del> </del>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì	İ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l		١
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	•	-
C	to defease any tax-exempt bonds?,	24-		
ત	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<del> </del> -
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		1
	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		Х
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	İ	Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		T	
	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	<u> </u>	X
	Was the organization a party to a business transaction with one of the following parties (see the 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	<del> </del>	Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			١.,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_ <u> </u>	
	conservation contributions? If "Yes," complete Schedule M	30		х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>	<del>                                     </del>	
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		Х
;	LIO IBP OFDANIZANOR COMINIETA SCREDUIE I.) AND DYDVIDA GYNIADANOR ON SCREDUIA () for Part VI. linge 115 and I.		1 8	
38 i	192 Nate: All Earn 900 filers are required to complete Schodule O		l l	
38	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
38	19? Note: All Form 990 filers are required to complete Schedule O		Х	
38	19? Note: All Form 990 filers are required to complete Schedule O			No
38 Part	19? Note: All Form 990 filers are required to complete Schedule O		Yes	No
38 Parti	19? Note: All Form 990 filers are required to complete Schedule O			No.
38	19? Note: All Form 990 filers are required to complete Schedule O			No
38	19? Note: All Form 990 filers are required to complete Schedule O	# 6 #		No
38   Part   1a   b   c	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1c		

MIRACLES FOR KIDS, INC. 91-2160616 Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 27 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.... 8 Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . | 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which X

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?........ If "Yes," complete Form 6069.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . .

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management				1.	
		ı	ı		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	1a	18			
	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent	1b	17			
þ	Did any officer, director, trustee, or key employee have a family relationship or a business re	lation	shin with	1		
2	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or u	nder t	he direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect o	r appoint			
	one or more members of the governing body?			7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
-	the year by the following:					
а	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			85	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			v
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	rnol	Payanya	9 Codo	<del></del> _	X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	HIIdi	Revenue	Code	Yes	No
				10a		X
10a	Did the organization have local chapters, branches, or affiliates?	• • •		100		
þ	If "Yes," did the organization have written policies and procedures governing the activities of			10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form?	11.0	- 1	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	х	
12a				124		
Ь	• • • • • • • • • • • • • • • • • • • •			12b	х	
_	rise to conflicts?			1=11		
C	describe on Schedule O how this was done			12c	х	
42	Did the organization have a written whistleblower policy?			13	Х	
13 14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review at					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ır arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes." did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	guard the			
	organization's exempt status with respect to such arrangements?			16b		
Sect	on 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) (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a section of the control o	, 990, ply.	and 990-7	Γ (sec	ion 5	01(c)
	Own website Another's website X Upon request Other (explain on So	hedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	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 AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C IRVINE, CA 92614	books	and record			
	714-730-3040			Form	990	(2021)

and

**Independent Contractors** 

## 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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)	box office Individua	unle	Pos heck ss pe	erson	e than control Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) AUTUMN STRIER	40.00							**************************************		
CO-FOUNDER & CEO	NONE	Х		Х				150,624.	NONE	NONE
(2) KEN CRUSE	2.50									
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(3) CURTIS GREEN	2.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(4) MONI MOSHARAF	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(5) JORDY SPIEGEL	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(6) PAULA ANSARA-WILHELM	2.50								· · · ·	
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(7) BRIAN FISCHBEIN	2.50									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(8) DAVID HEIL	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) BOB ROVZAR	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) GARY STANDEL	2.50			l						
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) TOM SWANECAMP	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) JASON PENDERGIST	2.50									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(13) NORM CHRISTENSEN	2.50	7					Ī			
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) KEVIN DEALLEN	2.50					Ţ				
BOARD MEMBER	NONE	Х						NONE	NONE	NONE

Form 990 (2021)

