EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

h

Open to Public Inspection

Form 990 (2016)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.

and ending A For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: THE MIRACLE FOUNDATION, INC. 74-2989580 Name change Doing business as initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 329-8635 Final return/ (512)1506 W. 6TH STREET 2,764,923. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended AUSTIN, TX 78703 H(a) Is this a group return for subordinates? Yes X No Applica-tion pending F Name and address of principal officer: ELIZABETH DAVIS pending | 1506 W 6TH ST, AUSTIN, TX 78703

Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) H(b) Are all subordinates included? Yes No) ◀ (insert no.) ☐ 4947(a)(1) or 527 If "No," attach a list. (see instructions) H(c) Group exemption number J Website: ► WWW.MIRACLEFOUNDATION.ORG L Year of formation: 2000 M State of legal domicile: TX K Form of organization: X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING LIVES OF ORPHANS IN 1 Activities & Governance INDIA THROUGH TRANSFORMING ORPHANAGES Check this box
if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7ь b Net unrelated business taxable income from Form 990-T, Ine 34 Prior Year Current Year_ 2,595,690. 2.070.510. Contributions and grants (Part VIII, line 1h) 8 Revenue 150,905. 171,032 Program service revenue (Part VIII, line 2g) 18,328. 10,918 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,764,923. 2,252,460. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 419,742. 466,060. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 808,457 916,420. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 300,789. 888,173. 787,877 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,016,076 2,270,653. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 494,270. 236,384. End of Year Assets or Balances Beginning of Current Year 2,333,170. 1.824.161. 20 Total assets (Part X, line 16) 393.862. 366,<u>471</u>. 21 Total liabilities (Part X, line 26) ,939,308. Net assets or fund balances. Subtract line 21 from line 20 1,457,690. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparex (other than officer) is based on all information of which preparer has any knowledge. 16/2012 Signature of officer Sign ELIZABETH DAVIS, PRESIDENT Here Type or print name and title PTIN Date Check **≱rap**areds signature Print/Type preparer's name 8-28-17 P00228487 sett-employed ROBERT A. SCHRIBER Paid Firm's EIN - 74-2619259 Firm's name POWELL, EBERT & SMOLIK, Preparer Firm's address 515 CONGRESS, TWENTIETH FLOOR Use Only Phone no. (512)320-8000 AUSTIN, TX 78701 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016) THE MIRACLE FOUNDATION, INC.	74-2989580	Page 2
444	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🕱
_	Briefly describe the organization's mission:		
1	THE MIRACLE FOUNDATION BRINGS LIFE-CHANGING CARE TO THE	WORLD'S	-
		HILDREN AND	
	<u> </u>		RT.E
		TR' KRIBUTA	
	AND SYSTEMATIC METHOD (CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Tes	NO LAJ NO
	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	' Ц Yes	LA No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	8.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,365,368. Including grants of \$ 466,060.) (Rever	nue \$)
-74	MIRACLE FOUNDATION VIEWPOINT - WE BELIEVE IN FAMILIES.	ONE OF THE	
		ILLY AND A R	EAL
		OUGHOUT THE	
	WORLD IS FOREVER PLACEMENT WITHIN A LOVING FAMILY. THI		EAM
	THE PARTY OF THE P		BY
	THE 1989 UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHIL		THE
	FOUNDATIONAL TENSION TO THE PROPERTY OF DELIVERY OF DELIVERY		
	RIGHTS IS "THE RIGHT TO LIVE WITH THEIR PARENTS OR RELA	ZITARO' TE	
	POSSIBLE."	TITE ON THE T	NT.
	WE SUPPORT FOREVER PLACEMENT WITH A FAMILY-OR FAMILY EN	AATKOMMENT-T	<u> </u>
	THREE WAYS:	· · · · · · · · · · · · · · · · · · ·	
	1) WE HELP ORPHANAGES REUNITE CHILDREN WITH THEIR FAMIL		<u>IF</u>
4b	(Code:) (Expenses \$		
		A VOICE TO	CTICIT
	PROMOTE AND ADVOCATE FOR ORPHANS AROUND THE WORLD. WITH	H PLATFORMS	SUCH
		ACTIVELY	
	RECOMMEND THAT ORPHANS BE CONSIDERED AS EQUAL CITIZENS	AND BECOME	<u>A</u>
	PART OF THE GOVERNMENT AND SOCIETY. WE WORK TO DEVELOP		
	ORPHANAGES UNDERSTAND THE IMPORTANCE OF REUNITING CHILD		
	AND MEET GLOBAL STANDARDS. BECAUSE THE FOUNDATION'S MO	<u>DEL IS BASED</u>	ON
	PECT PRACTICES MEASURABLE STANDARDS AND TRAINING CURR	ICULUM FOR	
	CAPECIVERS IT IS FILLY REPLICABLE AND CAN BE USED IN	ANY PART OF	THE
	WORLD AS BART OF THIS EFFORT WE DEVELOPED PARTNERSHI	DS MITH THE	
	VATICAN AND ORGANIZATIONS IN UGANDA, SIERRA LEONA, ETH	<u> IOPIA AND MO</u>	RE.
	VALLORY MAD ORGENIZATION AND TOTAL PROPERTY.		
_	(Code:) (Expenses \$ 241,399 a Including grants of \$) (Rec	/enue \$150),9 <u>05.</u>)
4c	(Code:) (Expenses \$ 241,399. Including grants of \$ 7 Pres. AMBASSADOR PROGRAM - THE FOUNDATION ORGANIZED AND LED.	FOUR TRIPS T	10
	INDIA AND TOOK 40 DONORS (AMBASSADORS) TO SEE OUR WORK	FIRST HAND.	
	THESE AMBASSADORS RETURNED EDUCATED AND EAGER TO BE AN	ADVOCATE FO)R
	MIRACLE FOUNDATION AND THE CHILDREN WE HELP. THE AMBAS	SADOR PROGRA	M
	DEEPENS DONOR INVOLVEMENT, AND INCREASES THE VOICE AND	AWARENESS ()F
		11/11/11/11/11/11/11	-
	ORPHANS.		
40	Other program services (Describe in Schedule O.)		
- 76	(Expenses \$ including grants of \$) (Revenue \$)	
A	Total program service expenses 1,854,105.		000
		For	m 990 (2016)

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes, " complete Schedule C, Part II _______ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similiar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, \mathbf{x} the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11b X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 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 11d Part X, line 167 if "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Form 990 (2016)

i dii	One of the date of		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	108	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic Individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Į	
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
•	any tax-exempt bonds?	24c	ļ	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	l
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	l		1,72
	complete Schedule L, Part II	_26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\
	of any of these persons? If "Yes." complete Schedule L, Part III	27	1000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			2
	Instructions for applicable filing thresholds, conditions, and exceptions):	00-	1	X
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	\neg	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	201	+-	+^
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		'	X
29	Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule M	2.5		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	1	x
	contributions? If "Yes," complete Schedule M	00	+	+
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	1	x
	If "Yes," complete Schedule N, Part I	1	1	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	.	x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
34		34		x
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_	_	X
35	bit "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	·		7
t	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2	36	b l	į
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			П
36	If "Yes," complete Schedule R, Part V, line 2	36	3	2
-	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\top	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	<u></u>	2
-	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	. 38	3 X	:
	NOG. AI FUITI 330 III 8 819 I EQUITO TO COMPLETE CONSCISSION OF THE PROPERTY O	Fo	rm 99	0 (201

Form 990 (2016)

Form 990 (2016) THE MIRACLE FOUNDATION, INC. 74-2989580 Page

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

	to mile ou, and, or rob below, desarrat and another than the second of t			
_	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
	Enter the number of voting members of the governing body at the end of the tax year 10		108	140
1a	Enter the number of voting members of the governing body at the end of the tax year		¥.,	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	# 1	33	
	Enter the number of voting members included in line 1a, above, who are independent		32,	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	#Po	FB	
2	officer, director, trustee, or key employee?	2		X
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization thate any significant changes to its goodnang december and provide any significant changes to its goodnang decembers and provide any significant changes to its goodnang decembers and provide any significant changes to its goodnang decembers and provide any significant changes to its goodnang decembers.	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	6		X
6	and the second of the second o			
78	more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	133011	0.54	111
8		8a	X	
	and the state of the section bedset of the government backs?	8b	X	
્રો	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
<u></u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u>56</u>	July D. Policies (The Section B respecta kind material asset) policies		Yes	No
40.	Dld the organization have local chapters, branches, or affiliates?	10a		X
10	of "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
'	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
44	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
1 14	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	14 7	37	132
12	and the state of the second matter of the second matter of the second se	12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	
	in Schedule O how this was done	12c	X	—
13	Purple and the second	13	X.	-
14	Similar notice and description	14	X	
15	and appropriately of the following persons legitude a review and appropriately independent	300		1 3
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10.000	1 00	4 ~
	a The organization's CEO, Executive Director, or top management official	15a	•	
	b Other officers or key employees of the organization	15b	X	┷
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	253.9	1	1
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1 5		1
- 10	taxable entity during the year?	16a		X
	b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	19	Ы	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	42. 1		10.00
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
S	ection C. Disclosure			
1	1 let the states with which a copy of this Form 990 is required to be filed ► NONE			
18	1002 (or 1004 if configerble), 990, and 990-T (Section 501(c)(3)s only	availa	ble	
11	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
1	A second to the second the second test of the secon	nd fina	ncial	
- 13	statements available to the public during the tax year.			
2	the port of the corresponding the port of			
_	THE ORGANIZATION - (512) 329-8635			
	1506 W. 6TH STREET, AUSTIN, TX 78703			

Form 990 (201	a) THE	MIRACLE	FOUNDATION,	INC.		Page 7
Part VII Co	ompensation of Of	ficers, Direc	tors, Trustees, Ke	/ Employed	es, Highest Compensated	
Er	nployees, and Inde	ependent Co	ntractors			_
Ch	eck if Schedule O conta	lns a response d	r note to any line in this	Part VII,		-
Seetlen A O	fficers Directors True	teas Key Empl	vees and Highest Cor	npensated E	mplovees	

Charle this hav if polither the o

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. nization nor any related organization compensated any current officer, director, or trustee.

