** PUBLIC DISCLOSURE COPY **									
_	Q	90	Return of Organization Exempt From	n Income Ta	X	OMB No. 1545-0047			
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ations)				
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Put Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Open to Put									
				JUN 30, 20	21	Inspection			
_	Check if	- í	organization	D Employer ide		ion number			
-	applicab	ole:			linout				
	Addre	ge MIRA	VIA, INC.						
	Name	ge Doing bu	isiness as	56-186	6587	1			
	Initial	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s						
	Final returr termi	n n	WEONA AVENUE	(704)5	25-4				
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		1,197,392.			
	returr Appli		LOTTE, NC 28209	H(a) Is this a grou					
	tion pend	ing F Name ar	nd address of principal officer:DEBRA CAPEN AS C ABOVE	for subordin					
-	T - · · · · ·	empt status:		527 If "No." attac					
			▲ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or MIRA-VIA.ORG	H(c) Group exem		. See instructions			
		of organization:				tate of legal domicile: NC			
	art I								
	1		e the organization's mission or most significant activities: TO PROVI	DE HOUSING	AND	SUPPORT			
Governance			S FOR SINGLE, PREGNĂNT WOMEN						
srna	2	Check this box	if the organization discontinued its operations or disposed of it	more than 25% of its n	et asset	ts.			
Ň	3	Number of vot	3	12					
	4	Number of ind	4	12 16					
ies	5								
Activities &	6		of volunteers (estimate if necessary)		6	15 0.			
Ac			business revenue from Part VIII, column (C), line 12		7a	0.			
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	7b	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	904,33	4.	1,145,861.			
Revenue	9		ce revenue (Part VIII, line 2g)	-	0.	0.			
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	4,87	5.	2,170.			
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,72		-13,761.			
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	900,48	4.	1,134,270.			
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.				
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	437,76		507,583.			
ens	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 159,059.		0.	0.			
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) \blacktriangleright 159,059.	300,05		280,659.			
	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)s. Add lines 13-17 (must equal Part IX, column (A), line 25)	737,81	1	788,242.			
	18		expenses. Subtract line 18 from line 12	162,67		346,028.			
OL		Nevenue less (Beginning of Current Y		End of Year			
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)	3,105,92		3,436,332.			
Ass	21		(Part X, line 26)	16,09		21,784.			
Fund	22		und balances. Subtract line 21 from line 20	3,089,83	3.	3,414,548.			
P	art II	•							
			declare that I have examined this return, including accompanying schedules and st		of my kr	lowledge and belief, it is			
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	barer has any knowledge.					

Sign	Signature of officer		Date						
Here		E DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	PAULA P. TILLEY	Omila OR	03/14/22 ^{if} P00051456						
Preparer	Firm's name 🕞 GREERWALKER LLP		Firm's EIN 56-1434747						
Use Only	Firm's address 227 WEST TRADE								
	CHARLOTTE, NC 2	8202	Phone no. $704 - 377 - 0239$						
May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

Form		56-1866587 _F	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO PROVIDE HOUSING AND SUPPORT SERVICES FOR SINGLE, PREGN	IANT WOMEN	
	SEE SCHEDULE O FOR FULL MISSION STATEMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes 🖸	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
•		Yes 🖸	V N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses, and	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$460,135 • including grants of \$) (Revenue \$)
	COLLEGE RESIDENTIAL PROGRAM - PROVIDES FREE HOUSING, UTIL		
	AND MATERIAL ASSISTANCE, MOTHER AND BABY ITEMS AND CLOTHI		
	PROFESSIONAL COUNSELING AND LIFE-SKILLS CLASSES WITH PERS		SE
	MANAGEMENT ENABLE THESE WOMEN TO COMPLETE THEIR POST-HIGH	I SCHOOL	
	EDUCATION AND BECOME BETTER PARENTS AND CITIZENS.		
416	(Code:) (Expenses \$ 100,232. including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$ 100,232 including grants of \$) (Revenue \$ OUTREACH PROGRAM - PROVIDES FREE EMOTIONAL AND MATERIAL S	יתססמזזי)
	INCLUDING FOOD, CLOTHING, DIAPERS, MOTHER AND BABY ITEMS		
	LIFE SKILLS CLASSES IN BUDGETING, NUTRITION, PARENTING, E	TC. AVAILAB	սե
	FOR UP TO ONE YEAR.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 560,367.		