Pealion Compensation Compensat		1	1	ı sı gı	uiiu i		_	ייאויי	Cy <u>= 11</u>	T .	Part VII Section A. Officers, Directors, Tr	
The compensation of the compensation and celecter/required by the compensation of the compensation and celecter/required by the compensation of the compensation and celecter of compensation and celecter of compensation and celecter of compensation and celecter of compensation and celecter of compensation from the organizations   Section B. Independent Contractors   Competes Chedules   Compensation   Competes Chedules   Compensation		compensation from	compensation			sition c mor	Po check		1 .	hours per	(A) Name and title	
BOARD MEMBER	ons compensation	organizations	the organization	tee)	or/trust	direc	nd a	er ar	office	hours for related organizations below dotted		
16) RASHEED MUHAMMAD  17) KING NELSON  18) NOEL WIRWAR  18) NOEL WIRWAR  19) NONE  18) NOEL WIRWAR  10) NONE  18) NOEL WIRWAR  10) NONE  18) NOEL WIRWAR  19) NONE  10) NONE  10) NONE  11) Sub-total  12) Total from continuation sheets to Part VII, Section A  15) Total from continuation sheets to Part VII, Section A  16) Total (add lines 1b and 1c)  17) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b  17) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization part of portable compensation and other compensation from the organization part of portable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  18) 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  10) 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  10) 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  10) Did any person listed or 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	VOVE VOVE	***	WOME						17	7		
BOARD MEMBER    NONE   X   NONE   NONE	NONE NON	NONE	NONE			<del> </del>	┼	<del> </del> -	<u></u>	<del></del>		
BOARD MEMBER	NONE NON	NONE	NONE						Х	F		
18) NOEL WIKWAR  BOARD MEMBER  NONE  NONE  NONE  150,624.  NONE  NONE  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c).  Total amber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  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  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.  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  Section B. Independent Contractors  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 organizations to year.  (A) (B)										2.50	17) KING NELSON	
BOARD MEMBER  NONE X  NONE NONE  150, 624. NO	NONE NON	NONE	NONE			<u> </u>		_	Х	<del></del>	BOARD MEMBER	
1b Sub-total  Total from continuation sheets to Part VII, Section A  Total add lines the and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  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  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.  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  Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's to year.  (A) (B) (B) (G)										<del>_</del>		
c Total from continuation sheets to Part VII, Section A	NONE NON	NONE	NONE			-	-	H	Х	NONE	BOARD MEMBER	
c Total from continuation sheets to Part VII, Section A				-		_	ļ	<u> </u>				
c Total from continuation sheets to Part VII, Section A												
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   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  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  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  Section B. Independent Contractors  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 tayear.  (A)  (B)												
c Total from continuation sheets to Part VII, Section A										el en 100 ee en 100 en 100 en		
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)	****			>							1b Sub-total	
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  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			····				-			-		
employee on line 1a? If "Yes," complete Schedule J for such individual  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.  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  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 tayear.  (A) (B)										limited to th	2 Total number of individuals (including but not	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
for services rendered to the organization? If "Yes," complete Schedule J for such person	ch 4 X	e J for such	complete Schedule	" c	"Yes,	lf.	00?	0.0	\$15	eater than	organization and related organizations greindividual	
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 to year.  (A)  (B)	ual . 5 . X	n or individual	elated organization	unr oers	any such j	rom for	on I ile J	sati edu	mpen: te Sch	accrue cor s," complet	for services rendered to the organization? If "Ye	
Name and the street and the second second second second second second second second second second second second											<ol> <li>Complete this table for your five highest com- compensation from the organization. Report compensation.</li> </ol>	
	(C) Compensation	vices C								ress	(A)	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1	Form <b>990</b> (202	received	•	e lis	those	l to	nited				more than \$100,000 in compensation from the	

Form 990 (2021	)	MIRAC
Part VIII	Statement of	Revenue

		Check if Schedule O contains a response	or note to an	y line in this Part V	/II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
25 25	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b					
ع ق	c	Fundraising events 1c	2,763,155.				
ŢŞ,	d	Related organizations 1d					
<u>=</u>	٠	Government grants (contributions) . 1e	180,797.				
ξË	f	All other contributions, gifts, grants,					
를 받		and similar amounts not included above . 1f	1,761,778.				
훒	_	Noncash contributions included in					
놡	9	lines 1a-1f 1g \$	1,028,820.				
SE	h			4,705,730.			
	<u> </u>		usiness Code				
ф	١.						
ž.	2a				Martin Control of the		
Ser	b						
E S	C						
P. 2	d						
Program Service Revenue	6						
о.	f	All other program service revenue		NONE			
	9	Total. Add lines 2a-2f	t t	,			
	3	Investment income (including dividends, inte		NONE			
	_	other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond pro		NONE			
	5	Royalties	(ii) Personal	HOND			
	1		(1) / 0.00.1.0.				
	6a	Cross rolls 1 1 1 1 1					
	b	Less: rental expenses 6b	NONE				
	C	Rental income or (loss) 6c 70,586.		70,586.	70,586.		
	_d	Net rental income or (loss)		70,300.	70,300.		
	7a	Gross amount from (i) Securities	(ii) Other				
	1	sales of assets					
	1	other than inventory 7a					
ne	b	Less: cost or other basis					
9	ĺ	and sales expenses 7b					
Re e	C	Gain or (loss) 7c					
Other Revenue	d	Net gain or (loss)	<b>&gt;</b>	NONE			
듔	8a	Gross income from fundraising					
•	1	events (not including \$ 2,763,155.					
	•	of contributions reported on line					
	1	1c). See Part IV, line 18 8a	1,249,115.				
	b	Less: direct expenses 8b	1,249,115.				
	C	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE			***************************************	
	c	Net income or (loss) from gaming activities	<u> ▶</u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory,	>	NONE			
ä	-		lusiness Code				
de te	11a						
텔	b						
Miscellaneous Revenue	С					<u> </u>	
ž		All other revenue		NONE			
	<u>e</u>	Total Add lines 11a-11d		4,776,316.	70,586.		
	12	Total revenue. See instructions		3,110,310.	10,100.		<u> </u>

