

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 2020, and ending 20

B Check if applicable: C Name of organization: MIRACLES FOR KIDS D Employer identification number: 91-2160616 E Telephone number: (714) 730-3040 F Name and address of principal officer: AUTUMN STRIER G Gross receipts \$: 3,956,826. H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 J Website: WWW.MIRACLESFORKIDS.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 2001 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: MIRACLES FOR KIDS HELPS FAMILIES WITH CRITICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELESSNESS, HUNGER AND DEPRESSION SO THEY CAN FOCUS ON FIGHTING FOR THEIR CHILD'S LIFE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 9. 6 Total number of volunteers (estimate if necessary) 6 414. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-22 detailing financial data for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: Signature of officer: Autumn Strier Date: 11/15/21 Type or print name and title: Autumn R Strier

Paid Preparer Use Only: Print/Type preparer's name: STEPHANIE WILKINSON Preparer's signature: Stephanie Wilkinson Date: 11/14/2021 Check self-employed if PTIN: P01231617 Firm's name: HOLTHOUSE CARLIN & VAN TRIGT LLP Firm's EIN: 95-4345526 Firm's address: 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361 Phone no.: 805-374-8555

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)