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	330	12020	1

Form 990 (2020) MIRAVIA, INC.
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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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			
	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.			
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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			x
	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		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democile geveniment off aren, column (y, internal vec, complete constant), rater and n	I		

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 Form 990 (2020)
 MIRAVIA, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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			x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		~
2 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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%	00		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
21	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 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	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		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			v
04	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		<u></u>
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с				
	(gambling) winnings to prize winners?	1c	Х	

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If Yes," has filed a form 900-1 for this year? If Yov' is line 3b, provide an explanation on Schedule O 3b 4a At any time the name of the foreign country (such as a bank account, securities account, or other financial account?) 4a b If Yes," has filed a form 900-1 for this year? If Yov' is an interest, in a signature or other authority over, a financial account in the foreign country (such as a bank account, securities account, or other financial account?) 4a b If Yes," their the name of the foreign. Cauntry ▶ Sec instructions for finitic requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Dod any taxable party notify the organization has their transaction? 5a 6 Dod set or aphilation and account section 170(c). 5a 9 If Yes," to line 5a or 5b, dot the organization name press statement that such contributions or gifts were not tax deductible as charitable contributions? 6b 9 If Yes," to line form 8282? 6b 7a X 9 If Yes," to line form 8282? 7b 7a X 9 If Yes," did the organization nave press statement that such contributions or gifts were not tax deductible as charitable contributions and services provided? <th>Za</th> <th>Enter the humber of employees reported of Form way, manamitta of wage and fax Statements,</th> <th>1.0</th> <th></th> <th></th> <th></th>	Za	Enter the humber of employees reported of Form way, manamitta of wage and fax Statements,	1.0						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>file</i> (see instructions) 3a 3a Diff the organization have sumsities business gross income of \$1,000 or more during the year? 3a bit 1*ves: that lind a Form 990-10 trits iyea? 3b bit 1*ves: that lind a Form 990-10 trits iyea? 3a bit 1*ves: that lind a Form 990-10 trits iyea? 3b bit 1*ves: that lind a Form 990-10 trits iyea? 5a See instructions for film cEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a 5a bit 1*ves: that be consisted to shell the organization for Fin-CEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a 5a Did any taxable party notify the organization that 1 was or is a party to a prohibited tax shelter transaction? 5b 6a Did any taxable party notify the organization for Fin-CEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a 6b Did any taxable party notify the organization for Fin-CEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a 6b Dif **** Cit 1**** Cit 1**** 5a 6c Dif **** Cit 1***** Cit 1***** Cit 1***** Cit 1***** Cit 1****** Cit 1****** Cit 1************************************		, , , , ,	-		37				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 the foreign country (such as a bank account, securities account, or other financial account (FBAR). 5a 5b 11 "Yes", in the Si bert financial Account (FBAR). 5a 5a Was the organization a part to a prohibited as shelter transaction? 5a 5a Use the organization approximation that was or is a party to a prohibited tax shelter transaction? 5a 5a Did any taxable party notify the organization in that was or is a party to a prohibited tax shelter transaction? 5a 6a Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a 6a Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a 6a Did any taxable party notify the organization account or the avalue of the porthibution and party for gools and services provided to the partical in account or the avalue of the porthibution and party for gools and services provided to the partical in account of the avalue of the porthibution and party for gools and services provided to the partical in account of the avalue	b			2b					
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authomly over, a financial account is of oreing nountry (such as a bank account, or other financial accounts (FEAR). 5a If "Yes," enter the name of the foreign country ▶						37			
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? 4a b If Yes; "enter the name of the foreign country (such as a bank account, securities account, or other rannoial account)? 5a See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a So Was the organization a park to a prohibited tax shelter transaction at any time during the taxy ser? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the taxy ser? 5a c If Yes' to line Ba or Bb, did the organization time form 888617 6a 6a a Does the organization native evelocitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 6a 6a b If Yes, ' did the organization noticke with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X d If 'Yes, ' did the organization noticke with every solicitation an express statement that such contributions or gifts were not 2820 field during the year 7d 7a X f If 'Yes, ' did the organization networks datable, directly or indirectly, to pay premums on a personal benefit contract? 7r 7a X f If the organization neceive a contribution of qualified intelee						X			
financial account in a foreign country ≥ 4a b If Yes," enter the name of the foreign country ≥ 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 6a Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 6a Dot any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a 6a Dot any taxable party notify the organization notide with every solicitation an express statement that such contributions or gits were not tax deductible? 6a 7 Organization neckle apyment in excess 0 57 made party as contribution and party for goods and services provided to the payor? 7a X 7 Did the organization neckle apyment in excess 0 57 made party as contribution and party for goods and services provided to the payor? 7a X 7 Tyes, ' did the organization neckle apy or therwise dispose of tangible personal property for which it was required to the form 8282 and to make a distribution of qualified intellectual property, on a personal benefit contract? 7e 7d 7 Tyes, '' did the organization neckle apy or therwise dis				3b		<u> </u>			
b If "Yes," enter the name of the foreign country ▶ See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a park to a prohibed tax shelter transaction at any time during the tax year? Sa D Id any taxable park notify the organization that it was or is a park to a prohibed tax shelter transaction? So If "Yes" to be so to 5, dot the organization infer Form 88867. So Ga Does the organization nave enough she that are normally greater than \$100,000, and did the organization solicit any contributions include with were y solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Ga B If "Yes," did the organization noticly the done of the value of the goods or services provided? To To Organization shat may receive deductible contributions under section 170(c). Bid the organization noticly the done of the value of the goods or services provided? To To Id the organization netwice shape, or otherwise dispose of tangible personal property for which it was required to file Form 8282? To To Did the organization netwice shape, or otherwise dispose of tangible personal benefit contract? Te Td Ti H" organization receive a contribution of qualified intelectual property, of the organization file Form 8282 filed during the year Td Td Did the organization mereavel a contribution of qua	4a		•						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 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? 5c c If Yes' to line 5a or 5b, did the organization is cerecipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X b If Yes, ' did the organization notify the door of the value of the goods or services provided? 7a X c Did the organization netify the door of the value of the goods or services provided? 7a X c Did the organization netify the door of the value of the goods or services provided? 7a X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 0882? 7a X d If Yes, 'indicate the number of Forms 8282 file during the year 7d 7d 7d 7d d Did the organization receive a pay premiums, directly or indrectly, on a personal benefit contract? 7rd 7d 7d<		financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X			
Ga 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 Ga Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: 6a Ga Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions? 6b b If "Yes," did the organization network a payment in excess of S/G made party as a contribution and party for goods and services provided to the part? 7a X A Did the organization receive a payment in excess of S/G made party as a contribution and party for which it was required to file Form 8282? 7c 7d X C Did the organization receive any premiums, directry or indirectry, or a personal benefit contract? 7t Td d If "Nes," indicate the number of Forms 8282? filed during the year Td Td Td D Did the organization, diring the year, pay remiums, directry or indirectry, or a personal benefit contract? Td Td g If the organization receive a contribution of cars, bacts, ariptanes, or other vehicles, did the organization. File Form 108802 C Th Th S Sopnosoring organi	b								
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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 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 Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15									
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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 Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15									
Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image:									
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15	а								
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15									
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15									
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15									
excess parachute payment(s) during the year?									
	15								
IT THESE SEE INSTRUCTIONS AND THE FORM 472U. SCHEDULE N				15		X			
	10	If "Yes," see instructions and file Form 4720, Schedule N.							
······································	10								
If "Yes," complete Form 4720, Schedule O. Form 990 (20)		IT TYES, Complete Form 4720, Schedule O.		Eorra	000	(2020)			

