PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

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** 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)

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	UN 30, 2022		
B c	heck if pplicable:	C Name of organization			D Employer ic	lentific	cation number
	Address	MIRIAM FOUNDATION					
	Name change	Doing business as MIRIAM SCHOOL AND	LEARNING CENTER		43-066	7478	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone n	umbei	r
	Final return/	1138 N. WARSON ROAD	,		314.962		
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$		12,795,747.
	Amende return	st. LOUIS, MO 63132	- '		H(a) Is this a gr	oup re	eturn
	Applica tion	F Name and address of principal officer: Made D	AMFORD		for subord	linates	? Yes 🗓 No
	pending	SAME AS C ABOVE			H(b) Are all subord	linates in	cluded? Yes No
			■ (insert no.) 4947(a)(1)	or 527	If "No," at	tach a	list. See instructions
		WWW.MIRIAMSTL.ORG			H(c) Group exe	mptio	n number 🕨
		ngameaton	sociation Other >	L Year	of formation: 195	5 N	■ State of legal domicile: MO
Pa	_	Summary					
Φ		Briefly describe the organization's mission or most s			THE QUALITY	OF	
Activities & Governance	I -	IFE FOR CHILDREN WITH LEARNING DIFFER					
ern	1	Check this box if the organization discon					
Š		lumber of voting members of the governing body (I					23
<u>«</u>		lumber of independent voting members of the gove					23
ies		otal number of individuals employed in calendar ye					190
Ęi		otal number of volunteers (estimate if necessary)					0.
Ac		otal unrelated business revenue from Part VIII, colu let unrelated business taxable income from Form 9				7a 7b	0.
_	D I	iet unrelated business taxable income nom Form s	190-1, Part I, IIIIe 11		Prior Year	170	Current Year
	8 (Contributions and grants (Part VIII, line 1h)			1,911,	840.	2,235,586.
Jue	l				6,834,		8,287,856.
Revenue	l	nvestment income (Part VIII, column (A), lines 3, 4,			1,964,		316,613.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,422,		639,947.
	l	otal revenue - add lines 8 through 11 (must equal F			12,133,	_	11,480,002.
		Grants and similar amounts paid (Part IX, column (A			1,761,		2,090,879.
	l	Benefits paid to or for members (Part IX, column (A)				0.	0.
S	1	Salaries, other compensation, employee benefits (P			5,147,	551.	5,416,555.
Expenses		Professional fundraising fees (Part IX, column (A), lir				0.	0.
ğ		otal fundraising expenses (Part IX, column (D), line					
Û		Other expenses (Part IX, column (A), lines 11a-11d,			1,793,		2,089,950.
	18 ⊺	otal expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		8,702,		9,597,384.
	19 F	Revenue less expenses. Subtract line 18 from line 1	2		3,431,	091.	1,882,618.
Net Assets or				Ве	ginning of Current		End of Year
ssets	20 ⊺				35,729,	$\overline{}$	34,048,534.
at As	21 T	otal liabilities (Part X, line 26)			9,875,		8,128,763.
		let assets or fund balances. Subtract line 21 from l Signature Block	ine 20		25,853,	976.	25,919,771.
	rt II		naludina aaaamnanuina aabadula	and stateme	unto and to the had	t of mu	knowledge and balief it is
		ies of perjury, I declare that I have examined this return, i			•	-	Knowledge and beller, it is
uue,	Correct	and complete. Declaration of preparer (other than officer) is based on an information of wi	iicii preparei	Thas any knowledge	; <u>.</u>	
Cia:		Signature of officer			I Date		
Sig:		MEG BAMFORD, HEAD OF SCHOOL AND LI	EARNING CENTER				
пе		Type or print name and title					
		,	Preparer's signature	1	Date c	heck	PTIN
Paid			JENNIFER M. VACHA	0	- (00 (00 lif	∟ elf-employ	 ed P01251998
Prep	-	Firm's name ARMANINO LLP		<u> </u>	Firm's E		94-6214841
		Firm's address 6 CITYPLACE DRIVE, SUITE	900				
	1	ST. LOUIS, MO 63141			Phone n	0.314	-983-1200
May	the IR	S discuss this return with the preparer shown abov	e? See instructions		1		X Yes No