Citech tills pox il tionillo, tilo differingeneri.		orge					3411	ed any current officer, o	1001017 01 112010	(37)
(A) Name and Title	(B) Average hours per week	box.	not ch unles	seck r	raon i	than c a both	en l	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(ilst any hours for related organizations below line)	bastwidest invision or director	institutional trustee	Опісе	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY KOZLOWSKI MEMBER	1.00	x						0.	0.	0.
(2) RAJEEV KATHURIA MEMBER	1.00	X			**			0.	0.	
(3) PEGGY AHUJA MEMBER	1.00	x						0.	0.	0.
(4) John Messer Member	1.00	x						0.	0.	0.
(5) LESLIE BEASLEY MEMBER	1.00	X				_		_0.	0.	0.
(6) SOULAIMA GOURANI MEMBER	1.00	Х						0.	0.	0.
(7) JESSICA JACKLEY MEMEBER	1.00	<u> </u>						0.	0.	0.
(8) DR. MANISH CHAUHAN	1.00	X	L					0.	0.	0.
(9) KRISHNA SRINIVASAN CHAIRMAN	1.00	X					L	0	. 0.	0.
(10) CAROLINE BOUDREAUX FOUNDER	50.00	1		X				107,000		0.
(11) MARTY ROMELL CFO	35.00	7_		X			3	75,123	0	0.
(12) BLIZABETH DAVIS PRESIDENT	50.00	 	-	x	-	-	-	156,360	0.	0.
49			+	-	$\frac{1}{1}$	-	+			
		+	+	+	+	+	\dagger			
		+						2		
										Form 990 (2016

Form 990 (2016)

THE MIRACLE FOUNDATION, INC.

7	7		Check if Schedule O conta		*	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 73	1 a	ı F	Federated campalgns	1a		36	Toyac Mada		
5	Ь	ı	Membership dues	1b			200		
Ě	C	E	Fundraising events				100		- A - 0
7			Related organizations				al.		
É			Government grants (contribution	520					
507			All other contributions, gifts, grants						And a
			similar amounts not included abov		,595,690.	불한 수 있는 역장	Water and		
을입	q	1 1	Noncash contributions included in lines	1a-1f; \$		The state of the s	Sec. 123	29-11	100
contributions, ciris, crants and Other Similar Amounts	h		Total, Add lines 1a-1f		,	2,595,690 <u>.</u>		22.9	
					Business Code				
R	2 a	i	AMBASSADOR PROG	RAM	561500	150,745.	150,745.		
اھ	b	_							41
Program service Revenue	c	, '				<u> </u>			
e Sil	d	1							
50	е	•							
<u> </u>	f		All other program service reve	nue	561500				<u> </u>
		1	Total, Add lines 2a-2f	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		150,905.	- 17 2	100	in there
	3		Investment Income (including	dividends, Inte	rest, and				10.000
-			other similar amounts)			18,328.			18,328
	4		Income from Investment of tax						<u> </u>
	5		Royalties			in the same of the	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AND DESCRIPTION OF THE PARTY OF	
				(I) Real	(ii) Personal		74		3.
	6 8	8	Gross rents				1. 4.45	4	
- 1	t	b	Less: rental expenses				100	1175-154	100
			Rental income or (loss)		<u> </u>	gp - 1 + 3	II THE REAL	Ec. 345 35	75000
			Net rental income or (loss)						
- 1	7 8	8	Gross amount from sales of	(i) Securities	(ii) Other	30 10 10	All the All		134 53
			assets other than inventory					300 100	
	ı	_	Less: cost or other basis				100 100 100	1/3	4300
ĺ			and sales expenses			450 10			
	-	C	Gain or (loss)	L.——		·	Eliterate soc	1000	729 (a) B
1			Net gain or (loss)				Q 1901 30		N. S.
<u>e</u>	8		Gross income from fundralsin	•			100		
venue			including \$		ì	TELL CO.			The state of
			contributions reported on line	•			Yes State		400 TE
Other R			Part IV, line 18			7 (8)			
된		b	Less: direct expenses		b	\$10 00000 00000			de source and
_			Net income or (loss) from fund			Granica (geo	The state of the s	age testion	M. St. USEUL
- 1	9	a	Gross income from gaming ad				**	T NAME OF THE PARTY.	
			Part IV, line 19				THE STATE OF THE STATE OF	1 19	Apply at the
-			Less: direct expenses	****************	b	- Total 1	25 (30) (40)		2752 3753
			Net Income or (loss) from gan		····	19-7-10-17-140	S. Common Vanna 160	CIE. VO	v. 1982 19
	10	8	Gross sales of inventory, less			1 7 15 1		Page 15	· 51 · 78
			and allowances		<u> </u>	- 10		78	
- 1			Less: cost of goods sold		b			A.W	
	<u> </u>	C	Net income or (loss) from sale			TALL SOUTH	or reft to purify	1 1 1 1 1 1	555 %
	<u> </u>		Miscellaneous Revenu		Business Cod	G	N MAN THE PART OF	1 - 1 - 1	76
	11				-				
		b						 	
	l	C			-		+	 	
		d	All other revenue			 	720	VIND UTY	Wer skur
			Total, Add lines 11a-11d			2,764,923	. 150,905	1	. 18,328
	12		Total revenue, See instructions.			4,104,743	*1 TO(1202	-1 0	Form 990 (20

Form 990 (2016) THE MIRACLE F
Part IX Statement of Functional Expenses

	Check if Schedule O contains a response of Include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
-	Grants and other assistance to domestic organizations		ē.		
	and domestic governments. See Part IV, line 21		0.	142 145 cm	2:47
_	Grants and other assistance to domestic				170
	individuals. See Part IV, line 22			454	2 C C C C C C C C C C C C C C C C C C C
_	Grants and other assistance to foreign		i i		
	organizations, foreign governments, and foreign	466 060	466,060.		
	individuals. See Part IV, lines 15 and 16	466,060.	400,000.		15000
	Benefits paid to or for members				- 11 11
	Compensation of current officers, directors,	243,360.	212,234.	14,636.	16,490.
	trustees, and key employees	243,300.	212,234.	14,030.	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	551,891.	438,952.	45,342.	67,597.
	Other salaries and wages	221,031.	430,332.	45,3421	01,001.
8	Pension plan accruais and contributions (include			1	
	section 401(k) and 403(b) employer contributions)	75 020	60,391.	6,312.	9,226.
9	Other employee benefits	75,929.	33,166.	4,905.	7,169.
10	Payroll taxes	45,240.	33,100.	4,303.	1,100+
11	Fees for services (non-employees):	Ì			
	Management				
	Legal	00.606	15 020	8,721.	3,726.
	Accounting	29,686.	17,239.	0,141.	3,120.
d	Lobbying				
•	Professional fundralsing services. See Part IV, line 17		Carl III - NEXT CHASE	1414 N 11 m2	
Ť	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	440 00=	EE 400	2 674	02 120
	column (A) amount, list line 11g expenses on Sch O.)	162,295.	75,483.	3,674.	83,138.
12	Advertising and promotion	59,481.		0.040	59,481.
13	Office expenses	67,331.	53,977.	8,942.	4,412.
14	Information technology		<u> </u>		. <u> </u>
15	Royalties		- 12 22	0.050	2 000
16	Occupancy	19,073.	13,983.	2,068.	3,022.
17	Travel	250,651.	237,386.	5,389.	7,876.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				0.66
19	Conferences, conventions, and meetings	1,678.	1,230.	182.	266
20	Interest	<u> 15,985.</u>	11,719.	1,733.	2,533.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,664.	26,879.	3,975.	5,810.
23	Insurance	2,797.	2,051.	303.	443.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	amount, list line 24e expenses on Schedule O.)	in Agen Stat. List	105.004	1301 110	12 016
	PARTNER PROGRAM EXPENSE	149,117.		4 007	13,916
b	BANK CHARGES	41,100.		4,087.	5,973
C		32,056.		3,476.	5,080
d	NEWSLETTER	18,000.		1,952.	2,852
0	All other expenses	2,259.		62.	1,779
25	Total functional expenses. Add lines 1 through 24e	<u>2,270,653.</u>	1,854,105.	115,759.	300,789
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundralsing solicitation.				
	Check here H following SOP 98-2 (ASC 958-720)				Form 990 (2016