Part v	Stat

 Form 990 (2020)
 MIRAVIA, INC.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,

Yes No

	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									
Sec	tion 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 1a 1	2								
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-								
-	officer, director, trustee, or key employee?	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-								
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X						
6	Did the organization become aware during the year of a signmeant diversion of the organization s assets?			X						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ŭ								
74	more members of the governing body?	7a		x						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14								
D		7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10								
		8a	x							
a b	The governing body? Each committee with authority to act on behalf of the governing body?		x							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00								
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5								
<u></u>			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa								
D	and branches to ensure their operations are consistent with the organization's exempt purposes?									
110	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
C	in Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?		X							
14	Did the organization have a written document retention and destruction policy?		x							
15	Did the process for determining compensation of the following persons include a review and approval by independent	17								
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	x							
			X							
D	 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
iou	taxable entity during the year?	16a		x						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou								
	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								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s onl	/) avai	able						
	for public inspection. Indicate how you made these available. Check all that apply.	.,	,							
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	DEBRA CAPEN - $704-525-4673$									
	3737 WEONA AVENUE, CHARLOTTE, NC 28209									

MIRAVIA,

Form 990 (2020)

INC.

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	o not check x, unless pe ficer and a d		rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	recto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen				and related
	below	Individual trustee or director	Institutional trustee	л.	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) DEBRA CAPEN	40.00									
EXECUTIVE DIRECTOR				Х				66,602.	0.	10,458.
(2) BOB DESCH	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) BEN DOLAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CHARLIE MURPHY	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(5) MICHAEL HOEFLING	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) TOM MATHIS	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(7) SUSAN RODRIGUEZ	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) FR. CHRISTOPHER ROUX	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(9) ABBOT PLACID SOLARI	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(10) GUILLERMO ANZOLA	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(11) MICHELLE MONK	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(12) MARY ELLEN GUSTAINIS	1.00								_	_
BOARD OF DIRECTORS		х						0.	0.	0.
(13) JOSIE SANCTIS	1.00								_	_
BOARD OF DIRECTORS		Х						0.	0.	0.
		<u> </u>								

	990 (2020) MIRAVIA,									56-18	366	587	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both au						(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	pensation om the anization relate nization	e on ed
с	Subtotal Total from continuation sheets to Part V	I, Section A							66,602. 0. 66,602.		0.0.0.),4:),4:	0.
2 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								-),000 of reportable	-	<u> </u>	<i>,</i> 4.	0
3	Did the organization list any former officer,	-		•	·	-				2			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot				3		x x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr	accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		5		Х
1	ion B. Independent Contractors Complete this table for your five highest co										pens	ation fr	om	
	the organization. Report compensation for (A) Name and business	,		endi ONE		vith	or w	ithiı	n the organization's tax (B) Description of s		C	(C omper		<u></u> ו
												<u> </u>		
2	Total number of independent contractors (i	•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				

