** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

<u>A</u>	ror the	2018 calendar year, or tax year beginning 0011 1, 2010 and	ending 0	UN 30, 2019	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		56-1	866587
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	3737 WEONA AVENUE		(704)525-4673
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	871,195.
	Ameno			H(a) Is this a group re	eturn
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····
$\overline{\mathbf{T}}$	Tay-eye	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1	list. (see instructions)
		e: WWW.MIRA-VIA.ORG	01 021	H(c) Group exemptio	
		organization: X Corporation	1 Year		1 State of legal domicile: NC
		Summary	L Tour	01101111aa011. = 2 2 - 1	Ciato or logar dominino, =1 0
		Briefly describe the organization's mission or most significant activities: TO Pl	ROVIDE	HOUSING AN	D SUPPORT
Activities & Governance		SERVICES FOR SINGLE, PREGNANT WOMEN	110 1 1 1 1		
na.		Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
Š	1			3	10
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			10
<u>م</u>		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			21
ij					25
ξį	1	Total number of volunteers (estimate if necessary)			0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	6	Net unrelated business taxable income from Form 990-T, line 38	·····		
		Contributions and grants (Dort \/III line 1h)		Prior Year 627,703.	Current Year 792,574.
Revenue	8	Contributions and grants (Part VIII, line 1h)		027,703.	0.
	9	Program service revenue (Part VIII, line 2g)		900.	1,479.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,152.	-1,256.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			792,797.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		623,451.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		414,740.	383,116.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)	14•	222 504	270 770
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		233,504.	270,779.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		648,244.	653,895.
. (/		Revenue less expenses. Subtract line 18 from line 12		-24,793.	138,902.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		2,852,646.	2,966,344.
HA P	21	Total liabilities (Part X, line 26)		17,740.	15,063.
		Net assets or fund balances. Subtract line 21 from line 20		2,834,906.	2,951,281.
	art II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	
		Signature of officer		l Date	
Sig		•		Date	
He	re	DEBRA CAPEN, EXECUTIVE DIRECTOR Type or print name and title			
			11	Date Check	II PTIN
D-'		Print/Type preparer's name Preparer's signature	_	Ollock	
Pai		PAULA P. TILLEY () mula OS	<u> </u>	1/14/20 if self-employ	P00051456
	parer	Firm's name GREERWALKER LLP		Firm's EIN	56-1434747
USE	Only	Firm's address 227 WEST TRADE ST, SUITE 1100			4 277 0000
		CHARLOTTE, NC 28202		Phone no. 70	4-377-0239
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2018) MIRAVIA, INC. 56-1866587 Page
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE HOUSING AND SUPPORT SERVICES FOR SINGLE, PREGNANT 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 prior Form 990 or 990-EZ? Yes X N
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ 401 , 458 • including grants of \$) (Revenue \$
-t a	COLLEGE RESIDENTIAL PROGRAM - PROVIDES FREE HOUSING, UTILITIES, FOOD
	AND MATERIAL ASSISTANCE, MOTHER AND BABY ITEMS AND CLOTHING. WEEKLY
	PROFESSIONAL COUNSELING AND LIFE-SKILLS CLASSES WITH PERSONALIZED CASE
	MANAGEMENT ENABLE THESE WOMEN TO COMPLETE THEIR POST-HIGH SCHOOL
	EDUCATION AND BECOME BETTER PARENTS AND CITIZENS.
4b	(Code:) (Expenses \$ 96,022 • including grants of \$) (Revenue \$
	OUTREACH PROGRAM - PROVIDES FREE EMOTIONAL AND MATERIAL SUPPORT
	INCLUDING FOOD, CLOTHING, DIAPERS, MOTHER AND BABY ITEMS ALONG WITH
	LIFE SKILLS CLASSES IN BUDGETING, NUTRITION, PARENTING, ETC. AVAILABLE
	FOR UP TO ONE YEAR.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses \(\bigs\) 497 - 480 .