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Pa	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: MIRIAM IMPROVES THE QUALITY OF LIFE FOR CHILDREN WITH LEARNING	
	DIFFERENCES AND THEIR FAMILIES THROUGH INNOVATIVE AND COMPREHENSIVE	
	PROGRAMS.	
	-1001 21	
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 No
	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 No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	nv expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	experiece, and
 4а	5 404 400	5,698,188.)
	K-12 EDUCATION: MIRIAM PROVIDES A PERSONALIZED LEARNING PROGRAM,	
	INTEGRATED THERAPIES, AND A NURTURING COMMUNITY TO ENSURE STUDENTS WITH	
	UNIQUE LEARNING NEEDS IN KINDERGARTEN THROUGH 12TH GRADE THRIVE BOTH	
	ACADEMICALLY AND SOCIALLY.	
	WITH A LOW STUDENT TO TEACHER RATIO AND COLLABORATIVE LEARNING	
	APPROACH, STUDENTS FIND AN ENVIRONMENT FULL OF POSSIBILITIES. AT	
	MIRIAM, LEARNING IS INTENTIONAL, COLLABORATIVE AND PERSONALIZED,	
	DESIGNED TO MEET THE UNIQUE SOCIAL, EMOTIONAL, PHYSICAL AND ACADEMIC	
	NEEDS OF EACH STUDENT. 175 STUDENTS WERE SERVED IN THE 2021-2022 SCHOOL	
	YEAR.	
4b	(Code:) (Expenses \$1,985,116. including grants of \$45,067.) (Revenue \$	2,409,159.
	MIRIAM LEARNING CENTER: MIRIAM OPERATES A LEARNING CENTER TO PROVIDE	
	SPECIALIZED SERVICES FOR STUDENTS AGES 2-18 WITH LEARNING DIFFERENCES.	
	SERVICES OFFERED INCLUDE IQ AND PSYCHOLOGICAL TESTING, TUTORING,	
	COUNSELING, IN-SCHOOL SUPPORTS (ST. LOUIS CHARTER AND PRIVATE SCHOOLS),	
	BEHAVIOR SUPPORT, AND OCCUPATIONAL, MUSIC, AND SPEECH THERAPY.	
	SPECIALIZED SERVICES ARE PROVIDED TO OVER 990 CHILDREN ANNUALLY.	
	-	
	(Code:) (Expenses \$ 161,513. including grants of \$ 34,471.) (Revenue \$	180,509.)
4c	MIRIAM SUMMER CAMP: MIRIAM SUMMER CAMP OFFERS BOTH FULL AND HALF DAY	100,303.
	CAMP SESSIONS FOR CHILDREN WITH LEARNING DIFFERENCES. CAMP SESSIONS	
	OFFERED INCLUDE OCCUPATIONAL THERAPY, SOCIAL SKILLS, PROJECT-BASED	
	LEARNING, ACADEMIC TUTORING, AND NON-COMPETITIVE SPORTS. DURING THE	
	FISCAL YEAR 75 KIDS WERE SERVED.	
		_
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 8,551,037.	
		Form 990 (2021)

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Form 990 (2021) MIRIAM FOUNDATION
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? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			y
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"	ا مد ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	ا ۵.		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Part IV	Ch	ecklist	of Rec	uired	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		x	
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	^	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do:	Note: All Form 990 filers are required to complete Schedule O T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21 Enter the number of Forms W-2G included on 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			
J	(gambling) winnings to prize winners?	1c	х	

Form 990 (2021) MIRIAM FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) MIRIAM FOUNDATION Page 5 43-0667478