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organiz	zations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to domestic	540 004	540 004		
	individuals. See Part IV, line 22	548,284.	548,284.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	27027			
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	150 634	00 045	0 676	EO 700
	trustees, and key employees	150,624.	89,245.	8,676.	52,703.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NYONE	14.		
	persons described in section 4958(c)(3)(B)	NONE 846,484.	501,542.	48,757.	206 106
	Other salaries and wages		301,342.	40,137.	296,185.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	26 762	15 057	1,542.	9,364.
9	Other employee benefits	26,763.	15,857. 45,582.		26,919.
10	Payroll taxes	76,932.	43,382.	4,431.	20,319.
	Fees for services (nonemployees):	37/3717			
	Management	NONE 119.		119.	
	Legal	85,032.		85,032.	
	Accounting	NONE		03,032.	
	Lobbying	NONE			<del></del>
	Professional fundraising services. See Part IV, line 17,	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	98,685.	:	98,685.	
	(A), amount, list line 11g expenses on Schedule O.)	27,961.	20,651.	2,287.	5,023.
	Advertising and promotion	73,427.	54,370.	5,807.	13,250.
13	Office expenses	NONE	34,370.	3,007.	13,230.
14	Information technology	NONE			
15	Royalties	497,212.	404,880.	55,389.	36,943.
16	Occupancy				6,496.
17	Travel	36,087.	26,704.	2,887.	0,490.
18	Payments of travel or entertainment expenses	NONE			
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE	1 966	202.	454.
	Interest	2,522. NONE	1,866.	202.	474.
21	Payments to affiliates	124,413.	92,066.	9,953.	22,394.
22	Depreciation, depletion, and amortization	24,822.	18,368.	1,986.	4,468.
23	Insurance	27,024.	10,000.	1,300.	7,700.
24					
	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.)				
_	WELLNESS & SUPPORT SUPPLIES	561,444.	561,444.		
		51,990.	301,444.	561.	51,429.
	BANK AND OTHER FEES	48,751.	36,077.	3,899.	8,775.
	DUES AND SUBSCRIPTIONS  DAVBOLL BROCESSING FEES	24,292.	14,393.	1,399.	8,773.
	PAYROLL PROCESSING FEES	20,654.	15,284.	1,653.	3,717.
	All other expenses Total functional expenses. Add lines 1 through 24e	3,327,498.	2,447,613.	333,265.	546,620.
	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	3,327,430.	2,447,013.	3337203.	
	following SOP 98-2 (ASC 958-720)		<u> </u>		
ISA			••		Form 990 (2021)

		(A) Beginning of year		(B) End of year
T 1	Cash - non-interest-bearing	1,518,654.	1	2,672,398.
2	Savings and temporary cash investments	NONE	2	NONE
3	Pledges and grants receivable, net	849,619.	3	752,363.
4	Accounts receivable, net	NONE	4	NONE
5	Loans and other receivables from any current or former officer, director,			
ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONE
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).	NONE	6	NON
7	Notes and loans receivable, net	NONE	7	NONE
8	Inventories for sale or use	NONE		NONI
9	Prepaid expenses and deferred charges . SEE SCHEDULE .Q	34,930.	9	74,647.
7 3	Land, buildings, and equipment: cost or other			
IVa	basis. Complete Part VI of Schedule D 10a 513,071.			
	Less: accumulated depreciation	380,525.	10c	256,113.
1	Investments - publicly traded securities	NONE		NON
11	Investments - other securities. See Part IV, line 11	NONE		NONI
12	į "	NONE	~~	NONI
13	Investments - program-related. See Part IV, line 11	NONE		NONI
14	Intangible assets	2,862,232.		2,628,267
15	Other assets. See Part IV, line 11	5,645,960.		6,383,788.
16	Total assets. Add lines 1 through 15 (must equal line 33)	142,690.		
17	Accounts payable and accrued expenses			120,333. NONI
18	Grants payable	NONE		
19	Deferred revenue	NONE	i	NONI
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONI
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			****
	controlled entity or family member of any of these persons	NONE		NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	2,831,599.		2,445,204.
26	Total liabilities. Add lines 17 through 25	2,974,289.	26	2,565,537.
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,671,671.	27	3,818,251.
28	Net assets with donor restrictions,	NONE	28	NON
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ 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	
"	Total net assets or fund balances	2,671,671.	32	3,818,251.
32				

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required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.