Form 990 (2018) 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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1 1 D		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Box \Delta$

Form 990 (2018) 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04 -	Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		ĺ
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
2 00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			1
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		1
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
Pai				
	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 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018) MIRAVIA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N.						Yes	No			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Ab IX Note: If the sum of lines 1a and 2a is greater than 250, you may be required to #-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a IX b If 1'ves, * has it filed a Form 990** for this year? If 1'No* for line 3b, provide an explanation in \$6-fidule O. 4a Han y time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or the financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sa Was the organization an aprix to a prohibited tax shetler transaction? 5b If 1'ves, * time is 6a of 5b, did the organization that it was or is a party to a prohibited tax shetler transaction? 5c If 1'ves to line 5a of 5b, did the organization that it was or is a party to a prohibited tax shetler transaction? 5c If 1'ves to line 5a of 5b, did the organization have anount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 1'ves, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization that may receive deductible contributions under section 170(c). 8d If ves, 'indicate the number of Forms 8282 filed during the year 9b If ves, 'did the organization michy the dornor of the value of the goods or services provided? 7c If Yes, 'indicate the number of Forms 8282 filed during the year 9b If ves, 'did the organization received accombituation of qualified intellectual property, did the organization file a Form 1992 or the visit of the organization received a contributi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	21						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a franacial account in a foreign country. Such as a bank account, securities account, or other financial account for the year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FEAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAF). So Was the organization aparty to a prohibited tax sheler transaction at any time during the tax year? 5a X b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c VII *Yes*; of the organization that organization that it was or is a party to a prohibited tax shelter transaction? 5b X 7c VII *Yes*; of the organization that organization that it was or is a party to a prohibited tax shelter transaction? 6c VII *Yes*; of the organization that organization to the value of the goods or services provided? 7c Vii Yes*; of the organization to right the donor of the value of the goods or services provided? 8d VI *Yes*; of the organization that organization t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X				
b If "Yes," has it filed a Form 990-T for this year? If "No! to line 3b, provide an explanation in Schedule O 43. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account of the provided		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Such as a bank account, securities account, or other financial account in a foreign country. Such as a bank account, securities account, or other financial account in a foreign country. Such as a bank account, securities account, or other financial accounts or the foreign country. Such as the securities account, or other financial Accounts (FBAR). 5a Was the organization in a financial for interest in the security of the organization financial for interest in the security of the organization financial for interest in the security of the organization for a profit bittle day that a financial for interest in the security of the organization accounts of the organization and part of the organization accounts of the organization accounts of the organization accounts of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8c If "Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization organization on the what or of the value of the goods or services provided? 9c Did the organization make a distribution to a donor dovised funds. 9 Sponsoring organization selectio	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
financial account in a foreign country (such as a bank account, or other financial account)? b f'Yes, 'enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 57 Did any taxable party notify the organization file Form 8886-17. 58 C If "Yes" to line 5a or 5b, did the organization file Form 8886-17. 59 Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 80 If the organization settle a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 71 If yes, 'did the organization notify the donor of the value of the goods or services provided? 72 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 73 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 74 If the organization received a contribution of promess \$282 flied during the year 75 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 75 Sponsoring organizations enable any taxed funds. Did a donor advised fund manifared by the sponsoring organizations make any taxed buffers and the sponsoring organizations exceeds business holdings at any time during the year? 86 If the organization received a contribution of	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 6	o		3b					
b If "Yes," enter the name of the foreign country; ▶ Sa	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ority over, a						
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Z X 5 c If "Yes" to line 5 a or 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions? 5 c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 p If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 p Uf the organization seeke a payment in excess of S75 made party as a contribution of and party for goods and services provided to the payor? 5 p Uf the "Yes," indicate the number of Forms 8282 filed during the year 5 p Uf the organization receive a payment flue, seek of tangible personal property for which it was required 5 p Uf the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 5 p Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 5 p Sponsoring organizations maintaining donor advised funds. 5 p Section 501(6)(7) organizations Enter: 5 p D Section 501(6)(7) organizations. Enter: 6 p Section 501(6)(7) organizations. Enter: 6 p Section 501(6)(7) organizations. Enter: 7 p Section 501(6)(7) organization make any taxa		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		Х			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 1"Ves* to line Sa or Sb, did the organization file Form 88861"? 5c 1"Ves* to line Sa or Sb, did the organization file Form 88861"? 5c 1"Ves* to line Sa or Sb, did the organization file Form 88861"? 5c 2 3 4 3 3 3 3 3 3 3 3	b	If "Yes," enter the name of the foreign country: ▶		_						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).						
c If "Yes" to line 5a or 5b, did the organization file Form 8888-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notity the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notity the donor of the value of the goods or services provided? 7 Organization states and the contribution of the value of the goods or services provided? 7 Did the organization notity the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received any funds, directly or indirectly, on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 12 Section 501(c)(12) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 12 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 13 Did the organization summariation gonor advised funds. 14 Did Gross receipts, included on Form 990, Part VIII, line 12 15 Section 501(c)(12) organizations. Enter: 16 Gross receipts, included on Form 990, Part	5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a					
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 18 19 19 19 19 19 19 19 19	13	·		•						
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18b 19b 19b 18c		•								
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		organization is licensed to issue qualified health plans	13b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		Enter the amount of reserves on hand	13c							
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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X X	l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х			
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X X	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eΟ.		14b					
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ratio	n or						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?			15		X			
10 110 019 111 111 111 111 111 111 111 1		·								
If "Yes," complete Form 4720, Schedule O.	16		t inco	ome?	16		X			
		If "Yes," complete Form 4720, Schedule O.				000				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or 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?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	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?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			- V
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	J 4:	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ווז ג	cial	
00	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			