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Par	t X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		579,501.	1	1,211,513.
	2	Savings and temporary cash investments		687,230.	2	509,358.
1	_	Pledges and grants receivable, net			3	
		Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors	3,	The Control of the Co	524513	
	_	trustees, key employees, and highest compensated employees. Comp	lete		3/1	
		Part II of Schedule L		6	5	
İ	6	Loans and other receivables from other disqualified persons (as define	d under	族 新山路 居	1	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and con				100 900
ļ		employers and sponsoring organizations of section 501(c)(9) voluntary			11.97	
us		employees' beneficiary organizations (see instr). Complete Part II of So			6	
Assets	7	Notes and loans receivable, net	- 1	VA.	7	
As	8	Inventories for sale or use	- 1		8	
	9	Prepaid expenses and deferred charges		9,705.	9	
ĺ	ı -	Land, buildings, and equipment: cost or other			4	
- 1	100	basis. Complete Part VI of Schedule D 10a 499	.416.	Part of water in	900000	
Į	b	Less: accumulated depreciation 10b 29	.325.	458,440.	10c	470,091.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	<u>A</u>
	14	Intangible assets		51,278.	14	28,117.
	15	Other assets, See Part IV, line 11		38,007.	15	114,091.
	16	Total assets, Add lines 1 through 15 (must equal line 34)		1,824,161.	16	2,333,170.
	17	Accounts payable and accrued expenses		69,585.	17	97,555.
	18	Grants payable		<u> </u>	18	
	19	Deferred revenue			19_	
	20	Tax-exempt bond liabilities			20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, tre	ustees.	Section 1	100	
Liabilities	===	key employees, highest compensated employees, and disqualified pe	rsons.	Page 1	71.	4.02.0
Ē	1	Complete Part II of Schedule L			22	
.5	23	Secured mortgages and notes payable to unrelated third parties		296,886.	23	296,307.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (Including federal income tax, payables to related third				
	20	parties, and other liabilities not included on lines 17-24). Complete Pa	rt X of		1	
		Schedule D			25	
	26	Total liabilities, Add lines 17 through 25		366,471.	26	393,862.
_	120	Organizations that follow SFAS 117 (ASC 958), check here	and	e to the town of	28 0	
CÓ.		complete lines 27 through 29, and lines 33 and 34.		The last of the last	13	
ĕ	27	Unrestricted net assets		1,344,555.	27	1,781,968.
ğ	28	Temporarily restricted net assets		105,635	28	149,840.
Ä	29	Permanently restricted net assets		7,500.	29	7,500.
Š	~	Organizations that do not follow SFAS 117 (ASC 958), check here		Ye special		
노		and complete lines 30 through 34.		En la silia	1	The Steel St.
23	30	Capital stock or trust principal, or current funds		2	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
t A	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ž	33	Total net assets or fund balances			. 33	1,939,308
	1	Total liabilities and net assets/fund balances		1,824,161	. 34	2,333,170
	34	TOTAL HADARTES BITO THE ASSOCIATION DELICIOS	***************************************			Form 990

	990 (2016) THE MIRACLE FOUNDATION, INC.	74-2989	580	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)		,764		
2	Total expenses (must equal Part IX, column (A), line 25)		,270		
3	Revenue less expenses. Subtract line 2 from line 1	3		. 2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		.,457		
5	Net unrealized gains (losses) on investments	5	8	3,29	<u>92.</u>
6	Donated services and use of facilities	6	27		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-20	9,9	<u>43.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 3	.,939	3,3	<u>09.</u>
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-,519	1007	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	\times		
	separate basis, consolidated basis, or both:		1525.01	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		100		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	1.5
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		X.	-4.
	consolidated basis, or both:				26
	Separate basis		1000	SIN I	57
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of ti	ne audit,	100		10
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	redule O.	WJ		3
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit	2 3		
	Act and OMB Circular A-1337		3a		<u>X</u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization 74-2989580 THE MIRACLE FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 🗓 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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 ill non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following Information about the supported organization(s). (iv) is the organization listed in your governing document? (vi) Amount of other (lii) Type of organization (v) Amount of monetary (ii) EIN (i) Name of supported support (see Instructions) idescribed on lines 1-10 support (see Instructions) organization Yes above (see Instructions))

Schedule A (Form 990 or 990-EZ) 2016 THE MIRACLE FOUNDATION, INC. 74-2989580 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						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1073515.	1329503.	1675484.	2070510.	2595690.	8744702.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		2				
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	1073515.	1329503.	1675484.	2070510.	2595690.	8744702.
	Total. Add lines 1 through 3 The portion of total contributions	1073313.	1323303.	10/3404.	4 3	1000	
	by each person (other than a		Su 2 45	T. J. J. 34.	41 20		
	governmental unit or publicly	All and the second				Series and the series of	
	supported organization) included	a the Har	Page 1				
	on line 1 that exceeds 2% of the				34		
	amount shown on line 11,			in the second	77 142	- W	
	column (f)	\$1 (20g) 550 F		A 1 1 2 1 1 1 1	20 17 7	W IN SEE	8744702.
	Public support. Subtract line 5 from line 4.	2 500400 7409 1048	10075 14-5 24	771			0.22,020
	tion B. Total Support	(-) 0010	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012 1073515.	1329503	1675484.	2070510.	2595690.	8744702.
-	Amounts from line 4	10/33134	1323303.	10/34041	20700,200		
8	Gross income from interest,						
	dividends, payments received on					Į.	
	securities loans, rents, royalties	2,409.	2,185.	3,155.	10,918.	18,328.	36,995.
	and income from similar sources Net Income from unrelated business		2,103	3,233	20,320		
9							
	activities, whether or not the		1				
	business is regularly carried on		-				
10	Other income. Do not include gain or loss from the sale of capital	1	ļ			20	
	assets (Explain in Part VI.) Total support. Add lines 7 through 10	98 98 -W 20	Sorre to	17 Ax 72 1	No. of the second	to The Tu	8781697.
		etc (see instruct	ions)			12	717,835.
12	3 5 1 1 mm = 000 to 6	or the organization:	's first, second, thi	rd. fourth, or fifth t	lax year as a section	on 501(c)(3)	
13	organization, check this box and sto	n here		************************	····		>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2016	dine 6, column (f) (divided by line 11,	column (f))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	99.5 <u>8</u> %
15	Public support percentage from 201	15 Schedule A. Parl	t II, line 14			15	99.72 %
16	a 33 1/3% support test - 2016. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this t	oox and
	atom have. The organization qualifier	s as a nublicly sum	norted organization	n	9		لماح
	h 33 1/3% support test - 2015, If the	organization did n	ot check a box or	line 13 or 16a, an	d line 15 is 33 1/3	% or more, check	this box
	and stee here. The organization (III)	alifies as a publicly	supported organi	zation			
17	a 10% -facts-and-circumstances te	st - 2016. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 ls 109	6 or more,
	and if the organization meets the "fa	acts and circumsta	nces" test, check	this box and stop	here. Explain in P	art vi now the orga	anization
	meets the "facts-and-circumstances	s" test. The organiz	ation qualifies as	a publicly supporte	ed organization		
	h 10% -facts-and-circumstances te	est - 2015. If the or	ganization did not	check a box on lit	ne 13, 16a, 16b, o	r 17a, and line 15 l	s 10% or
	more, and if the organization meets	the "facts-and-circ	umstances" test,	check this box and	d stop here. Expla	iin in Part VI how t	ne
	omanization meets the "facts-and-c	ircumstances" test	t. The organization	n qualifies as a pub	olicly supported or	ganization	▶∐
_18	Private foundation. If the organizat	tion did not check	a box on line 13, 1	6a, 16b, 17a, or 1	<u>7b, check this box</u>	and see instruction	ns
				50	Sci	hedule A (Form 99	90 or 990-EZ) 2016