Forn	1 990	(20	/	AVIA, IN	IC.				56-1866	587 Page 9
Pa	rt VI		Statement of Re							
			Check if Schedule O o	contains a respo	onse	or note to any lir		(B)	(C)	
							(A) Total revenue	(D) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a F	ederated campaigns	1a		2,214.				
Contributions, Gifts, Grants and Other Similar Amounts	ł	b N	Membership dues	1b						
An A			Fundraising events			463,144.				
ilar İlar	C		Related organizations							
Sin's,			Government grants (contr							
er (f		All other contributions, gifts,							
Otibi			similar amounts not included			<u>680,503.</u> 50,681.				
no l		-	Noncash contributions included in				1,145,861.			
<u>a O</u>	1	n I	Total. Add lines 1a-1f			Business Code	1,145,001.			
Ø	<u> </u>					Business Code				
vice	2 8	a_ b								
Ser		с_								
evel		d _								
Program Service Revenue		 e								
Ą	f	F A	All other program service	revenue						
	ç	gТ	Total. Add lines 2a-2f			►				
	3		nvestment income (incluc							
			other similar amounts) \dots				2,170.			2,170.
	4		ncome from investment c							
	5	F	Royalties	(i) Real						
	•		. .			(ii) Personal				
	-		Gross rents	6a 6b						
			Less: rental expenses Rental income or (loss)	60 6c						
			Net rental income or (loss)			>				
			Gross amount from sales of	(i) Securit		(ii) Other				
			assets other than inventory	7a						
	t		_ess: cost or other basis							
venue		а	and sales expenses	7b						
sver	C	c (Gain or (loss)	7c						
Å			Net gain or (loss)			►				
Other	8 4		Gross income from fundraisir							
0				,144. of						
			contributions reported on			49,361.				
			Part IV, line 18		8a 8b					
			Vet income or (loss) from				-13,761.			-13,761.
			Gross income from gamin	•	_					
			Part IV, line 19		9a					
	t		_ess: direct expenses		9b					
	C		Net income or (loss) from	gaming activitie	s	►				
	10 a	a G	Gross sales of inventory, I	ess returns						
			and allowances		10a					
			_ess: cost of goods sold		10b					
	(Net income or (loss) from	sales of invento	ry					
sni		_				Business Code				
Miscellaneous Revenue	11 a	a_ b								
ella »ver		0_ c								
Be		-	All other revenue							
≥			Fotal. Add lines 11a-11d			>				
	12		Total revenue. See instructio			F	1,134,270.	0.	0.	-11,591.

MIRAVIA, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		20 520	10.005	10 065
	trustees, and key employees	77,060.	38,530.	19,265.	19,265.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		206 245	<u> </u>	<u> </u>
7	Other salaries and wages	362,263.	286,345.	6,802.	69,116.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	35,452.	23,704.	773.	10 075
9	Other employee benefits			1,794.	10,975.
10	Payroll taxes	32,808.	24,453.	1,/94.	6,561.
11	Fees for services (nonemployees):				
	Management				
		18,946.		18,946.	
	Accounting	10,940.		10,940.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
u a					
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,190.			2,190.
13	Office expenses	4,762.	963.	3,675.	124.
14	Information technology	14,603.	1,088.	3,755.	9,760.
15	Royalties		,	,	
16	Occupancy	80,980.	68,355.	6,869.	5,756.
17	Travel	2,549.	2,549.		
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,869.	1,224.		1,645.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,853.	65,853.		
23	Insurance	22,989.	15,304.	4,783.	2,902.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0.0 55.0	0.0 1.1.5		
а	HOUSEHOLD SUPPLIES	29,576.	29,442.	46.	88.
b	BAD DEBT EXPENSE	15,875.			15,875.
С	SERVICE CHARGES	13,343.	1 (01	780.	12,563.
d	TAXES AND LICENSES	2,279.	1,621.	329.	329.
	All other expenses	3,845.	936.	999.	1,910.
25	Total functional expenses. Add lines 1 through 24e	788,242.	560,367.	68,816.	159,059.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				Corm 990 (2020)

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	MIRAVIA,	INC.	
e Sheet			

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	645,481.		1,082,677.
	2	Savings and temporary cash investments	236,833.		238,275.
	3	Pledges and grants receivable, net	280,401.	3	221,787.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	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)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges	10,822.	9	12,741.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,601,82	20.		
	b	Less: accumulated depreciation 10b 731,3		10c	1,870,468.
	11	Investments - publicly traded securities	6,407.	11	8,137.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,573.		2,247.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			3,436,332.
	17	Accounts payable and accrued expenses	11,502.	17	19,784.
	18	Grants payable		18	
	19	Deferred revenue		19	2,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	16 001	25	
	26	Total liabilities. Add lines 17 through 25	16,091.	26	21,784.
ş		Organizations that follow FASB ASC 958, check here X			
ů.		and complete lines 27, 28, 32, and 33.	2,799,432.		3,182,881.
ala	27	Net assets without donor restrictions	000 101		231,667.
Вр	28	Net assets with donor restrictions	290,401.	28	231,007.
Eur		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.			
ets	29 00	Capital stock or trust principal, or current funds		29	<u> </u>
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u> </u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	3,414,548.
z	32	Total net assets or fund balances	0 4 0 5 0 0 4		3,436,332.
	33				