Form 990 (2018) MIRAVIA, INC. 56-1866587 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do		Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099-10130)	organization
	organizations	truste	al trus		yee	mper		(** 2. *********************************		and related
	below	/idual	Institutional trustee	ia	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) BOB DESCH	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(2) BEN DOLAN	1.00			l						
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CHARLIE MURPHY	1.00									
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(4) MICHAEL HOEFLING	1.00			l						
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) TOM MATHIS	1.00	l								
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(6) SUSAN RODRIGUEZ	1.00	l		l						
PRESIDENT	1 00	Х		Х				0.	0.	0.
(7) FR. CHRISTOPHER ROUX	1.00	١							•	
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(8) ABBOT PLACID SOLARI	1.00	١								•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(9) GUILLERMO ANZOLA	1.00								0	•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(10) MICHELLE MONK	1.00	,,							0	0
BOARD OF DIRECTORS	40.00	Х						0.	0.	0.
(11) DEBRA CAPEN	40.00	-		,,				66 602	0	11 052
EXECUTIVE DIRECTOR				Х				66,603.	0.	11,953.
		-								
		-								
		1								
	1		\vdash				\vdash			
		\mathbf{I}								
	 	\vdash								
		\mathbf{I}								
		1								
	1	<u> </u>								

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, an	<u>d Hi</u>	<u>ighe</u>	st C	compensated Employe	es (continued)				
(A)	(B)			(C)				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	timate	d
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation		1	nount (of
	week	\vdash	Lei ai	iu a u	III ecit	Jiruus	lee)	from	from related			other	
	(list any hours for	hours for						the	organization			pensa	
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	1	om the anizati	
	organizations	rustee	l trus		ee	nben		(***2/1099*****130)				d relate	
	below	dualt	rtiona	L	nploy	st co	 				1	anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
		1 '											
		igsqcup											
		\vdash											
		\vdash											
		1											
		igsqcup											
4.01.11		<u> </u>					Ļ	66,603.		0.	1	1,9	<u> </u>
1b Sub-total								00,003.		0.		1 , 9.	0.
c Total from continuation sheets to Part V								66,603.		0.	1	1,9	
d Total (add lines 1b and 1c)									000 of reported			Ι, Σ.	<i>.</i>
 Total number of individuals (including but compensation from the organization 	iot iirriitea to tr	iose	IISLE	eu ai	DOV	e) wi	10 16	eceived more than \$100	,,000 or reportab	ie			ſ
compensation from the organization												Yes	No
3 Did the organization list any former officer	. director. or tru	uste	e. ke	ev er	olam	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for			-	•	•	•		•			3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or	accrue compe	nsati	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services	;			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest co	=	-								npens	ation t	rom	
the organization. Report compensation for	trie caleridar y	eare	enai	ng v	VILII	Or W	111111		year.			••	
(A) Name and business	address	NC	INC	F.				(B) Description of s	services	C	(C) Comper		า
								<u> </u>					
										<u></u>			
							$ \top $						
							1						
2 Total number of independent contractors	including but r	not lir	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ					(0							