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

Sect	ion A. Public Support						<u> </u>
_	iar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Bifts, grants, contributions, and						
	nembership fees received. (Do not			ļ			
i	nclude any "unusual grants.")						
	Bross receipts from admissions,					38	
1	merchandise sold or services per-				·	1	
	formed, or facilities furnished in any activity that is related to the					[
ě	organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-			<u> </u>		l i	
	ness under section 513			_			
	Tax revenues levied for the organ-	7				*	
	zation's benefit and either paid to)				
			ļ				
	or expended on its behalf The value of services or facilities						-
	furnished by a governmental unit to		<u> </u>				
	the organization without charge			1		1	
	-						-
	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that	ļ					
	exceed the greater of \$5,000 or 1% of the		12.				
	amount on fine 13 for the year			 		 	
	Add lines 7a and 7b	SAT TORK A SPECIAL	1909 1000	- TAN - TAN - A			
8	Public support. (Subtract line 7c from line 6.)	9.47 () (2) 124 - 1	4	C. Maria and T. Maria and T. Maria			<u> </u>
_	tion B. Total Support	1 1 2 2 2 2	P. 2040	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(ь) 2013	(0) 2014	(4) 2010	10,25.5	(1)
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on		1	Ì	1		
	securities loans, rents, royalties			-			
	and income from similar sources					 	
b	Unrelated business taxable Income			1	1		1
	(less section 511 taxes) from businesses		1		1	1.3	
	acquired after June 30, 1975						-
	Add lines 10a and 10b		ļ		<u> </u>		
11	Net income from unrelated business	i 17				1	
	activities not included in line 10b, whether or not the business is				1		
	regularly carried on						-
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)					- 	<u> </u>
13	Total cumport (Add three 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is f	or the organization	n's first, second, ti	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3) organ	zation,
	check this box and stop here					******************	
Se	ction C. Computation of Pub	ilic Support P	ercentage				
15	Public support percentage for 2016	(line 8, column (f)	divided by line 13	I, column (f))		. 15	
16	Public support percentage from 20	15 Schedule A, Pa	rt III, line 15		***********	. 16	<u>%</u>
Se	ction D. Computation of Inve	<u>estment Incor</u>	ne Percentag	<u>e</u>			
17	Investment income percentage for	2016 (line 10c, col	umn (f) divided by	line 13, column (f)))	. 17	%
18	Investment income percentage from	n 2015 Schedule /	A, Part III, line 17	********************		. [18]	96
19	a 33 1/3% support tests - 2016, if th	ne organization did	I not check the bo	ox on line 14, and I	ine 15 Is more thai	n 33 1/3%, and line	1/ IS NOT
	more than 33 1/3%, check this box	and stop here. T	he organization qu	uaiifies as a public	ly supported organ	nization	
	h 23 1/3% support tests - 2015, if ti	ne organization did	d not check a box	on line 14 or line 1	19a, and line 16 ls i	more than 33 1/3%	, and
	tine 18 is not more than 33 1/3%, c	heck this box and	stop here. The o	rganization qualific	es as a publicly su	pported organizatio	n ► <u> </u>
20	Private foundation, if the organiza	tlon did not check	a box on line 14,	19a, or 19b, checl	k this box and see	instructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 	11a 11b 11c	Yes	No
 a A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 	11b	163	140
 a A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 	11b		1
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	11b		1
 b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- In 1		
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	the first	Yes	No
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	-79	S.	Esen
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	8.	5
controlled the organization's activities. If the organization had more than one supported organization,	, # T	T 00	12
were and the transfer of the control	E	=33 L	2
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	53.7	100	30
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	-
2 Did the organization operate for the benefit of any supported organization other than the supported	65%		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2		
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	81		
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations	<u> </u>		T.1.
	Г	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	40.01	1 48	
or management of the supporting organization was vested in the same persons that controlled or managed	7-33		
the supported organization(s).	1_		
Section D. All Type III Supporting Organizations	_ 	Yes	No
the state of the state of the state of the sittle month of the	100	100	41 11
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	16.		
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	33.4	1 3	
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
organization's governing documents in effect on the date of notification, to the extent not previously provided?	15/c s	10	40
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	0.50		0.00
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		
PARTICIPATION AND ADMINISTRAÇÃO DE LA PARTICIPATION DE LA PARTICIPA DE LA PARTICIPATION DE LA PARTICIPATIO	800		
3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's		111	8:
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	10.0		2
supported organizations played in this regard.	3		
Section E. Type III Functionally Integrated Supporting Organizations			
and the state of the state of the three expensions used to eatiefy the Integral Port Test during the vealage ins	tructions).		
The annual state and officed the Arthitics Test Complete line 2 helpw			
The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see Instructio	ns)	
2 Activities Test. Answer (a) and (b) below.		Ye	s No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	44	98	
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		-	100
those supported organizations and explain how these activities directly furthered their exempt purposes,	20.5		8
how the organization was responsive to those supported organizations, and how the organization determined	- 22	=	
that these activities constituted substantially all of its activities.	2a	_	-
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	11	4	
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	29	-	
reasons for the organization's position that its supported organization(s) would have engaged in these		20	
activities but for the organization's involvement.	_ <u>2b</u>	+	
3 Parent of Supported Organizations. Answer (a) and (b) below.	25	Ē.	ž j
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	8 2 3
trustees of each of the supported organizations? Provide details in Part VI.	38	_	
b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34	S.	E
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	e A (Form 990 o		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	Sche	dule A (Form 990 or 990-EZ) 2016 THE MIRACLE FOUNDATION.	INC.	. 74	-2989580 Page 6
cother Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through S 6 Deprelation and depletion 5 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 or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract tines 5, 8, and 7 from line 4) 8 Section B - Minimum Asset Amount 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 b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 10 d Total (add lines 1s., 1b., and 1c) c Discount claimed for bickege or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Discount claimed for bickege or other factors (explain in detail in Part VI): A Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Letter greater of line 2 or line 3 8 Minimum Asset Amount for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3		t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
cother Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through S 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property hald for production or income (see instructions) 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property hald for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 8, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 8, and 7 from line 4) 8 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 b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 b C Fair market value of other non-exempt-use assets 1 c d Total (add lines 1s., 1b., and 1c) 1 Discount claimed for blockege or other factors (explain in detail in Part Vi): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.35 7 Recoveries of prior-year distributions 8 Millimum Asset Amount (add line 7 to line 6) 8 Multiply line 5 by 0.35 8 Millimum Asset Amount (add line 7 to line 6) 8 Millimum Asset Amount for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Enter greater of line 2 or li	1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	ı Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see Instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 or income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of exempt use assets 1 To Discount claimed for titockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1 (a Sah deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Adjusted net income for prior year (from Section A, line 8, Column A) 7 Enter greater of line 2 or line 3 8 Minimum Asset Amount (and line 7 to line 6) 8 Letter greater of line 2 or line 3 8 Minimum Asset Amount for prior year (from Section B, line 8, Column A) 9 Enter greater of line 2 or line 3 9 Enter greater of line 2 or line 3 9 Enter greater of line 2 or line 3 9 Enter greater of line 2 or line 3 9 Enter greater of line 2 or line 3					
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4 Enter greater of line 2 or line 3			3	William Street Co.	
E 1303 31 308 13 m35			4	25 H H2 150 120	
			5	TOP TO THE THE	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				19 35	
emergency temporary reduction (see instructions)	-	emergency temporary reduction (see instructions)	6_		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7	Check here if the current year is the organization's first as a non-functional	ally integr	rated Type III supporting orga	anization (see

instructions).

Sched Part	ule A (Form 990 or 990-EZ) 2016 THE MTRACLE FO	OUNDATION, INC.	nizations (continued)	1-2989580 Page 7
	on D - Distributions	ajtoj odpporang orga		Current Year
	Amounts paid to supported organizations to accomplish exen	ant ournoses		
1	Amounts paid to supported organizations to accomplish exempt Amounts paid to perform activity that directly furthers exempt	nurnoses of supported		
	organizations, in excess of income from activity	balboses of subbolive		
_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
		5 Of Supported Organization		
	Amounts paid to acquire exempt-use assets		Gi.	
	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
	Other distributions (describe in Part VI). See Instructions			
7	Total annual distributions. Add lines 1 through 6	o amanization le reconneive		
	Distributions to attentive supported organizations to which the	A OLČENISTATION IS LESPONSIA	'	
	(provide details in Part VI). See Instructions			
	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	m	(ii)	(111)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part Vi). See instructions			
3	Excess distributions carryover, if any, to 2016:	S Waste K M	DF 724 307M (0 A	
a				8 . S. W. S.
b	THE REPORT OF STREET	2 50 60 18 19	est as the life of	E 50 " N 0
	From 2013	E E E SAN E N		
	From 2014	BROWN SKI, AL SER	2 9 TE	
	From 2015		5 . I X = 8	
	Total of lines 3a through e			E 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to underdistributions of prior years	A Maria La Maria		About the total
	Applied to 2016 distributions of prior years Applied to 2016 distributable amount	Refered and Detailed and an	BLANCE OF NEL WAY OF	
<u>n</u>	Carryover from 2011 not applied (see instructions)	BEOWN STREET	earlighted is so so	
			9 H 11 H	925 P 7 87
4	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	Marine Carlos William 1	THE PROPERTY OF	1 22 12 1 th 1 62
4	Distributions for 2016 from Section D.			
	fine 7: \$	10 1 to 30 15 4		Brown in 12 to the Ba
	Applied to underdistributions of prior years	Transport at the control	to March 199 Kindson	
<u> </u>	Applied to 2016 distributable amount		At T to low on A.	With the second
	Remainder. Subtract lines 4a and 4b from 4	-n '' = o' 785 :		e dit E e E
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			4
	than zero, explain in Part VI. See instructions	I BOS I STANDA	54 10 MILES WO	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	are a thirty of Str.	-75 to 0 to 1	996 III 25W 23
7	Excess distributions carryover to 2017, Add lines 3j		The second second	
	and 4c	No. 2012 April 10 Apr	21 C C C C C C C C C C C C C C C C C C C	, <u>, , , , , , , , , , , , , , , , , , </u>
8	Breakdown of line 7:		The State of the control of the cont	fa.co
_ 8		1 July 3		21
	Excess from 2013	M CONTRACTOR OF THE PARTY OF TH		17 py 14/2 c = 1111 puny
	Excess from 2014		TO SELECT TRANSPORT OF THE PARTY OF THE PART	
	Excess from 2015	see Howe A 14 C		20 J 100 EN 100 EN

e Excess from 2016

Schedule A	(Form 990 or 990-FZ) 2016 THE	MIRACLE FOUNDATION	, INC	74-2989580 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3t line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa (See instructions.)	i. Provide the explanations required b c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, rd 3; Part IV, Section E, lines 1c, 2a, 2 art V, Section E, lines 2, 5, and 6. Also	by Part II, line 10; Part II, line 17 and 11c; Part IV, Section B, line 2b, 3a, and 3b; Part V, line 1; Po complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, litional information.
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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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Employer Identification number Name of the organization 74-2989580 THE MIRACLE FOUNDATION, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certifled historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of l No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(li)? ______ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, fine 1 b Assets included in Form 990, Part X