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2 190 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 2-file, See instructions. 3a 1b the organization have unread so greater than 250, you may be required to 2-file, See instructions. 3b If 1f Yes, 1 has it filed a Form 990-1 for this year? If No1 to line 3b, provide an explanation on Schedule O 3b. 3b If Yes, 2 has it filed a Form 990-1 for this year? If No1 to line 3b, provide an explanation on Schedule O 3b. 4d At any time during the calendary vari, dit the organization have an interest in, or a signature or other artificity over, a financial account in a foreign country. See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sea Was the organization have varies the transaction of any time that year? By If Yes, 2 filed a profitable tax she their transaction at any time during the tax year? By If Yes, 3 filed the organization file Form 888-0. If Yes 1 to line 5a or 5b, did the organization file Form 888-0. If Yes 1 to line 5a or 5b, did the organization file Form 888-0. If Yes 1 to line 5a or 5b, did the organization file Form 888-0. If Yes, 3 filed the organization and gross receives that are normally greater than \$100,000, and did the organization solicity any contributions that were not tax deductible as charitable contributions? By If Yes, 3 filed the organization file Form 888-0. If Yes, 3 filed the organization from the done of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? If Yes, 3 filed the organization sell-exchange, or otherwise dispose of tangible personal property for which it was required? If Yes 2 filed the organization sell-exchange, or otherwise dispose of tangible persona				Yes	No
file for the calendary year ending with or within the year covered by this return 2a 130 2 X	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.			
b If all least one is reported on line 2a, old the organization field all regulred federal employment tax refurns? Note: If the sum of lines is and 2s is greater than 250, our may be required to e.gile, See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a All any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [White Note 10 to 10]. The Note 10 to					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to p-file. See instructions. 3a	b		2b	х	
30 bit the organization have unrelated business gross income of \$1,000 or more during the year? 31 bit 11 vies, "I have if the dar form 1991 for this year? "I have to fine 8b, provided an explanation on Schedule O 42 At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 53 Was the organization and party to a prohibited tax scheller transaction at any time during the tax year? 54 Was the organization and party to a prohibited tax scheller transaction at any time during the tax year? 55 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ax deductibles of most party to a prohibited tax shelter transaction? 56 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 deductibles and charables contributions? 70 Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on charables contributions? 71 West, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 72 Organizations that may receive deductible contributions under section 170(c). 83 If "Yes," indicate the number of Forms 8282 filed during the year of the organization shall be organization to the Form 8282? 73 If "Yes," indicate the number of Forms 8282 filed during the year of the year permitted to the Form \$200 or services provided? 74 If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-07 file if the organization neceived a contribution of qualified intellectual property, did the organization file a form 1098-07 file					
b If Vess, *has at field a form 990-T for this year? If "Not to lime 30, provide an explanation on Schedule O A All any time during the calendary year, dit the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts) b If Vess, *enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions are party to a prohibited tax shelter transaction at any time during the tax year? 5a West the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxole party notify the organization file Form 8886.7 6c If "Yes" to line 5a or 5b, did the organization file Form 8886.7 6d Does the organization analy gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a contributions and express statement that such contributions or gifts were not tax deductible? 6d Did the organization that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible." 7 If Yes, "did the organization nordity the donor of the value of the goods or services provided? 8 If Yes, "did the organization nordity the donor of the value of the goods or services provided? 9 If Yes, "did the organization sell, exchange, or otherwise dispose of targetible personal property for which it was required to the Form 8282? Ried during the year 9 If the organization sell, exchange, or otherwise dispose of targetible personal property for which it was required to the payor of the organization sell exchange, or otherwise dispose of targetible personal property for which it was req	За		За		х
4a At any time during the calendary year, dot 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 accounts (FBAR). b if "Yes," either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file Form 888-7. 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 deductibles as charitable contributions. 6a 2 7 Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contribution and partly to goods and services provided to the payor? 7b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7c Organizations that many receive deductible contributions under section 170(c). 8 If "Yes," did the organization notity the donor of the value of the goods or services provided? 7c Did the organization receive a payment in excess of \$75 made partly as a contribution of quantity of the goods and services provided to the payor? 7d Did the organization received a contribution of undersective, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of undersective, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of cars, loads, singlenes, or other whicles, did the organization file a Form 1098 C? 8 Sponsoring organizations make any taxabiled intellectual property, did the organization file a Form 1098 C	b		3b		
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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 on 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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		Х
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		Х
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			v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
10-	Did the exemination have level charters branches as efficience	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? 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 on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ū	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	THE ORGANIZATION - 314.962.6059 1138 N. WARSON ROAD ST LOUIS MO 63132			

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARY COGNATA	40.00									
HEAD OF SCHOOL, K-8						Х		105,903.	0.	6,378.
(2) CYNDI LUDWINSKI	40.00									
DIRECTOR OF FIN/ADM				Х				99,925.	0.	1,428.
(3) TRISH WINCHELL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) KRISTEN BOWSER	1.00									
VP OF DEVELOPMENT		Х		Х				0.	0.	0.
(5) KAREN TEITELBAUM	1.00									
VP OF PROGRAMS		Х		Х				0.	0.	0.
(6) ADRIEN WEBB	1.00									
VP OF ADMINISTRATION		Х		Х				0.	0.	0.
(7) DONNA WENDEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) ANDY GREENBERG	1.00									
PRESIDENT ELECT		Х		Х				0.	0.	0.
(9) SUSIE LUTEN	1.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(10) LINDA ESTELL	1.00									
AT-LARGE		Х		Х				0.	0.	0.
(11) DAN BINDLER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CAROL COHEN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JEFF DEPLANTY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARGARET DORF	1.00									
DIRECTOR		Х						0.	0.	0.
(15) IDA EARLY	1.00									
DIRECTOR		Х						0.	0.	0.
(16) LANIE GOLDENBERG	1.00									
DIRECTOR		х						0.	0.	0.
(17) ROBERT JONES	1.00									
DIRECTOR		х						0.	0.	0.

Form 990 (2021) MIRIAM FOU									43-066747	8 Page 8
Part VII Section A. Officers, Directors, To	rustees, Key Emp	oloy	ees,	anc	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JONI KARANDJEFF	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(19) LARRY LANGSAM	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(20) STEVE ROSENBLUM	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(21) BERRY ROUNDS LANE	1.00									
DIRECTOR		Х						0.	0.	0.
(22) JUDI SCISSORS	1.00	ŀ								
DIRECTOR		Х						0.	0.	0.
(23) BARBARA SILVER	1.00									
DIRECTOR		Х						0.	0.	0.
(24) MARY STEWARD	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JUDY ZAFFT	1.00									
DIRECTOR		Х						0.	0.	0.
(26) WILLIAM FLORENT	40.00									
INTERIM EXECUTIVE DIRECTOR				Х				0.	0.	0.
1b Subtotal								205,828.	0.	7,806.
c Total from continuation sheets to Part	t VII, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)								205,828.	0.	7,806.
2 Total number of individuals (including by							0 10	coived more than \$100 (000 of roportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
APEX RESATORATION & CONSTRUCTION, 3636 S.		
GEYER RD, SUITE 100, ST. LOUIS, MO 63127	REMEDIATION	324,977.
AIRCO SERVICE COMPANY		
217 W. CLAY STREET, TROY, IL 62294	HVAC SERVICE	284,144.
HAWK ISOLUTIONS GROUP, INC., 10 STRECKER		
ROAD #1080, ELLISVILLE, MO 63011	IT SERVICES	202,369.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