Form **990** (2020)

	990 (2020) MIRAVIA, INC.	56-18	66587	Paç	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,134					
2	Total expenses (must equal Part IX, column (A), line 25)	2	788					
3	Revenue less expenses. Subtract line 2 from line 1	3			28.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,089					
5	Net unrealized gains (losses) on investments	5			23.			
6	Donated services and use of facilities	6	-23	3,0	36.			
7	Investment expenses	7						
8	Prior period adjustments	8			0.			
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,414	! ,5	48.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				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							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3 a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2020)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	F7)
	990	U	390-	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection
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OMB No. 1545-0047

Nam	e of t	he organization								identification number
De	41		VIA,							6-1866587
Pa		Reason for Public			-			ee instructior	IS.	
	organ	ization is not a private found			•		,			
1		A church, convention of ch						I)(A)(i).		
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation ope	rated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:		<i>c</i> . <i>c</i>						
5		An organization operated for			ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
•		section 170(b)(1)(A)(iv). (C	-							
6	v	A federal, state, or local go								
7	Χ	An organization that norma			antial part of its support i	rom a gov	ernmental	unit or from t	he general	public described in
~		section 170(b)(1)(A)(vi). (C	-							
8		A community trust describe				-			In a standard	
9		An agricultural research org	-				-		-	-
		or university or a non-land-o	grant colle	ege of agric	culture (see instructions).	Enterthe	name, city	, and state o	r the collec	le or
10		university: An organization that norma		no (1) moro	than 22 1/20/ of its our	port from	oontributic	na mombora	hin face a	nd aroon ronginto from
10		activities related to its exen								
		income and unrelated busin	•		•				• •	•
		See section 509(a)(2). (Con					3363 acqu		ganzation	
11		An organization organized a			ively to test for public sa	fety See	section 50)9(a)(4)		
12		An organization organized a	•			-			arry out the	e purposes of one or
		more publicly supported or	-		-				-	
		lines 12a through 12d that								
а		Type I. A supporting orga		• •			-		-	/ giving
		the supported organization		-	-	•				
		organization. You must o			• • • •					
b		Type II. A supporting org	anization	supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	of the supp	porting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	st complet	te Part IV,	Sections A and C.					
с		Type III functionally inte	egrated. A	supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organizatio	on(s) (see i	nstructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrat	ed. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. 7	The organi:	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		_ requirement (see instruct	tions). You	ı must cor	mplete Part IV, Sections	A and D	and Part	V.		
е		Check this box if the orga						а Туре I, Туре	II, Type III	
		functionally integrated, or					zation.			· · · · · · · · · · · · · · · · · · ·
f		er the number of supported of								
g		vide the following information				(iv) is the orac	nization listed	(.) Arresumt at		
	(i) Name of supported organization 	(1)	EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
										<u> </u>
Tota										

Schedule A (Form 990 or 990-EZ) 2020 MIRAVIA, INC.

5	6 -	1	8	6	6	5	8	7	Page 2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	573,613.	627,703.	792,574.	904,336.	1,145,861.	4,044,087.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	573,613.	627,703.	792,574.	904,336.	1,145,861.	4,044,087.
	The portion of total contributions	-	-	-	-	, ,	, ,
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						49,411.
6	*** ***********************************						3,994,676.
	Public support. Subtract line 5 from line 4. ction B. Total Support						5,994,070.
	• •	(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	
	endar year (or fiscal year beginning in)	(a)2016 573,613.	(b) 2017 627,703.	(c) 2018 792,574.	(d) 2019 904,336.	(e) 2020	(f) Total
	Amounts from line 4	575,015.	027,703.	192,314.	<u> </u>	1,145,861.	4,044,087.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	000	000	1 470	1 075	0 170	10 047
	and income from similar sources \dots	823.	900.	1,479.	4,875.	2,170.	10,247.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,054,334.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
	organization, check this box and stop						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	98.53 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.24 %
16 a	33 1/3% support test - 2020. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	0 33 1/3% support test - 2019. If the c	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pi	ublicly supported of	organization	~ ·	
b	0 10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
				, ,, .	,		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MIRAVIA, INC.

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6							
	Total. Add lines 1 through 5						
7 6							
k	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	indar year (or fiscal year beginning in)	(-) 0010	(1-) 0017	(-) 0010	(4) 0010	(-) 0000	
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
_							▶∟
	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2019. If the						'3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020

Vee N-

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
-		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9c		
10a		
10b		

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

Yes No

Schedule A (Form 990 or 990 EZ) 2020 MIRAVIA, INC.