Sched	ule D (Form 990) 2016 THE MIRA	CLE FOUNDA	TION, INC.			74-29			
Parl		ollections of Art	, Historical Tre	asures, or Ot	ther Simil	ar Asset	S(continue	id)	
	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that are	a significant	use of its o	collection It	ems	
	(check all that apply):	d	Loan or exch	ange programs					
a	Public exhibition	ū		ango programa					
b	Scholarly research	0	Oulei		755				
C	Preservation for future generations Provide a description of the organization's co	lla cillana and avalala	hau ibau fuibar th	o omanization's e	vemet num	ose in Part	XIII		
4	Provide a description of the organization's co During the year, did the organization solicit or	llections and explain	flow tries fortiles to	urae or other ein	allar accete	050 1111 1510	/1111		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma	receive donations of	r art, mstorical troas	lection?	11121 033013		Yes	□ No	
[B	to be sold to raise funds rather than to be ma	intained as part of the	e if the executation	anguared "Ves"	on Form 90			110	
Par	reported an amount on Form 990, Par	Jerrienia. Complei LY line 21	e it tite organization	I WIISWOIGG 163	Off F Off T Oc	, , , tat 17, 1	an 10 0, 01		
	reported art amount off Form 990, Fa	other intermedi	any for contributions	or other assats	not included	<u> </u>			
1a	Is the organization an agent, trustee, custodi	an of other intermedi	ary for continuations	o or other assets	(IDC III DIGGOC	· _	Yes	□ No	
	on Form 990, Part X?				*************		1 100		
þ	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		-	Ι	Amount		
	(8)				10		Aniounk		
	Beginning balance								
	Additions during the year								
	Distributions during the year					 			
f	Ending balance					-	Yes	No	
2a	Did the organization include an amount on Fo	orm 990, Part X, line:	21, for escrow or cu	istodiai account i	lability r			= "	
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII		***********		
Par	t V Endowment Funds. Complete			m 990, Part IV, I	ile to.	waara baak	f=\ Equity	eare hack	
		(a) Current year	(b) Prior year	(c) Two years bac	r			7,500.	
1a	Beginning of year balance	7,500.	7,500.	7,50	10.	7,500.		1,500,	
b	Contributions								
C	At 12 A contract and to produce and to produce								
d	Grants or scholarships								
e	Other expenditures for facilities				1				
	and programs				_				
f	Administrative expenses					_			
g	End of year balance	7,500.	7,500.		00.	7,500	0.5	7,500.	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ınd administered	for the orga	nization			
-	by:							Yes No	
	(i) unrelated organizations				***************			X	
	(ii) related organizations	304					3a(ii)	X	
h	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule Ri				3b		
4	Describe in Part XIII the intended uses of th	e organization's end	owment funds.			<u>. </u>			
Pa	rt VI Land, Buildings, and Equipr	nent.							
- 4	Complete If the organization answers	ed "Yes" on Form 99	0, Part IV, line 11a.	See Form 990, P	art X, line 10),			
_	Description of property	(a) Cost or o	other (b) Cos	t or other	(c) Accumul	ated	(d) Book	value	
	Booth Front or property	basis (Invest	ment) basis	(other)	depreciati	on			
1-	Land				45 CE	- II - 35			
	Bulldings	I	4	04,885.	6,	478.	398	<u>8,407</u> .	
	Leasehold improvements								
		276		19,639.		920.		<u>6,719</u>	
-	Other			74,892.	9	927.		<u>4,965</u>	
	Add lines to through to (Calumn (d) must	orusi Form 990 Par	t X. column (B), line	10c.)		> [470	<u>0,091</u> .	

Schedule D (Form 990) 2016

. 85	Complete If the organization answered "Yes"		(c) Method of valuation: Cost or end-	of veer market value
-	tion of security or category (including name of security)	(b) Book value	(c) Ivietnog of valuation: Cost of end-	or-your market value
	al derivatives			_
	held equity interests			
Other	<u> </u>			
A)				<u></u>
B)				<u> </u>
C)				
(D)				
(E)				
F				
G)				
 -)				
ıl. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes	on 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-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(4)				
(7)				
(7) (8) (9) tal. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			1818
(8) (9) al. (Col.	Other Assets. Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9)	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. art IX	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes (s	s" on Form 990, Part IV, line a) Description		(b) Book value
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line a) Description		
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (see Section 1) (see Section 2) (see	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Co	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description		
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Co	Other Assets. Complete if the organization answered "Yes (see Section 1) (see Section 2) (see	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Co	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. art X	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. Part X	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. Part X	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. 2 art X (1) F. (2) (3) (4)	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fr (2) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) (1) F ₁ (2) (3) (4) (5) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co Part X (1) F (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes (a) Other Liabilities. (a) Description of liability	s" on Form 990, Part IV, line a) Description	11e or 11f. See Form 990, Part X, line 2	

Schedule D (Form 990) 2016 THE MIRACLE FOUNDATION, IN	IC.			989580 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		venue per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12s				0 550 013
1 Total revenue, gains, and other support per audited financial statements	,		1	2,773,213.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	20			
c Recoveries of prior year grants	20	8,290.		
d Other (Describe in Part XIII.)			2e	8,290.
e Add lines 2a through 2d 3 Subtract line 2e from line 1			3	2,764,923.
Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	*******************	.,		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		10.00	
b Other (Describe in Part XIII.)	4b		1188	
c Add lines 4a and 4b			4c	0.
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,764,923.
Part XII Reconciliation of Expenses per Audited Financial Stater	nents With E	xpenses per	Retur	n.
Complete If the organization answered "Yes" on Form 990, Part IV, line 12	a			
1 Total expenses and losses per audited financial statements	.,,,		1	2,270,654.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		-4	
a Donated services and use of facilities			85,1	
b Prior year adjustments	2b	·	188	
c Other losses	2c		F.,	
d Other (Describe in Part XIII.)	2d		2e	0.
e Add lines 2a through 2d			3	2,270,654.
3 Subtract line 2e from line 1	****************			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part Viil, line 7b	42		1	
b Other (Describe in Part XIII.)	4h	-	1	
c Add lines 4a and 4b	(3)(30)(2)(1	860135 00 663	4c	_ 0.
5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,270,654.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	art IV, lines 1b and	d 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informat	ion.		
PART V, LINE 4:				
TO MICHIGARY THE THE PROPERTY OF THE TAXABLE TO	TICED MA	מווס מוווים	OBB	HANAGE
THE INCOME FROM THE PERMANENT ENDOWMENT IS	USED IO .	FOND COK	OILL	<u></u>
PROGRAM. AUSTIN COMMUNITY FOUNDATION ALSO M	IANAGES T	HE SHAMA	PANT	FAMILY
PROGRAM. AUSTIN COMMONITY FOUNDATION ADDO E	HITTODO 1			
ENDOWMENT FOR HIGHER EDUCATION, THE INCOME	OF WHICH	FUNDS S	CHOL	ARSHIPS FOR
ENDOWMENT FOR HIGHER EDOCATION, 1112 INCOME				
HIGHER EDUCATION FOR CHILDREN AT THE HOMES	WE SUPPO	RT		
HIGHER EDOCATION TON CHIZZBRIDE THE CHIZZBRIDE				_
(i) (ii) (ii) (iii) (iii				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				<u> </u>
UNREALIZED GAINS ON INVESTMENTS			_	8,290.
			4	
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
OTHER EXPENSES				
822084 08-20-16			Sche	edule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016 Part XIII Supplemental Info	THE MIRACLE	FOUNDATION,	INC.	74-2989580	Page 5
Part XIII Supplemental Info	rmation (continued)			<u> </u>	
			_		
	<u> </u>				
Committee Commit					
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NR.76-3 155					

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

6 Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.is.gov/form990. Employer identification number

HE MI	RACLE FOU	NDATION,	INC		74-298958	
Part I	General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organization answered "Y	es" on
	Form 990, Part IV	, line 14b.				
1 For g	rantmakers, Does	the organization	maintain record	is to substantiate the amount of its gra	ants and other assistance,	
the a	rantees' eligibility fo	r the grants or a	ssistance, and i	the selection criteria used to award the	grants or assistance? 📖 '	Yes X No
				**		
2 For g	rantmakers. Desci	ibe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
_	d States.			0.00		
		ne following Part	I, line 3 table ca	n be duplicated if additional space is a	needed.)	
	a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
1-	-,	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	l independent	gram services, investments, grants to	describe specific type	investments
			contractors In the region	recipients located in the region)	of service(s) in the region	in the region
			III (IIO IOGIO)			
			1	PROGRAM SERVICES AND GRANTS	HOUSING, CARE, EDUCATION	\
			25	TO RECIPIENTS	OF ORPHANS	861,432,
INDIA _		[-	25	TO RECIPIENTS	TRAVELERS FROM U.S.	
					ASSISTING IN ORPHANGES	
		1	1		AND PERFORMING PROJECTS	\
					BENEFITTING ORPHANS	169.942.
INDIA		ļ		AMBASSADOR PROGRAM	BENEFITING ORTHAND	
						1
			ł		59	
					 	
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	- total	+	2 25		di di si si si si s	1,031,374
	o-total		43			
	al from continuation	1			집에도 될 것으라면서 하고 됐다.	- l o
	ets to Part I		0 0	2 29 40 24 1 25 00	C	
	tats (add lines 3a		1			1 031 374
ang	<u>1 3b)</u>		2 25	The second of th	Calcalula I	(Form 990) 201

Page 2

Schedule F (Form 990) 2016 THE MIRACLE FOUNDATION, INC.

| Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Ves" on Form 990, Part IV, fine 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section	(c) Region	jo esoding (b)	(e) Amount	(f) Manner of cash disbursement	(g) Amount of noncash	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(a)	and EIN (If applicable)		3 55					
			HOUSING, CARE,	7,161,	CHECK, WIRE	0		
		INDIA	HOUSING, CARE,	30,253.	CHECK, WIRE	0	ļ	
		ENDIA	HOUSING, CARR, EDUCATION OF ORPHANS	23, 491, CHBCK	CHECK, WIRE	0,		
	P	INDIA	HOUSING, CARE,	9 432,	CHECK WIRE	0		
		INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	17,542,	542, CHECK, WIRE	0		87
		AIGKI	HOUSING, CARE, EDUCATION OF ORPHANS	6,456,	CHECK, WIRE	0		
4 2	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	771,370.	CHECK, WIRE	0	8	
		ž į CV	HOUSING, CARE,	9.844	9.844, CHECK, WIRE	o		
2 Enter total number o	of recipient organization	ons listed above that an	Enter total number of recipient organizations fisted above that are recognized as charities by the foreign country, recognized as tax-exempt by	s foreign country	, recognized as tax+	xempt by		
the IRS, or for which 3 Enter total number of	the IHS, or for which ure granice or connections are recitities.	or entities					Sche	Schedule F (Form 990) 2016