Form **990** (2021)

\$100,000 of compensation from the organization

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Form 990 (2021) MIRIAM FOUL
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	or note to any line	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	†					
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c		15,765.				
ífts, r A		d Related organizations 1d		,				
nila		e Government grants (contributions)		1,645,007.				
Sir		f All other contributions, gifts, grants, and		, , ,				
uti Je		similar amounts not included above 1f		574,814.				
e ţ		g Noncash contributions included in lines 1a-1f		14,236.				
on Pud		h Total. Add lines 1a-1f			2,235,586.			
<u> </u>		Total / lad iii loo Ta Ti		Business Code	, , ,			
	2	a SCHOOL TUITION		611110	5,698,188.	5,698,188.		
Vice	_	b LEARNING CENTER		611110	2,409,159.	2,409,159.		
Ser		C SUMMER CAMP		611110	180,509.	180,509.		
z N		d				= 1 1 7 1 1 1 2		
gra Re		e						
Program Service Revenue		f All other program service revenue						
_		g Total. Add lines 2a-2f			8,287,856.			
	3	Investment income (including dividends,			-,,			
	3	other similar amounts)			316,778.			316,778.
	4	Income from investment of tax-exempt b			020,770			020,770.
	5	Royalties	-					
	J	(i) Re		(ii) Personal				
	6			(1) 1 01001141				
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
		a Gross amount from sales of (i) Secur	rities	(ii) Other				
	•	2 0.1000 a.1.10	790.	(-7				
		b Less: cost or other basis						
<u>o</u>	,		955.					
her Revenue			165.					
Seve		d Net gain or (loss)			-165.			-165.
e F		a Gross income from fundraising events (not						
ğ		including \$ 15,765. of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a	11,834.				
		b Less: direct expenses		9,445.				
		c Net income or (loss) from fundraising ever		, 	2,389.			2,389.
		a Gross income from gaming activities. Se						,
		Part IV, line 19	- 1					
		b Less: direct expenses						
		c Net income or (loss) from gaming activiti		•				
		a Gross sales of inventory, less returns	, <u> </u>					
		and allowances	10a	609,685.				
		b Less: cost of goods sold						
		c Net income or (loss) from sales of invent		•	229,340.			229,340.
		, ,	,	Business Code				
snc	11 :	a INSURANCE PROCEEDS		900099	402,786.			402,786.
ine Due		b MISCELLANEOUS INCOME		900099	5,432.			5,432.
Miscellaneous Revenue		с						
lisc Be		d All other revenue						
2		e Total. Add lines 11a-11d			408,218.			
	12	Total revenue. See instructions			11,480,002.	8,287,856.	0.	956,560.

132009 12-09-21

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22	2,090,879.	2,090,879.		
	Grants and other assistance to foreign	, , ,	, , ,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	98,030.		98,030.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	4,691,601.	4,226,564.	395,599.	69,438
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,444.	25,739.	1,460.	1,24
9	Other employee benefits	233,973.	201,457.	22,773.	9,74
0	Payroll taxes	364,507.	323,279.	35,825.	5,40
	Fees for services (nonemployees):				
а	Management	72,000.	18,000.	36,000.	18,000
b	Legal	5,551.	1,952.	3,599.	
C .	Accounting	21,175.		21,175.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	39,088.		39,088.	
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	125,106.	47,810.	65,570.	11,726
	Advertising and promotion	40,109.	36,576.	2,667.	866
	Office expenses	275,328.	218,108.	27,150.	30,070
	Information technology	143,523.	113,301.	23,035.	7,18
	Royalties	446 249	412 612	22 429	11 200
	Occupancy	446,248.	412,612.	22,428.	11,208
	Travel	5,316.	5,316.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials Conferences, conventions, and meetings	13,501.	9,999.	1,310.	2,19:
		300,590.	253,004.	32,796.	14,790
	Interest	300,330.	233,001.	32,730.	
	Depreciation, depletion, and amortization	525,778.	495,828.	21,658.	8,292
	Insurance	75,902.	69,878.	4,080.	1,94
	Other expenses. Itemize expenses not covered	,	,	2,3220	_,
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	BAD DEBT EXPENSE	520.	520.		
	MISCELLANEOUS	215.	215.		
c					
d			_		
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	9,597,384.	8,551,037.	854,243.	192,10
:6	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)				