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
et short-term capital gain	1		
ecoveries of prior-year distributions	2		
her gross income (see instructions)	3		
Id lines 1 through 3.	4		
preciation and depletion	5		
rtion of operating expenses paid or incurred for production or			
llection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
her expenses (see instructions)	7		
ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
gregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
erage monthly value of securities	1 a		
erage monthly cash balances	1b		
ir market value of other non-exempt-use assets	1c		
tal (add lines 1a, 1b, and 1c)	1d		
scount claimed for blockage or other factors			
xplain in detail in Part VI):			
quisition indebtedness applicable to non-exempt-use assets	2		
ibtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
e instructions).	4		
et value of non-exempt-use assets (subtract line 4 from line 3)	5		
ultiply line 5 by 0.035.	6		
coveries of prior-year distributions	7		
nimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
ljusted net income for prior year (from Section A, line 8, column A)	1		
ter 0.85 of line 1.	2		
nimum asset amount for prior year (from Section B, line 8, column A)	3		
ter greater of line 2 or line 3.	4		
come tax imposed in prior year	5		
stributable Amount. Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions).	6		
	t short-term capital gain coveries of prior-year distributions her gross income (see instructions) Id lines 1 through 3. preciation and depletion rtion of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount gregate fair market value of all non-exempt-use assets (see tructions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances ir market value of other non-exempt-use assets tal (add lines 1a, 1b, and 1c) scount claimed for blockage or other factors <i>splain in detail in</i> Part VI): quisition indebtedness applicable to non-exempt-use assets btract line 2 from line 1d. sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions). t value of non-exempt-use assets (subtract line 4 from line 3) uitiply line 5 by 0.035. coveries of prior-year distributions nimum Asset Amount (add line 7 to line 6) C - Distributable Amount ljusted net income for prior year (from Section A, line 8, column A) ter 0.85 of line 1. nimum asset amount for prior year (from Section B, line 8, column A) ter greater of line 2 or line 3. come tax imposed in prior year	t short-term capital gain 1 coveries of prior-year distributions 2 her gross income (see instructions) 3 Id lines 1 through 3. 4 preciation and depletion 5 rition of operating expenses paid or incurred for production or 5 late and through 3. 6 her expenses (see instructions) 6 her expenses (see instructions) 7 intenance of property held for production of income (see instructions) 6 her expenses (see instructions) 7 ijusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount 7 gregate fair market value of all non-exempt-use assets (see tructions for short tax year or assets held for part of year): 7 erage monthly value of securities 1a erage monthly cash balances 1b ir market value of other non-exempt-use assets 1c tat (add lines 1, 1b, and 1c) 1d grount claimed for blockage or other factors 2 plain in detail in Part VI): 1 quisition indebtedness applicable to non-exempt-use assets 2 ish deemed held for exempt use. Enter 0.015 of line 3 (for grea	t short-term capital gain 1 coveries of prior-year distributions 2 her gross income (see instructions) 3 Id lines 1 through 3. 4 preclation and depletion 5 rition of operating expenses paid or incurred for production or lilection of gross income or for management, conservation, or interance of property held for production of income (see instructions) 6 her expenses (see instructions) 7 juisted Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount (A) Prior Year gregate fair market value of all non-exempt-use assets (see tructions for short tax year or assets held for part of year): erage monthly value of securities 1 erage monthly value of securities 1 ir market value of other non-exempt-use assets (see tructions for blockage or other factors plain in detail in Part VI): quisition indebtedness applicable to non-exempt-use assets 2 biract line 2 from line 1d. 3 sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions). 4 t value of non-exempt-use assets 2 biract line 2 from line 1d. 3 sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions). 4 t value of non-exempt-use assets 2 biract line 2 from line 1d. 3 sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions). 7 nimum Asset Amount (add line 7 to line 6) 7 nimum Asset Amount (add line 7 to line 6) 7 nimum asset amount (add line 7 to line 6) 8 C - Distributable Amount justed net income for prior year (from Section A, line 8, column A) 3 ter greater of line 2 or line 3. 4 to zome tax imposed in prior year stributable Amount. Subtract line 4 from line 8, column A) 3 ter greater of line 2 or line 3. 4 come tax imposed in prior year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2020				(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

56	-1	8	6	6	5	8	7
50		v	v	v	-	v	'

MIRAVIA,	INC
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Organization type (check of					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

MIRAVIA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> </u>		\$37,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$35,129.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$77,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$ 68,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

MIRAVIA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$26,619.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

MIRAVIA, INC.