56-1866587 Page 9 MIRAVIA, INC. Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D**)
Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue business revenue exempt function revenue Contributions, Gifts, Grants and Other Similar Amounts 8,102. 1a 1 a Federated campaigns **b** Membership dues 1b 449,622. **c** Fundraising events 1c d Related organizations 1d 15,092. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 319,758. similar amounts not included above 15,551. g Noncash contributions included in lines 1a-1f: \$ 792,574. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a

	2 a							
ē	b							
ē	С							
Revenue	d							
۳ ا	е							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			1,479.			1,479.
	4	Income from investment of ta			,			,
	5	Royalties						
	3	noyalies	(i) Real	(ii) Personal				
	٠.	0	(i) Real	(II) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
,		Gross income from fundraisin						
	-	including \$ 449,6	22. of					
2		contributions reported on line						
בֿ		Part IV, line 18		67.429				
5	h	Less: direct expenses	a	78 398				
5		Net in a graph or (leas) from five			-10,969.			-10,969.
		Net income or (loss) from fund		>	10,000.			10,000.
	9 a	Gross income from gaming ac						
		Part IV, line 19		$\overline{}$				
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
ſ		Miscellaneous Revenu	ie	Business Code				
Ī	11 a	INSURANCE REFUN	1D	900099	9,713.	9,713.		
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d		•	9,713.			
	12	Total revenue. See instructions		····· []	792,797.	9,713.	0.	-9,490.
000				·····		2,113	<u></u>	Form 990 (2018)
200	9 12-31	-18						1 01111 330 (20 18)

Other Revenue

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

3601	Charle if Sahadula O contains a reason				
Da	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	79,243.	39,622.	19,811.	19,810.
6	Compensation not included above, to disqualified	, , , , , , , , , , , , , , , , , , , ,	3370221	13/0110	13,0100
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	252,999.	217,020.	4,941.	31,038.
8	Pension plan accruals and contributions (include		-	•	<u> </u>
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,378.	20,757.	13.	5,608.
10	Payroll taxes	24,496.	19,091.	1,761.	3,644.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16,694.	50.	16,644.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	3,350.	2,226.	186.	938.
12	Advertising and promotion	3,534.	3,422.	95.	17.
13 14	Office expenses	10,259.	2,726.	696.	6,837.
15	Information technology Royalties	10,233.	2,720.	0,50.	0,0374
16	Occupancy	94,090.	83,756.	5,510.	4,824.
17	Travel	2,223.	2,223.	7,000	
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,278.	1,892.	303.	83.
20	Interest	197.		96.	101.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,174.	58,561.	645.	968.
23	Insurance	20,135.	13,373.	4,266.	2,496.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) HOUSEHOLD SUPPLIES	28,645.	28,615.		30.
a h	BAD DEBT EXPENSE	14,675.	20,013.	14,675.	
D	SERVICE CHARGES	6,869.		859.	6,010.
d	MISCELLANEOUS	3,001.	2,469.	125.	407.
e	All other expenses	4,655.	1,677.	977.	2,001.
25	Total functional expenses. Add lines 1 through 24e	653,895.	497,480.	71,603.	84,812.
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 if following SOP 98-2 (ASC 958-720)				
	0 10 01 10				Earm 990 (2018)