MIRIAM FOUNDATION 43-0667478 Page **11**

Form 990 (2021)
Part X Balance Sheet

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or i	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			385,289.	1	534,351
	2		3,010,389.	2	3,842,906		
	3	Savings and temporary cash investments Pledges and grants receivable, net			2,783,186.	3	1,820,989
	4				190,208.	4	306,935
	5	Accounts receivable, net Loans and other receivables from any current				7	,
	"	trustee, key employee, creator or founder, su		· · · · · ·			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	•			3	
	"	•	•	,		6	
	7	under section 4958(f)(1)), and persons describ				7	
Assets	7	Notes and loans receivable, net				8	
Ass	8	Inventories for sale or use			33,543.		71,973
_	9				33,343.	9	71,575
	10a	Land, buildings, and equipment: cost or othe		20 025 961			
	١.	basis. Complete Part VI of Schedule D		20,025,961. 3,997,258.	15 007 607	40	16 020 702
	b	1			15,807,687.		16,028,703
	11	Investments - publicly traded securities			12,444,480.	11	11,093,552
	12	Investments - other securities. See Part IV, lin		·····		12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			1 074 676	14	240 105
	15	Other assets. See Part IV, line 11	1,074,676.	15	349,125		
	16	Total assets. Add lines 1 through 15 (must e			35,729,458.	16	34,048,534
	17	Accounts payable and accrued expenses			1,099,240.	17	602,962
	18	Grants payable			550.005	18	571.000
	19	Deferred revenue			559,087.	19	574,209
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to uni			7,326,770.	23	6,948,678
	24	Unsecured notes and loans payable to unrela			887,106.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	. Complete Part X			
		of Schedule D			3,279.	25	2,914
	26	Total liabilities. Add lines 17 through 25			9,875,482.	26	8,128,763
		Organizations that follow FASB ASC 958, or	heck here	• ► X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			16,578,754.	27	17,775,967
Ва	28	Net assets with donor restrictions		<u></u>	9,275,222.	28	8,143,804
pur		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🗌			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income, c	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			25,853,976.	32	25,919,771
_	33	Total liabilities and net assets/fund balances			35,729,458.	33	34,048,534

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	597,	384.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	882,	618.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				976.
5	Net unrealized gains (losses) on investments	5	-1,	573,	276.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	243,	547.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	25,	919,	771.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?				X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** MIRIAM FOUNDATION 43-0667478 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 MIRIAM FOUNDATION 43-0667478 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		. ,	, ,		, ,	
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop			ŕ	•	. , . ,	
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		>
b	10% -facts-and-circumstances test	· ·	•			17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						▶ □
18	Private foundation. If the organization		-	• •	•		s
	<u> </u>		•				(Form 990) 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MIRIAM FOUNDATION 43-0667478 Page **3**

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MIRIAM FOUNDATION 43-0667478 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
2-		
3c		
4a		
14		
4b		
4c		
2		
5a		
5b		
5c		
6		
7		
8		
9a		
OL.		
9b		
9с		
9U		
10a		
10b		

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rai	Supporting Organizations (continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	, . .		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.00	.,,
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

<u>Schedule A (Form 990) 2021</u> MIRIAM FOUNDATION 43-0667478 Page **6**

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.		
Sect	ection A - Adjusted Net Income (A) Prior 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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	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 0.015 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 0.035.	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 0.85 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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990) 2021

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	on D - Distributions		•	·	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2021

Breakdown of line 7:
 Excess from 2017
 Excess from 2018
 Excess from 2019
 Excess from 2020
 Excess from 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

MI	43-0667478					
Organization type (check o	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. line 1. Complete Parts I and II.	d that received from any one				
contributor, during literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,				
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						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 22, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	•				
HA For Paperwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)				

Name of organization	Employer identification number
MTRIAM FOUNDATION	43-0667478

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 890,334. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MTRTAM FOIINDATTON	1 43-0667478

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 8	Name, address, and ZIP + 4	- \$ 26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$20,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions 13,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	Total contributions 10,254.	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Nume, addi 655, and Eif T T	- \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MIRIAM FOUNDATION

43-0667478

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ıtion
13		Person X Payroll Noncash (Complete Part II fo noncash contribution]] r
(a)	(b)	(c) (d)	
No. 14	Name, address, and ZIP + 4	Total contributions Type of contributions Person Payroll Noncash (Complete Part II fo noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	
15		Person X Payroll Noncash (Complete Part II fo noncash contribution	
(a)	(b)	(c) (d)	
16	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II fo noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ıtion
17	Name, audiess, and ZIF + 4	Person X Payroll Noncash (Complete Part II fo	
(a)	(b)	(c) (d)	
No. 18	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II fo	

Name of organization	Employer identification number
MTRIAM FOUNDATION	43-0667478

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19			Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20			Person X Payroll Noncash omplete Part II for encash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + +	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Doncash Omplete Part II for oncash contributions.)