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
3	69 SHARES NIKE INC. CLB11 SHARES NORFOLK SOUTHERN CORP, 135 SHARES LOWE'S COMPANIES INC.	\$35,129.	03/19/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

Page 4

lame of or	rganization		Emplo	yer identification number
MIRAVI	IA, INC.		56	-1866587
Part III		through (e) and the following line charitable, etc., contributions of \$1,000	n section 501(c)(7), (8), or (10) that tota	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-		(e) Transfer of g		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
-		(e) Transfer of g		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	jift Relationship of transferor	to transferee
	,,,,,,,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
	Transferee's name, address, ar	e) Transfer of و(e) Transfer of و	jift Relationship of transferor	to transferee

SCHED	ULE	D
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Department of the Treasury Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	e of the organization MIRAVIA, INC •		Employer identification number 56-1866587
Par		ed Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin		
	,,, _,, _	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserva	tion easements during the year
~		and anticely the merely increased of a setion 170	
8	Does each conservation easement reported on line $2(d)$ above and eastion $170(b)(4)(D)(i)/2$		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati	ion accomente in ite revenue and evocas	
9	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	note to the organization's infancial statem	ents that describes the
Par		f Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	· · ·	
	provide the following amounts relating to these items:	· · ·	·
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		-
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

\$

Sche	dule D (Form 990) 2020 MIRAVIA	, INC.				!	56-18	66587	7 Pa	age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or	Othe	r Simila	ar Asse	e ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that r	nake si	ignificant	use of its	i		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	1					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization	's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other	similar	assets		_		-
	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod							-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t	Ending balance					. 1 f				
	Did the organization include an amount on F						L	Yes		J No ∣
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									1
1 4		(a) Current year	(b) Prior year	(c) Two years t			eare hack	(a) Four	Veare	hack
10	Beginning of year balance	6,407.	6,076.		979.	u) mee y	5,492.	(e) 1001		926.
		0,107.	0,070.	5,	<u>,,,,</u>		5,452.		,	520.
	Contributions Net investment earnings, gains, and losses	1,804.	406.		161.		551.			625.
	Grants or scholarships	1,001.	100.						023	
	Other expenditures for facilities									
e	and programs									
f	Administrative expenses	74.	75.		64.		64.			59.
g	End of year balance	8,137.	6,407.	6	076.		5,979.		5	492.
2	Provide the estimated percentage of the cur	,	,	,			,			
	Board designated or quasi-endowment	100.0000	%	,,,						
	Permanent endowment	%								
		%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held a	nd administere	d for th	ne organiz	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?					. 3b		
	Describe in Part XIII the intended uses of the	<u> </u>	wment funds.							
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, F	Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr	• • •	or other (other)	• •	cumulate reciation	d	(d) Book	value	3
1a	Land									
b	Buildings		2,41	4,294.	5	82,4	44.	1,831	L,8	50.
	Leasehold improvements									
d	Equipment			1,964.	1	.40,6				26.
	Other			5,562.		8,2	70.		7,29	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)				1,870),4(<u> 68</u> .

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	" on Form 000 Dort IV line	11d See Form 000 Dart V line 15	
	Description	The see Form 990, Part A, line 13.	(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
(a) Description of liability	, , , ,	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	dule D (Form 990) 2020 MIRAVIA, INC.			56-	1866587	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.				
1	Total revenue, gains, and other support per audited financial statements			1	1,149,	760.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	1,729.			
b	Donated services and use of facilities	. 2b				
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d	63,122.			
е	Add lines 2a through 2d			2e		851.
3	Subtract line 2e from line 1			3	1,084,	909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	49,361.			
С	Add lines 4a and 4b			4c		361.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,134,	270.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0.0 5	020
1	Total expenses and losses per audited financial statements			1	845,	039.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	22 026			
а	Donated services and use of facilities		23,036.			
b	Prior year adjustments					
С	Other losses		<u> </u>			
d	Other (Describe in Part XIII.)	. 2d	63,122.		0.0	1 - 0
е	Add lines 2a through 2d			2e		158.
3	Subtract line 2e from line 1			3	738,	881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b		40.261			
b	Other (Describe in Part XIII.)	4b	49,361.		4.0	264
С	Add lines 4a and 4b			4c		361.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			5	788,	242.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION HAS THE IRREVOCABLE RIGHT TO RECEIVE FUND EARNINGS AND

APPRECIATION FOR OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND, THEREFORE, NO PROVISION FOR INCOME TAXES

HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION RECORDS LIABILITIES FOR INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN WHEN THOSE POSITIONS ARE DEEMED UNCERTAIN TO BE

UPHELD IN AN EXAMINATION BY TAXING AUTHORITIES. NO LIABILITIES FOR

Part XIII Supplemental Information (continued)

UNCERTAIN INCOME TAX POSITIONS WERE RECORDED AS OF JUNE 30, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO CONTRIBUTION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO CONTRIBUTION

49,361.

63,122.

49,361.

63,122.