Schedule F (Form 990)	THE M	MIRACLE FOUND	FOUNDATION, INC.		74-2989580	89580		Page 2
Part II Continuation of	Grants and Other	ssistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, into 1)	United States.	Schedule F (Form 9	90), Part II, line 1		
Ē	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ATION	HOUSING, CARE,	18,367,	CHECK, WIRE	0		
		, ATOMA	ROUSING, CARE,	5,395,	CHECK, WIRE	0		
		Ā	GOUSING, CARE,	5,154,	CHECK, WIRE	0	ũ	
		CNDIA	HOUSING, CARE, EDUCATION OF ORPHANS	5,171,	CHECK WIRE	0		
		INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	8,857.	CHECK, WIRE	0.		
20 A		INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	6.654.	CHBCK, WIRB	0		
		INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	6,294,	294, CHECK, WIRE	0		
		INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	20,498,	CHECK, WIRE	0,		
	r tie	INDIA	HOUSING, CARE, EDUCATION OF ORPHANS	33_534, CHBCK	CHECK WIRE	0		

Page 2		(i) Method of valuation (book, FMV, appraisal, other)		3	ļ	ļ				
		(h) Description of non-cash assistance		ī.,						
89580	90), Part II, line 1	(g) Amount of non-cash assistance	0							¥2
74-2989580	Schedule F (Form 9	(f) Manner of cash disbursement	HECK, WIRE							
	United States. ((e) Amount of cash grant	11,063,CHECK					*		ij.
ATION, INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	GOUSING, CARE,	31						
THE MIRACLE FOUNDATION, INC.	ssistance to Organiza	(c) Region	INDIA		¢.				i.	
THE M	Grants and Other A	(b) IRS code section and EIN (if applicable)					F3 34			
Cabadala E (Eom 000)	Dart II Continuation of	_		4	1					

Page 3

Schedule F (Form 990) 2016 THE MIRACLE FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duolicated if additional space is needed. Schedule F (Form 990) 2016

Part III can be duplicated if additional space is needed.	Iditional space is neede				30 40 00	Cas Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	noncash assistance	noncash assistance	(book, FMV, appraisal, other)
,	==						
					;		
	92						
	l.						
							
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						Sched	Schedule F (Form 990) 2016

Instructions for Form 5713; do not file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

6

Schedule F (Form 990) 2016 THE MIRACLE FOUNDATION, INC. 74-2989580 Page 5
Part V Supplemental Information
Provide the Information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of Investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE MIRACLE FOUNDATION MONITORS THE USE OF THE GRANT FUNDS IN INDIA BY
PROVIDING THE FUNDS BASED ON A BUDGET WHICH IS RECONCILED EACH MONTH.
MIRACLE FOUNDATION INDIA STAFF REVIEWS PURCHASES BASED ON THE BUDGET TO
ASSURE PROPER USE. THE MIRACLE FOUNDATION US AND INDIA ARE BOTH AUDITED
BY AN INDEPENDENT AUDITING FIRM TO INSURE PROPER GOVERNANCE AND USE OF
FUNDS.
INDIA STAFF SUPPLEMENTED BY US STAFF AND VOLUNTEERS VISIT EACH HOME IN
ORDER TO SEE THAT THE CHILDREN ARE BEING CARED ACCORDING TO THE STANDARDS
AND ARE MEETING CERTIFICATION MILESTONES.
PART I, LINE 3:
A Idamai Boboli Ib Inovibio ion in the contract of the contrac
ON A MONTHLY BASIS, FUNDS ARE SENT TO SUPPORT THE OPERATIONS FOR THE
UPCOMING MONTH AND THE ACCOUNTS ARE RECONCILED. THE MIRACLE FOUNDATION
INDIA RETAINS ACCOUNTANTS THAT KEEP ACCURATE RECORDS AND RECEIPTS FOR
EXPENDITURES AND RECEIPTS. THE MIRACLE FOUNDATION INDIA IS AUDITED EACH
YEAR BY AN EXTERNAL ACCOUNTING FIRM AND THE AUDITED FINANCIALS ARE
PROVIDED TO THE MIRACLE FOUNDATION USA.
31

632075 09-21-16

Schedule F (Form 990) 2016

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE MIRACLE FOUNDATION, INC.

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

Employer Identification number 74-2989580

Pal	t Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1 1	4.5	
	Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	7		
	First-class or charter travel Housing allowance or residence for personal use	1 1		
	Travel for companions Payments for business use of personal residence	1 4		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1 1	1 2 2	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Districtionary approximate association	1 1		
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		
В	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		X	
2	Did the organization require substantiation prior to reinfoursing of allowing expenses incurred by all discours	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	the state of the second and the seco	175	9,0	
3	indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		:	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	Compensation committee Written employment contract	30	A.	-
	Independent compensation consultant Compensation survey or study	0.00	Y.	
	X Form 990 of other organizations Approval by the board or compensation committee	131	100	19
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1.5		46
**	organization or a related organization:	10	*	1
	Receive a severance payment or change-of-control payment?	4a		X_
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	Participate In, or receive payment from, an equity-based compensation arrangement for each item in Part III	255		
	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.		029	18
		6		Ì
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	14.8		1 E
5	For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation	191	24	200
	contingent on the revenues of:	-		1 -
a	The organization?	<u>5a</u>	-	X
b	Any related organization?	<u>5b</u>		X
	If "Yes" on line 5a or 5b, describe in Part III.	20		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	12	00.3	100
0	contingent on the net earnings of:		1 8	
_	The organization?	. 6a	<u> </u>	X
a	Any related organization?	. 6b		X
b			- 1	
_	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		20
7	For persons listed on Form 990, Part VIII, Section A, line 12, and the organization provide any months of paymone	7	x	1
	not described on lines 5 and 6? If "Yes," describe in Part III	.		1 4
-8	Were any amounts reported on Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the	8		x
	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		+-	1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9	6	
_	Regulations section 53,4958-6(c)?		1 22	0) 0044
	Schedu	ile J (Fo	rm 99	J) 2016

74-2989580

Page 2

THE MIRACLE FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(0-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, Ine 1a, applicable column (D) and (E) amounts for that individual.

								- Contraction
		(B) Breakdown of W-2 and/or 1099-MISC compensation	V-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) 10421 OF COMMINIS	in column (B)
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
ABETH DAVIS	€ €	146,360.	10,000.	0.0	00	0.0	156,360.	0.0
PRESTIENT	€ €							
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9)	EE							
100	88							
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	88							
	€ 8							
							Schedu	Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 16

Open to Public Inspection

Name of the organization

Employer identification number

THE MIRACLE FOUNDATION, INC. 74-2989580
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ENSURE THAT ORPHANS ARE EDUCATED, FED, LOVED AND SAFE. AT THE SAME
TIME, WE EXPLORE EVERY AVENUE TO REUNITE THEM WITH THEIR PARENTS OR
RELATIVES, WHEN POSSIBLE. OUR METHOD:
-GUIDES LEADERS TO RESETTLE CHILDREN WITH A CARING, RESPONSIBLE
RELATIVE OR FAMILY-AND HELP THEM STAY TOGETHER
-ENSURES ORGANIZATIONS MEET THE 12 RIGHTS OF THE CHILD AND RISE TO
INTERNATIONAL STANDARDS
-TRANSITIONS ORPHANAGES INTO COMMUNITY-BASED CARE CENTERS WHERE
CHILDREN THRIVE UNTIL THEY SUCCESSFULLY MOVE INTO FAMILY CARE
OUR GOAL IS FOR EVERY CHILD TO LIVE IN A LOVING FAMILY; TO BECOME A
HEALTHY, HAPPY, INCOME-PRODUCING PERSON-AND EXPERIENCE A TRUE SENSE OF
BELONGING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
POSSIBLE. MANY CHILDREN THAT LIVE IN ORPHANAGES CAN AND SHOULD BE WITH
THEIR FAMILIES. OUR PROGRAMS SUPPORT "ECONOMIC" ORPHANS RETURNING TO
THEIR FAMILIES. WE START BY TEACHING CHILDREN'S HOMES HOW TO DO A HOME
STUDY TO ASSESS A FAMILY'S CAPABILITIES AND NEEDS. ONCE WE ESTABLISH
THAT THERE IS A LOVING AND SAFE HOME, WE PROVIDE SUPPLEMENTAL FUNDING
AND INFORMATION REGARDING GOVERNMENT FUNDING AND PROGRAMS, IF NEEDED,
TO ENSURE THE CHILD CAN LIVE WITH HIS OR HER FAMILY AND CONTINUE TO
RECEIVE A QUALITY EDUCATION. WE CONDUCT FOLLOW-UP VISITS TO ENSURE THE
CHILD'S WELL-BEING IS CONTINUED.
2) WE SUPPORT PERMANENT PLACEMENT IN A FAMILY THROUGH DOMESTIC
ADOPTION. THE MIRACLE FOUNDATION SUPPORTS (CONTINUED ON SCHEDULE O)

REVIEWED WITH THE BOARD MEMBERS ON AN ONGOING BASIS AND ENFORCED AS

NECESSARY.

Name of the organization THE MIRACLE FOUNDATION, INC.	Employer identification number 74-2989580
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF EXECUTIVE DIRECTOR AND TOP MANAGEMENT WAS	REVIEWED BY THE
BOARD AND COMPARED TO COMPENSATION FOR COMPARABLE POSITIO	NS IN OTHER
NONPROFITS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY ADJUSTMENT	-20,943
FORM 990, PART XII, LINE 2C	
THE COMMITTEE AND CORRESPONDING OVERSIGHT PROCESS THAT AS	SSUMES
RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS	HAS NOT
CHANGED.	
	ii ii
± :ii:	

4562

Depreciation and Amortization (Including Information on Listed Property)

including information on Listed

990

2016

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(a) shown on return ➤ Attach to your tax return.

➤ Information about Form 4562 and its separate instructions is at www.is.gov/form4562.