Name of organization

Employer identification number

MIRIAM FOUNDATION

43-0667478

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
	SECURITIES		
11			
		\$\$	12/29/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(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
		<u> </u>	
		\$	

Name of organization **Employer identification number** MIRIAM FOUNDATION $43 \!-\! 0667478$ Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

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

Inspection

Name of the organization

MIRIAM FOUNDATION

Employer identification number $43 \!-\! 0667478$

Pai	t I Organizations Maintaining Donor Advised Fun	ds or Other Sir	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 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	I in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive	ve legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that gran	t funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any	other purpose conferr	ing
_	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organization	on answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).		
	Preservation of land for public use (for example, recreation or	education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure i			2c
d	Number of conservation easements included in (c) acquired after 7/2			
	listed in the National Register			
3	Number of conservation easements modified, transferred, released,	extinguished, or ter	minated by the organi	zation during the tax
	year >			
4	Number of states where property subject to conservation easement	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic m			
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and	enforcing conservation	n easements during the year
-	Assemble from the control of the con	delettere end end		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enfo	rcing conservation eas	sements during the year
•	> \$		- f H 470/L/(4)/D)	(n)
8	Does each conservation easement reported on line 2(d) above satisf			
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease			
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements.	ine organization s n	Hanciai Statements the	at describes trie
Pai	t III Organizations Maintaining Collections of Art, I	Historical Trea	sures. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, P		,	
	If the organization elected, as permitted under FASB ASC 958, not t		ue statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public exh	•		
	service, provide in Part XIII the text of the footnote to its financial sta			ice of public
h	If the organization elected, as permitted under FASB ASC 958, to re			sheet works of
-	art, historical treasures, or other similar assets held for public exhibit	-		
	provide the following amounts relating to these items:	ion, caacanon, or r		or public corvice,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			S
2	If the organization received or held works of art, historical treasures,			· · —
_	the following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
	Assets included in Form 990, Part X			> \$
	For Paperwork Reduction Act Notice, see the Instructions for Fo			Schedule D (Form 990) 2021

MIRIAM FOUNDATION 43-0667478 <u> Page</u> **2** Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 8,495,574. 6,242,978. 4,328,056 4,156,021 4,077,377. **1a** Beginning of year balance 662,416. 250,815. 486,908. 2,109,334. 36,438. Contributions 89,724. -880,077. 1,769,863. -15,911. 272,413. Net investment earnings, gains, and losses 247,765. 179,683. 178,501. 168,504 230,207. Grants or scholarships Other expenditures for facilities and programs Administrative expenses 7,854,640. 4,156,021. End of year balance 4,328,056. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment .0000 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No X (i) Unrelated organizations 3a(i) Х (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,450,000.		5,450,000.
b Buildings		13,183,592.	3,181,137.	10,002,455.
c Leasehold improvements		4,969.	3,303.	1,666.
d Equipment		1,387,400.	812,818.	574,582.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	Form 990 Part X colun	an (B) line 10c)		16,028,703.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MIRIAM FOUNDATION 43-0667478 Page

Schedule D (Form 990) 2021 MIRIAM FOUNDATION		43	-0667478 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Total (Col. (h) must equal Form 000, Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear 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" o		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	>	
Part X Other Liabilities.	- Faura 000 Bart IV line	11a au 11f Can Faure 000 Bart V line 05	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	/h) Dook volue
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) CHARITABLE GIFT ANNUITY PAYABLE			2 014
<u> </u>			2,914.
(3)			
<u>(4)</u>			
<u>(6)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		2,914.
2. Liability for uncertain tax positions. In Part XIII, provide t			