Pai	IL A	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			233,730.	1	396,298.
	2	Savings and temporary cash investments			233,810.	2	234,227.
	3	Pledges and grants receivable, net			346,862.	3	323,193.
	4	Accounts receivable, net				4	9,713.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
<u>s</u>		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		F		7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		11,531.	9	11,665.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,576,498.			
	b	Less: accumulated depreciation	10b	596,347.	2,020,046.	10c	1,980,151.
	11	Investments - publicly traded securities	5,979.	11	6,075.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	F		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	688.	15	5,022.		
	16	Total assets. Add lines 1 through 15 (must equ	2,852,646.	16	2,966,344.		
	17	Accounts payable and accrued expenses	16,656.	17	14,147.		
	18	Grants payable		18			
	19	Deferred revenue			1,084.	19	916.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former					
i≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	·			22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			17,740.	26	15,063.
		Organizations that follow SFAS 117 (ASC 958), chec	k here X and			
Se		complete lines 27 through 29, and lines 33 an					
ũ	27	Unrestricted net assets			2,483,044.	27	2,618,088.
3ale	28	Temporarily restricted net assets			351,862.	28	333,193.
Fund Balances	29	D				29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
155	31	Paid-in or capital surplus, or land, building, or ed	Juipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			2,834,906.	33	2,951,281.
	34	Total liabilities and net assets/fund balances	2,852,646.	34	2,966,344.		

2

Form	1990 (2018) MIRAVIA, INC.	<u> 56</u> -	<u>-1866</u>	<u>587</u>	Pa	ge 1
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
		.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			8,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,83		
5	Net unrealized gains (losses) on investments	5			_	09
6	Donated services and use of facilities	6		-2	3,0	36
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	.				
	column (B))	10	2	,95	<u>1,2</u>	81
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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 th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (Э.			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2018)

За

3b

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MIRAVIA, INC. 56-1866587 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-/ : :	(-)	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	584,661.	549,716.	573,613.	627,703.	792,574.	3,128,267.
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	584,661.	549,716.	573,613.	627,703.	792,574.	3,128,267.
5	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)						92,755.
	Public support. Subtract line 5 from line 4.						3,035,512.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 549,716.	(c) 2016 573,613.	(d) 2017 627, 703.	(e) 2018 792,574.	(f) Total
	Amounts from line 4	584,661.	549,716.	5/3,613.	021,103.	194,514.	3,128,267.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	261	1.01	000	000	1 470	2 5 6 4
_	and income from similar sources	261.	101.	823.	900.	1,479.	3,564.
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.)						3,131,831.
	Total support. Add lines 7 through 10	-4- /!4:	1			40	3,131,631.
	Gross receipts from related activities,			d fourth or fifth to		12	
13	First five years. If the Form 990 is for organization, check this box and stop				-		ightharpoonup
Sec	ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2018 (I			olumn (f))		14	96.92 %
	Public support percentage from 2017					15	95.59 %
	33 1/3% support test - 2018. If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
_	and stop here. The organization quali	•		,		,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ū			, , ,		•
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						
_	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organizatio						s

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

(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.)

Galledar year (or fiscal year segnining in) Galledar year (or fiscal	Section	n A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandles acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 5 A mounts included on lines 1, 2, and 3 received from disqualified persons. 6 Total. Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 D invest ten ideal of the travel of the services of			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received. (Do not include any trustal grants?) 2. Gross receipts from admissions, memchandiss old or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from admissions performed, or facilities furnished to the organization's tax-exempt purpose 3. Gross receipts from admissions that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization or services or solidites furnished by a governmental unit to the organization without charge 5. The value of services or solidites furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5		· ` ` · · · · · · · · · · · · · · · · ·	\-,··	(-, 25.5	(-, 25.5	(=, ==::	(=,	(-)
include any *unusual grants*) Gross receipts from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's trave-empt purpose 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and offither paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's whorld charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental unit to the organization without charge. 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental control of the services of services or facilities with the services of services or facilities with the services of services or facilities for the services of services or facilities for the services or facilities for services for services or facilities for services for services or facilities for services for servic		, ,						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2018