Identifying number Business or activity to which this form relates 74-2989<u>580</u> FORM 990 PAGE 10 THE MIRACLE FOUNDATION, INC. Part I | Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,010,000 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-, If married filling separately, see instructions (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 13,503 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't Include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2016 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (g) Depreciation deduction (a) Convention (f) Method (a) Classification of property in service 3-year property 19a 5-year property 7-year property C 10-year property d 15-year property e 20-year property f 25 yrs. S/L 25-year property a MM S/L 27.5 yrs. Residential rental property h MM 8/1 27.5 yrs. 39 yrs. MM S/L Nonresidential real property ŀ MM S/L Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System S/L Class life 20a S/L 12 yrs. 12-year b S/L 40 yrs. MM 40-year Part IV Summary (See instructions.) 21 21 Listed property, Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 13,503. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

74-2989580 Page 2 THE MIRACLE FOUNDATION, INC. Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24b If "Yes," is the evidence written? 24a Do you have evidence to support the business/investment use claimed? Yes (e) (c) (f) (b) Date (a) thì (a) Type of property (list vehicles first) (d) Business/ Depreciation Elected Basis for depreciation Recovery Method/ Cost or section 179 placed in investment (business/Investment period Convention deduction other basis use percentage use only) cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% In a qualified business use 25 26 Property used more than 50% in a qualified business use: 96 % Property used 50% or less in a qualified business use: S/L· S/L· % S/L · 96 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), fine 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (d) (e) (a) (b) (c) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No Yes No Yes Ńο Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (f) Amortization for this year (e) ortization (b) (c) (a) Description of costs ind or parcentage 42 Amortization of costs that begins during your 2016 tax year:

43 Amortization of costs that began before your 2016 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

23,161

43

2016 DEPRECIATION AND AMORTIZATION REPORT

PORM 990	U PAGE 10										•			_	
Asset No.	Description	Date Acquired	Method	Life	00=>	- 5	Unadjusted Basis E	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	BUILDINGS	ं	10	S			8			242				7098 2 3 3 33 33	4 T
19	BUILDING	12/17/13	ZI.	40.00	ē	91	79,012.				79,012.	3,950.		1,975.	5,925
23	LAND	12/17/13	긔				316,049.		10	276	316,049.	O. Wille		0	1.0
149	* 990 PAGE 10 TOTAL BUILDINGS	Tr.		Stor Tr	*	52.	395,061.	×4			395,061.	3,950.	4. 3. 4.	1,975,	, 0 25 25 25 25 25 25 25 25 25 25 25 25 25
	MACHINERY & ROUIPMENT		Ţ		-		4	T.	300 540	7 ***				- 32	4
φ	(D) COMPUTER EQUIPMENT	10/26/09 200DE	200DE	5.00	R017	5	1,950.	¥		975.	975.	975.		0.	975.
1	SOUND SYSTEM	12/15/09	9 200DE	7.00	MC17	- 5	633.	Š	37	317.	316.	316.	3	0	316.
	(D) DELL COMPUTER	02/01/10	0 200DB	5.00	HX117	12	674.	- ¥		337.	337.	337.	m, 1285 F ₁₀	0	337.
Ø1	CONFERENCE PHONE	05/30/11	St	5.00	190	16	650.	100	11/2		650.	. 596.		54.	650
10	COMPUTER EQUIPMENT	12/08/11 ST	ST	5,00	46	16	1,346.	72			1,346.	1,098.	3	248	1,346,
11	11 COMPUTER BOUIPMENT	12/22/11	1 ST	2.00		16	3,292.	13		i i	3,292.	2,633,	E.W	658	3,292.
12	12 DELL COMPUTER	04/16/12	2 SL	5,00	7,0	9	1,351.				1,351.	. 990		270.	1,260
13	13 SOFTWARE	05/11/12	2Ts	3.00		16	2,400.	j	13	1 W	2,400.	2,400.		.0	2,400.
17	14 BJ LAPTOP	07/01/12	2 ST	5.00	4.1	76	1,114.	10 p. 6	, i		1,114.	780.		223	1,003
15	DISHWASHER	11/30/12	- Z	7.00		9 1	495.			* 16	495.	219.		71.	290
16	16 KA DELL COMPUTER	12/11/12	SE	5.00		16	970.				970.	598.	38	194	793
26	26 LAPTOP (INDIA)	11/18/15	.5 St.	5.00	- 1	91	721.		17	-	721.	ri .	80	144.	156.
	A	200	ŧ	- 14	1	7	1 137		3		1,137.	. 19.		227,	246

2016 DEPRECIATION AND AMORTIZATION REPORT

PORM 9	FORM 990 PAGE 10				į	ŀ		990							
Asset No.	Description	Date Acquired	Method	Life	006>	- Se de	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	28 TWO LAPTOPS	10/08/15	Sī	5,00	Į.	91	2,007.	9		1	2,007.	100.	1	401.	501.
35	S INDIA LAPTOP	06/30/16	75	5.00	3.8	16	622.	177			622.			62.	62.
36	6 CB LAPTOP	06/30/16	ST	5.00		16	1,427.				1,427.	5	1	143.	143.
37	7 SA LAPTOP	06/30/16 SL	135	5.00		16	1,474.	ar		2	1,474.		A.B.	147.	147.
2.5	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT OTHER	mir of	E. J.		- A-	2 1	22,263.	4		1,629.	20,634.	11,073.	The second	2,843.	13,916.
N N	21 EAD COMPUTER 22 CROMA COMPUTER	01/22/14 SL 03/31/14 SL	ZZ ZZ	5.00	45.7%	16	1,690.			16 To	1,690.	648.	34	338.	986 682
n n	NIVEDITA COMPUTER AC AND DUCT WORK	05/26/14	13 18	5.00	5,631	16 16	1,281.	100	12.5		1,281.	405.		256.	661.
м <u>ф</u>	33 PAVING 34 VIDEO PRODUCTION/PROMOTIONS	12/31/15	E E	15.00	-1" = <u></u>	16 16	22,000.	5w - 3	1 8	2 A 2 A	22,000.			1,467.	1,467.
C PERSONAL PROPERTY OF THE PRO	RESIDE AND PAINT BUILDING * 990 PAGE 10 TOTAL OTHER	06/30/16	31.	15.00	-	16	21,631.	14.5 14.57	ST.		21,631.	1,794,		721.	721.
1	SOFTWARE	84	· 8, 1		95	a (1997)	8 1				i i			10 (£	500 T
- 3	17 CAPITALIZED WEBSITE EXPENSES 11/14/12	S 11/14/1	N 8	36M 36M		HY43	34,681.			\$93 9	34,681.	34,015.		666. 3,750.	34,681.
628111	628111 04-01-16					1	(D) - Asset disposed	osed			* ITC, Salvage	, Bonus, Com	mercial Revit	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

2016 DEPRECIATION AND AMORTIZATION REPORT

Accept No. 29 MAGNTIKA 30 REFRESHWE 31 STRATEGIC 4 990 PAG 4 990 PAG 5 990 P	Description 29 MAGNTIKA SOFTWARE 30 REFRESHWEB SOFTWARE 31 STRATEGIC GROWTH SOFTWARE 32 NOW IT MATTERS SOFTWARE * 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL	Date Acquired 06/30/15 06/30/15 06/30/15	Method	Life	Noe>	Unadjusted Cost Or Basis	Bus:	Section 179 Expense	Reduction In Basis	Basis For	Beginning	Current Sec 179	Current Year	Ending Accumulated
29 MAGNTII 30 REFRESI 31 STRATE 32 NOW IT 4 990	KA SOFTWARE HWEB SOFTWARE GIC GROWTH SOFTWARE MATTERS SOFTWARE PAGE 10 TOTAL	06/30/15 06/30/15 06/30/15	ŧ.		ļ		30			OGPI common	Depreciation	Expense	Degriconi	Depreciation
30 REFREST 31 STRATE(32 NOW IT 4 990	GIC GROWTH SOFTWARE WATTERS SOFTWARE PAGE 10 TOTAL OTHER	06/30/15 06/30/15 06/30/15		36M	HX43	30,345.	28 S	56°	1.	30,345.	5,058.		10,115.	15,173.
31 STRATE(32 NOW IT	GIC GROWTH SOFTWARE WATTERS SOFTWARE PAGE 10 TOTAL OTHER	06/30/15		36M	HY43	6,700.		41 147 140		6,700.	1,117.		2,233.	3,350.
32 NOW LT * 990	MATTERS SOFTWARE PAGE 10 TOTAL OTHER PAGE 10 TOTAL	06/30/15		368	HY43	7,031.	8	#	i de	7,031.	1,172.		2,344.	3,516.
066 *	PAGE 10 TOTAL OTHER PAGE 10 TOTAL -	_	×	36M	HX43	12,160.	F15.	Sec.		12,160.	2,027.	e Te	4,053.	6,080.
066	PAGE 10 TOTAL -			1.5	3	105,917.	- 13 - 13	10	100	105,917.	54,639.	100	23,161.	77,800.
SOPTWARE	THE STATE OF THE S				91 3	105,917.				105,917.	54,639.		23,161.	.008,77
* GRAN DEPR &	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT	8	i	å		607,957.	1	ŧ	1,629.	606,328.	71,4	- 4	36,664.	108,121.
44,		11= 5 6 Å	A		9 24		1			97 	AR.	0 1 65		
CURREN	CURRENT YEAR ACTIVITY				-			15		14	5			
BEGI	BEGINNING BALANCE		4	4	1	582,803.			1,629.	581,174.	71,456.			107,048.
yc yc	ACQUISITIONS			34		25,154.		9	0	25,154.	. 0			1,073.
IO	DISPOSITIONS		* V	4	120	2,624.	285		1,312.	1,312.	1,312.		:#≣ ≥	1,312.
ENDI	ENDING BALANCE					605,333	31		317.	605,016.	70,144.			106,809.
ENDI	ENDING ACCOM DEPR LESS DISPOSITIONS		7 -				A.		17: 18:		107,126.			4
ENDI	ENDING BOOK VALUE	·				9		10	8		498,207.	1	i d) () () () () () () () () () (
			2	N ##	10-			in S			* *	***	58	\$ P
			2		9			- 2	i i	80	, (d.)	ģ		3.0
		: * _V	γ	11	7.4		¥.			Ž				58 1

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **5471**

(Rev. December 2015)
Department of the Treasury internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.la.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning , and ending .