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	ganization answered "Yes" on Form 990, Part IV, li				7 776 309
, • ,	• • •			1	7,776,398.
	1 but not on Form 990, Part VIII, line 12:	1 . 1	1 552 056		
	es) on investments		-1,573,276.		
	of facilities				
	rants				
	l.)	2d			
				2e	-1,573,276.
	1			3	9,349,674.
4 Amounts included on Form	n 990, Part VIII, line 12, but not on line 1:	1 1			
·	included on Form 990, Part VIII, line 7b		39,088.		
b Other (Describe in Part XII	l.)	4b	2,091,240.		
				4c	2,130,328.
5 Total revenue. Add lines 3	and 4c. (This must equal Form 990, Part I, line 12 of Expenses per Audited Financial St	2)		5	11,480,002.
			Expenses per F	teturn.	
	ganization answered "Yes" on Form 990, Part IV, li				T T10 C00
	s per audited financial statements			1	7,710,603.
	1 but not on Form 990, Part IX, line 25:	1 1			
	of facilities				
c Other losses		2c			
d Other (Describe in Part XII	l.)	2d	243,186.		
e Add lines 2a through 2d				2e	243,186.
3 Subtract line 2e from line	1			3	7,467,417.
	n 990, Part IX, line 25, but not on line 1:				
a Investment expenses not	included on Form 990, Part VIII, line 7b	4a	39,088.		
	l.)		2,090,879.		
				4c	2,129,967.
	3 and 4c. (This must equal Form 990. Part I. line			5	9,597,384.
Part XIII Supplemental		•			
Provide the descriptions require	d for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
	es 2d and 4b. Also complete this part to provide a				
		•			
PART V, LINE 4:					
MIRIAM'S ENDOWMENT FUND	IS ESTABLISHED FOR THE PURPOSE OF PR	OVIDING CASH			
FOR FINANCIAL AID TOWARI	TUITION AND TESTING. EACH YEAR THE	INVESTMENT			
RETURNS MAY BE RELEASED	IF NEEDED FOR USE IN PROVIDING FINAN	CIAL AID.			
PART X, LINE 2:					
MIRIAM FOUNDATION IS ORG	SANIZED AS A MISSOURI NONPROFIT CORPO	RATION AND HAS			
BEEN RECOGNIZED BY THE 1	RS AS EXEMPT FROM FEDERAL INCOME TAX	ES UNDER IRC			
GEGETON FOLLAN AG ODGANI	TAMIONG DEGERIDED IN IDG GEGMION FOL	(a) (2)			
SECTION 501(A) AS ORGANI	ZATIONS DESCRIBED IN IRC SECTION 501	.(C)(3),			
רוועו.ובא בטט שחב המזטישיים עמון. וועוווע	BLE CONTRIBUTION DEDUCTION UNDER IRC	SECTIONS			
ZOTHER FOR THE CHARITAE	DEDUCTION UNDER TRE	PHCIIONS			
170(B)(1)(A)(II), AND HA	AVE BEEN DETERMINED NOT TO BE PRIVATE	FOUNDATIONS			
,					
UNDER IRC SECTIONS 509(A	(1) AND (3). ANNUALLY MIRIAM FOUNDA	TION IS			

Schedule D (Form 990) 2021 MIRIAM FOUNDATION	43-0667478 Pag	e 5
Schedule D (Form 990) 2021 MIRIAM FOUNDATION Part XIII Supplemental Information (continued)		
REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM		
990) WITH THE IRS. IN ADDITION, MIRIAM IS SUBJECT TO INCOME TAX ON NET		
INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO		
THEIR EXEMPT PURPOSES. MIRIAM HAS DETERMINED THAT IT IS NOT SUBJECT TO		
UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION		
BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.		
MIRIAM HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME		
TAXES. IN THAT REGARD, MIRIAM HAS EVALUATED ITS TAX POSITIONS, EXPIRING		
STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW		
AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME		
TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
TUITION ASSISTANCE NETTED AGAINST REVENUE IN F/S 2,090,879		
CHANGE IN SPLIT-INTEREST AGREEMENT VALUE 361		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,091,240		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
BAD DEBT EXPENSE 243,186		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
TUITION ASSISTANCE NETTED AGAINST REVENUE IN F/S 2,090,879		

Schedule D (Form 990) 2021

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MIRIAM FOUNDATION

Part I

Employer identification number
43-0667478

			YES	NC
I	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
:	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	MIRIAM IS A MEMBER OF THE INDEPENDENT SCHOOLS OF ST. LOUIS			
	(ISSL). ISSL RUNS PRINT ADS SEVERAL TIMES A YEAR TO			
	PUBLICIZE THAT ALL ISSL SCHOOLS HAVE A NONDISCRIMINATORY			
	POLICY.			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
;	Does the organization discriminate by race in any way with respect to:	_		.,,
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		Х
	If you answered Tes to any of the above, please explain. If you need more space, use Part II.			
			v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	December 19 and 19 the second of the second			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990) 2021

Schedule E (Form 990) 2021 MIRIAM FOUNDATION	43-0667478	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as		
applicable. Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE ORGANIZATION RECEIVES FUNDS FROM THE MISSOURI DEPARTMENT OF MENTAL		
HEALTH AND THE ST. LOUIS COUNTY CHILDREN'S SERVICE FUND WHICH ARE REPORTED		
- Indian indian di, hoold cookii childran d danvica iond which indianida		
WITHIN THE MIRIAM LEARNING CENTER'S RECEIPTS.		
WITHIN THE MIKIAM LEARNING CENTER 5 RECEIFIS.		

Schedule E (Form 990) 2021 132062 10-18-21

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization Employer identification number MIRIAM FOUNDATION 43-0667478 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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 Total 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.