Par	t IV 🤅	Supporting Organizations _(continued)			
				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а	A perso	n who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, t	he governing body of a supported organization?	11a		
b	A family	member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			
				Yes	No
1	Did the	directors, trustees, or membership of one or more supported organizations have the power to			
	regularly	y appoint or elect at least a majority of the organization's 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			
	controlle	ed the organization's activities. If the organization had more than one supported organization,			
	describe	e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organiza	ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	•	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		sed, or controlled the supporting organization.	2		
Sec	tion C.	Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		rigement of the supporting organization was vested in the same persons that controlled or managed	_		
800		oorted organization(s). All Type III Supporting Organizations	1		
366	uon 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		163	NO
•		ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3		on of the relationship described in (2), did the organization's supported organizations have a	_		
	•	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	support	ed organizations played in this regard.	3		
Sec	tion E.	Type III Functionally Integrated Supporting Organizations			
1	Check t	he box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а	Щт	ne organization satisfied the Activities Test. Complete line 2 below.			
b		ne organization is the parent of each of its supported organizations. Complete line 3 below.			
С		ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2		s Test. Answer (a) and (b) below.		Yes	No
а		stantially all of the organization's activities during the tax year directly further the exempt purposes of			
	• •	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		upported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined	0-		
J-		se activities constituted substantially all of its activities.	2a		
b		activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		rganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		for the organization's position that its supported organization(s) would have engaged in these	2h		
2		s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below. organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		s of each of the supported organizations? <i>Provide details in</i> Part VI.	За		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_		pported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations			
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.					
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

MIRAVIA, INC. 56-1866587 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 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 ______ 🕨 \$ _ 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

56-1866587

MIRAVIA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$18,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ 80,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MIRAVIA, INC.

56-1866587

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
_			
(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

Name of organization

Employer identification number

56-1866587

Us	pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	space is needed.	r less for the year. (Enter this info. once.)
·	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
·	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	fft Relationship of transferor to transferee
-	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, a	. =	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MIRAVIA, INC.

Employer identification number 56-1866587

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified 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)	2c
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Dor	conservation easements. t III Organizations Maintaining Collections or	of Art Historical Transuras or (Other Similar Assets
Par		· ·	Other Similar Assets.
4-	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as assistant and a second text of the constraints and the second text of the constraints and the second text of the constraints and the second text of the		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, 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		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		▶ ⊅

	t III Organizations Maintaining C		t Historical Tr	ageurae or f	Other			ts/contin		ige Z		
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
_	(check all that apply):	al.		.								
a	Public exhibition	d		hange programs	5							
b	Scholarly research	е	U Other									
C	Preservation for future generations											
4	Provide a description of the organization's co						se in Pan	t XIII.				
5	During the year, did the organization solicit or		·	·				٦.,		1		
Dar	to be sold to raise funds rather than to be ma							Yes		No		
Pai			te if the organizatio	n answered "Ye	s" on Fo	rm 990,	Part IV,	line 9, or				
4 -	reported an amount on Form 990, Part											
та	Is the organization an agent, trustee, custodia							٦,,		1		
	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					•				
	5							Amount				
	Beginning balance					1c						
	Additions during the year					1d						
_	Distributions during the year					1e						
f	Ending balance					1f		1,,		١		
	Did the organization include an amount on Fo				•		🗀	Yes	\vdash	No		
Par	If "Yes," explain the arrangement in Part XIII.											
rai	T V Endowment Funds. Complete if					Thronyo	oro book	(-) Four	waara	haalı		
	<u></u>	(a) Current year	(b) Prior year	(c) Two years ba				(e) Four				
	Beginning of year balance	5,979.	5,492.	4,9	20.		5,209.		٥,	322.		
	Contributions	1.61	FF1		· a F		220	10		2.5		
	Net investment earnings, gains, and losses	161.	551.	0	25.	-228.		-228.				-35.
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses	64.	64.		59.		55.			78.		
g	End of year balance	6,076.	5,979.	5,4	92.		4,926.		5,	209.		
2	Provide the estimated percentage of the curre		•	a)) held as:								
	Board designated or quasi-endowment	100.00	_%									
	Permanent endowment	%										
С	Temporarily restricted endowment	%										
_	The percentages on lines 2a, 2b, and 2c should be a sh	-										
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered	for the	organiza	ation	г	1			
	by:								Yes	No		
	(i) unrelated organizations							3a(i)		X		
								3a(ii)		X		
b	If "Yes" on line 3a(ii), are the related organizat							3b				
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.									
Par	t VI Land, Buildings, and Equipm		5									
	Complete if the organization answered											
	Description of property	(a) Cost or ot	1 , ,		` '	ımulated	ⁱ	(d) Book	value	9		
		basis (investm	ierit) basis	(other)	aepre	ciation						
	Land	··	2 40	0 271	10	2 21		1 045	- ^-	<u> </u>		
	Buildings		2,40	8,371.	46	3,31	<u> </u>	1,945	, 0	о⊥•		
	Leasehold improvements		1 -	2 565	10	1 76	,	2.5	, ,	20		
d	Equipment			2,565.	12	$\frac{4,76}{9,27}$		4	7,7	30.		