SCHEDULE G	Suppleme	ntal Information Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than \$				or 19	, or if the	2020
Department of the Treasury		Attach to Form 99				_		Open to Public Inspection
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for inst	ructior	is and	the latest informat	ion.	Employer i	dentification number
name er me organization	MIRAVIA	, INC.					56-186	
	-	Complete if the organization answ	vered "	es" o	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
· · ·	complete this par	τ. sed funds through any of the follow	ving act	vities	Check all that apply			
a Mail solicitat	•	• •	•		overnment grants			
b Internet and	email solicitations	s f Solicit	ation of	gover	nment grants			
c Phone solicit		g 🛄 Specia	al fundra	aising	events			
d In-person so		or oral agreement with any individu	al (inclu	dina o	fficers directors true	stees	or	
e e		art VII) or entity in connection with	•	•			·	es 🗌 No
		viduals or entities (fundraisers) purs	suant to	agree	ements under which	the fi	undraiser is t	o be
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres	s of individual		(iii)	Did	(iv) Gross receipts		Amount paid or retained b	A I (VI) Amount paid
or entity (fund		(ii) Activity	have or cor	ustody ntrol of utions?	from activity		fundraiser	y) to (or retained by) organization
						115	ted in col. (i)	
			Yes	No				
			_					
			+					
			_					
			_					
Total								
		on is registered or licensed to solici		oution	s or has been notified	d it is	exempt fron	n registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	1			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF	NONE	(add col. (a) through
			BANQUET	TOURNAMENT		col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	417,019.	95,486.		512,505
	2	Less: Contributions	408,803.	54,341.		463,144
	3	Gross income (line 1 minus line 2)	8,216.	41,145.		49,361
	4	Cash prizes				
ω Ι	5	Noncash prizes				
	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses	19,095.	44,027.		63,122
	10	Direct expense summary. Add lines 4 throug			>	63,122
	11	Net income summary. Subtract line 10 from I	line 3, column (d)			-13,761
°a	rt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	_			
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross revenue				
Т						
ß	2	Cash prizes				
	3	Noncash prizes				
חוובתו באהבווסבס	4	Rent/facility costs				
- I						
	5	Other direct expenses				
+	5	Other direct expenses	Yes %	Yes %	Yes %	
			└────────────────────────────────────	└── Yes % └── No	└── Yes % └── No	
	6	Volunteer labor	No	No	□ No	
	6		No		□ No	
	6 7	Volunteer labor	No	No	<u>No</u> No ►	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throug	No	No	<u>No</u> No ►	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	─ No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No States?	─ No	YesN
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No States?	─ No	YesN
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization cond the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No States?	─ No	Yes No
a b	6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	States?	No ►	
a b 0a	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	states?	No ►	
a b)a	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	states?	No ►	

Sch	iedule G (Form 990 or 990-EZ) 2020 MIRAVIA, INC. 56-	1866	587	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	·		
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
h	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
N				
~	of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:			
Ū				
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Ра	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental Information (continued)
. <u></u>	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public Inspection

NI 6.11 1.11
Name of the organization
Hame of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
56-1866587

MIRAVIA, INC.

Pa	rt I Types of Property							
	·	(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	nionai	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	50,681.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties		-					77
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



56-1866587

MIRAVIA, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPECTING AND AFFIRMING LIFE FROM THE MOMENT OF CONCEPTION, MIRAVIA IS

A SAFE HAVEN AND SOURCE OF HOPE FOR PREGNANT MOTHERS AND THEIR

CHILDREN. INVOKING A CHRIST-CENTERED APPROACH INSPIRED BY THE EXAMPLES

OF MARY AND JOSEPH, MIRAVIA HELPS YOUNG FAMILIES MOVE TOWARD A NEW LIFE

OF HOPEFUL, INDEPENDENT, AND HEALTHY LIVING AND EDUCATES THE BROADER

COMMUNITY ON THE IMPORTANCE OF FOSTERING A CULTURE OF LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 WAS EMAILED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO FILING. A COPY OF THE 990 WAS ALSO REVIEWED AT A FINANCE COMMITTEE MEETING PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THAT ALL BOARD MEMBERS ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS. THE EXECUTIVE DIRECTOR AND PRESIDENT OF THE BOARD REVIEW THESE DISCLOSURES TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED BY MEMBERS OF THE BOARD

ANNUALLY. ADDITIONALLY, AN EVALUATION OF ALL STAFF SALARIES IS CONDUCTED

ANNUALLY BY UTILIZING A VARIETY OF INDEPENDENT OUTSIDE SOURCES. EMPLOYEE

COMPENSATION FOR ALL STAFF IS REVIEWED BY MANAGEMENT AND THE PERSONNEL

COMMITTEE ANNUALLY, USING THESE OUTSIDE SOURCES FOR CONSIDERATION OF THE

PAY RANGE FOR ALL POSITIONS.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
MIRAVIA, INC.	56-1866587
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF IN	TEREST POLICY ARE
MADE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AR	RE AVAILABLE UPON
REQUEST AND PUBLISHED IN THE ANNUAL REPORT.	

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions. Ta MIRAVIA, INC. Ta			Taxpaye	axpayer identification number (TIN)	
print					56-1866587	
File by the due date filing your return. Se instruction						
	3737 WEONA AVENUE					
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) DEBRA CAPEN			Form 8870			12
 If the organization does not have an office or place of business in the United States, check this box						
a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0
-	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your p	,	, I , ,			0.
	sing EFTPS (Electronic Federal Tax Payment System). Se n: If you are going to make an electronic funds withdrawa ions.			3c 453-EO a	। ⊅ nd Form 8	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.