Schedule G (Form 990) 2021

MIRIAM FOUNDATION Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through TRIVIA NIGHT col. (c)) (event type) (total number) (event type) 22,852 4,747 27,599. 1 Gross receipts 2 Less: Contributions 15,745 20 15,765. Gross income (line 1 minus line 2) 7,107 4,727 11,834. 4 Cash prizes 5 Noncash prizes Direct Expenses 640. 640. 6 Rent/facility costs 470. 7 Food and beverages 5,171 5,171. 8 Entertainment 3,164. 3,164. Other direct expenses 9,445. **10** Direct expense summary. Add lines 4 through 9 in column (d) 2,389. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain: _

132082 10-21-21

Schedule G (Form 990) 2021 MIRIAM FOUNDATION	43-066/4/8	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	s No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	med	
to administer charitable gaming?		s 🔲 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:	
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? Yes	s No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount	
of gaming revenue retained by the third party ▶ \$ 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		
retain the state gaming license?	Yes	s 🔲 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the	
organization's own exempt activities during the tax year > \$	•	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9	9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) MIRIAM FOUNDATION Part IV Supplemental Information (continued)	43-0667478	Page 4
Part IV Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2021**

Open to Public Inspection

Employer identification number

	MIRIAM FOUNDA	TION						43-0667478
Part I	General Information on Grants a	nd Assistance						
1 Do	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio	n
crit	eria used to award the grants or assis	stance?						X Yes No
2 Des	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14.11.1.1		
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	er total number of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table		ı		•
	er total number of other organization:	-						
	or Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

MIRIAM FOUNDATION 43-0667478 Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance TUITION ASSISTANCE 186 0. 2,090,879,BOOK SCHOLARSHIPS Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION MAINTAINS DOCUMENTATION TO SUPPORT THE PROCESS FOR AWARDING TUITION ASSISTANCE TO FAMILIES/STUDENTS. TUITION ASSISTANCE IS AWARDED AS A DIRECT REDUCTION OF TUITION FEES INCURRED. FAMILIES/STUDENTS DO NOT RECEIVE CASH OR FUNDS DIRECTLY.

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SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

MIRIAM FOUNDATION 43-0667478 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of (d) Loan to or (i) Written (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? organization? cómmittee? To From Yes No Yes No Yes No

Total
Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization	n answered "Yes" on Form 990, Pa	art IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
FAMILY MEMBER(S) OF M	FAMILY MEMBER(S)	42,590.	NEED BASED	TUITION

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990) 2021 MIRIAM FO	DUNDATION		43-066747	78	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
				<u> </u>	
				—	
	-			+	+
				+	+
				+-	+-
				+	+
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see i	nstructions).	•		•
SCH L, PART III, GRANTS OR ASSISTANCE I	BENEFITTING INTERESTED PERSONS	:			
(A) NAME OF PERSON: FAMILY MEMBER(S) OF	F MEMBER(S) OF THE BOARD				
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION:				
FAMILY MEMBER(S) OF MEMBER(S) OF THE BO	DARD				
(C) AMOUNT OF GRANT \$ 42,590.					
(D) TYPE OF ASSISTANCE: NEED BASED					
(E) PURPOSE OF ASSISTANCE: TUITION					
(2) I datable of highlighted. Totallor					
			Schedule L	Form 99	90) 2021

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MIRIAM FOUNDATION

Employer identification number 43-0667478

FORM 990, PART VI, SECTION A, LINE 4:
DURING THE CURRENT FISCAL YEAR, THE ORGANIZATION UPDATED ITS BYLAWS.
SIGNIFICANT CHANGES TO THE UPDATED BYLAWS INCLUDE:
1. THE MINIMUM NUMBER OF GOVERNING BODY MEMBERS INCREASED FROM THREE TO
EIGHT.
2. THE UPDATED BYLAWS ADDED CLARIFICATION REGARDING THE DUTIES OF THE
GOVERNING BODY TO INCLUDE THE APPROVAL OF HIRING AND RETAINING A CHIEF
EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION PROVIDES A DRAFT COPY OF THE 990 TO THE FINANCE COMMITTEE
FOR APPROVAL. ANY NECESSARY CHANGES ARE COMMUNICATED AND INCORPORATED INTO
THE RETURN PRIOR TO FILING WITH IRS. ONCE THE DRAFT 990 IS APPROVED BY THE
FINANCE COMMITTEE, AN ELECTRONIC COPY IS PROVIDED TO THE ENTIRE BOARD OF
DIRECTORS PRIOR TO FILING WITH IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY WITH THE
BOARD MEMBERS AND THEY DOCUMENT RECEIPT. THIS INCLUDES DISCLOSURE OF ANY
RELATIONSHIPS OR ACTIVITIES THAT COULD BE CONSIDERED A CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15:
THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE EXECUTIVE
COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization MIRIAM FOUNDATION	Employer identification number 43-0667478
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT EXPENSE -243,186.	
CHANGE IN SPLIT-INTEREST VALUE -361.	
TOTAL TO FORM 990, PART XI, LINE 9 -243,547.	