Schedule D (Form 990) 2018

1,980,151.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 MIRAVIA, IN	С.	56	-1866587 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(0)			1

(a) Description	(b) Dook value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 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.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

_	dule D (Form 990) 2018 MIRAVIA, INC.	VA /***	D		866587 _{Page} 4
Pai	TXI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		Revenue per i	teturn.	
1	Total revenue, gains, and other support per audited financial statements			1	804,275
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	509.		
b	Donated services and use of facilities	·			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		78,398.		
е	Add lines 2a through 2d	-		2e	78,907
3	Subtract line 2e from line 1			3	725,368
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	67,429.		
С	Add lines 4a and 4b			4c	67,429
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		792,797		
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	n Expenses pei	Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	687,900
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	23,036	<u>.</u>	
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	78,398.	·	
е	Add lines 2a through 2d			2e	101,434
3	Subtract line 2e from line 1			3	586,466
4	Amounts included on Form 990, Part IX, line 25, 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	67,429.		
С	Add lines 4a and 4b			4c	67,429
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	653,895.

| Part 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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2018

Employer identification number Name of the organization MIRAVIA, INC. 56-1866587 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	rt I		ne organization answered		t IV, line 18, or reported	
		of fundraising event contributions and gr	(a) Event #1 BANQUET	(b) Event #2 GOLF TOURNAMENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	470,412.	45,144.	1,495.	517,051.
	2	Less: Contributions	414,288.	33,839.	1,495.	449,622.
	3	Gross income (line 1 minus line 2)	56,124.	11,305.		67,429.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct F	7	Food and beverages				
	8	Entertainment		10.000		F0. 200
	9	Other direct expenses		12,003.		78,398. 78,398.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	. ,		_	-10,969.
Pa	rt I	Gaming. Complete if the organization		n 990, Part IV, line 19, or		10/3030
		\$15,000 on Form 990-EZ, line 6a.			•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			T	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities: _			
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		. Yes No
		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2018 MIRAVIA, INC. 56-1	866	587	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		162	
12	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		103	140
	a The organization's facility	13a		%
	o An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
C	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	□ No
Ł	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 > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	MIRAVIA,	INC.	56-1866587	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MIRAVIA, INC.

Employer identification number 56-1866587

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:

PAY RANGE FOR ALL POSITIONS.

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

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 56-1866587 MIRAVIA, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 3737 WEONA AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHARLOTTE, NC 28209 Enter the Return Code for the return that this application is for (file a separate application for each return) 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 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 DEBRA CAPEN The books are in the care of ► 3737 WEONA AVENUE -CHARLOTTE, NC 28209 Telephone No. ► 704-525-4673 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a 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. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

Form **8868** (Rev. 1-2019)

instructions.