OMB No. 1545-0704

Attachment Sequence No. 121

Name of person filing this return		A	Identifying numb	er			
THE MIRACLE FOUNDATI	ON. INC.		74-29895	80			
Number, street, and room or suite no. (or P.O. box num	nber if mail is not delivered to street address)	В		See instructions. Check	applicable l		
1506 W. 6TH STREET				(repealed) 2	3 🔲	4 X	5 X
City or town, state, and ZIP code	-	C		rcentage of the foreign c			
AUSTIN, TX 78703	89			end of its annual accoun	nting period	99	.06 %
Filer's tax year beginning JAN 1	$,2016$, and ending $ \Gamma $	<u> PEC</u>	31	,2016			
D Check if any excepted specified foreign fin	<u>ancial assets are reported on this form (see</u>	e Instr	uctions)				<u></u>
E Person(s) on whose behalf this information	n return is filed:				//\ Chec	k applicable	hov/es\
(1) Name	(2) Address			(3) Identifying number	Shareholder		Director
						0,11001	
							3,4
						- 18	
Important: Fill in all applicable lines a		be in E	English. All amou	nts must be stated in	U.S. dolla	ırs	
1a Name and address of foreign corporation				b(1) Employer identi	fication nur	nber, if any	
MIRACLE FOUNDATION	INDIA			00-0000			
512A. DEPSHIKHA BL	DG, 8 RAJENDRA PLAC	CE		b(2) Reference ID nu	ımber (see	Instructions	5)
NEW DELHI 110008	•			U93000E			
INDIA				c Country under	whose laws	incorporat	ed
	O. Control			INDIA_	h Function	nal currency	<u> </u>
d Date of e Principal place of incorporation	business activity		incipal business ac		n i dijudo	iai doi i diio,	,
' I	(code number 54	OCT	AL ASSIS	INDIA	. RUI	ਸ਼ਤ	
07/22/11INDIA	624200	tated :	ahnye	THOTE	1, 101		
2 Provide the following information for the	foreign corporation's accounting period s of branch office or agent (if any) in the Uni	ited St	ates	b If a U.S. Income tax	return was	filed, enter	1/2
a Name, address, and identifying number THE MIRACLE FOUND!	OF BRAIGH ORIGE OF AGENT (III ANY) IN THE COM-	1100 00	atos		(10)	U.S. Incom	e tax pald
1506 W 6TH ST	11011, 11101			(i) Taxable income or (l	(088)	(after all c	redits)
AUSTIN TX 78703					ļ		
 Name and address of foreign corporation 		1 1	norenn int natenne	(Including corporate de) with custody of the bo e location of such books	oks anu red	oras or use	IOI GIGH
SUBHASH MITTAL & A	ASSOCIATES	١,	TOXOTE E	OUNDATION :	ΔΤαπτ		
512A DEPSHIKHA BLI	DG, 8 RAJENDRA PL			SHIVALIK	1112		
NEW DELHI 110008			NEW DELHI				
INDIA		_	INDIA				
Schedule A Stock of the Fo	oreign Corporation						
Concusti Citati				(b) Number of s	hares Issue	d and outst	anding
(a) De	scription of each class of stock			(f) Beginning of ann accounting period	d lau	(ii) End of accounting	annual g period
COMMON				50,	000		50,000
00244044					_		
					<u></u> _	E 474 ··	Day 40 0045
LHA For Paperwork Reduction Act Notice	e, see instructions.				FOIN	1 347 1 (1	Rev. 12-2015)

Form 5471 (Rev. 12-2015)
Schedule B | U.S. Shareholders of Foreign Corporation

(a) Name, address, and Identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of ahares held at end of annual accounting period	(e) Pro rate share of subpart F income (enter as a percentage)
THE MIRACLE FOUNDATION 1506 W. 6TH STREET AUSTIN TX 78703 74-2989580	COMMON	49,950	49,950	2
		11		
				-
				-
				-

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
1a Gross receipts or sales	1a	56,409,571.	840,503.
b Returns and allowances	1b	101	
c Subtract line 1b from line 1a	10	56,409,571.	840,503.
2 Cost of goods sold	2		
	3	56,409,571.	840,503.
3 Gross profit (subtract line 2 from line 1c) 4 Dividends	4		
5 Interest	5		
6a Gross rents	6a		
h Gross royalties and license fees	6b_		
7 Net gain or (loss) on sale of capital assets	7		
8 Other income (attach statement)	8		
9 Total income (add lines 3 through 8)	9	56,409,571.	8 <u>40,50</u> 3.
10 Compensation not deducted elsewhere			
11a Rents			
b Royalties and license fees			
The state of the s			
13 Depreciation not deducted elsewhere	13		
14 Depletion			
12 Interest 13 Depreciation not deducted elsewhere 14 Depletion 15 Taxes (exclude provision for Income, war profits, and excess profits taxes)	15		
16 Other deductions (attach statement - exclude provision for income, war profits,			
and excess profits taxes) SEE STATEMENT 1	16_	45,589,421.	679,28 <u>2</u> .
17 Total deductions (add lines 10 through 16)	17	45,589,421.	679,282
18 Net income or (loss) before extraordinary items, prior period adjustments, and	= 1		
the provision for income, war profits, and excess profits taxes (subtract line	- 30	7 3 3 <u>3 3 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 </u>	SE WE HAVE UNION
17 from line 9)	18	10,820,150.	161,221
19 Extraordinary items and prior period adjustments			
17 from line 9) 19 Extraordinary items and prior period adjustments 20 Provision for income, war profits, and excess profits taxes			
Z LIAMSIGH for informer and bround and average bround average bround and average bround a second and average bround and average bround and average bround and avera			
21 Current year net income or (loss) per books (combine lines 18 through 20)	21	10,820,150.	161,221.
Z1 Cuttest year not income of twosy year about technome meet, year and an analysis and a second technome meet, year and ye		Fo	orm 5471 (Rev. 12-201)

Page 3

SCIII	edule E Income, War Profits, and Excess Pro	offits Taxes Paid or A	ccrue	Amount of tax	
	(a)	(h)			(d)
	Name of country or U.S. possession	(b) In foreign current	y	(c) Conversion rate	In U.S. dollars
U.S.		- 14T7 - 1841- 1	1	/ Term	
		C (1 = 7/ F 200 or		70	
				24	
1					
Tot	edule F Balance Sheet				
Sch	ortant: Report all amounts in U.S. dollars prepared and tran	elated in accordance with	IIS G	AAP. See instructions for	en exception for DASTM
mpc	rations.	SIBIOU III BCCOI GGIACO WAII	0.0. 0		.,
o po	Assets			(a) Beginning of annual accounting period	(b) End of annual accounting period
	Out			74,266.	318,677.
	Cash		28	, 1,2001	
	Trade notes and accounts receivable		2b	(()
	Less allowance for bad debts		3	1	
3	Inventories CPE	CTATEMENT 2	4	5,632.	23,033.
4	Other current assets (attach statement) SEE	A. A.A.A. H.	5	5,7002.	
	Loans to shareholders and other related persons		8		
	Investment in subsidiaries (attach statement)		7		
	Other Investments (attach statement)		ва		
	Buildings and other depreciable assets		8b	1	(
b	Less accumulated depreciation		9a		,
9a	Depletable assets		9b	1	1
Ь	Less accumulated depletion		10		1
10	Land (net of any amortization)	*****************************	10		
11	Intangible assets:		11a		
8	Goodwill		11b		
Þ	Organization costs	*******************************	11c		
C	Patents, trademarks, and other intangible assets			1	()
	Less accumulated amortization for lines 11a, b, and c Other assets (attach statement)		12		
12	Uther assets (attach statement)	+++++++++++++++++++++++++++++++++++++++	1.2	-	
40	Total assets		13	79,898.	341,710.
13	Liabilities and Shareholders' Equ		19 5	AT 2 1 A	E TO ME THE
	Elabilities and oracinologis eq			11 24	10.11
14	Accounts payable	***************	14	0.	
15	Other current liabilities (attach statement) SEE	STATEMENT 3	15	64.	89,178.
16	Loans from shareholders and other related persons		16		
17	Other liabilities (attach statement)		1		
18	Capital stock;				
8	Preferred stock		18a		0.000
b	H (프로그램 : HT) (HT) (프로그램 : HT) (HT) (HT) (HT) (HT) (HT) (HT) (HT)		18b	8,333	8,333.
19	Paid-in or capital surplus (attach reconciliation)		19		000 000
20	Retained earnings			71,501	. 228,052
21	Less cost of treasury stock			()(
THE!					044 740
22	Total liabilities and shareholders' equity		22	79,898	341,710 Form 5471 (Rev. 12-2015

run	m 34/1 (Nev. 12-2013)				1 aga -v
S	chedule G Other Information			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any for partnership?				X
	If "Yes," see the instructions for required statement.			_	
2	During the tax year, did the foreign corporation own an Interest in any trust?		,,	Ш	
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities	separate		·	X
	from their owners under Regulations sections 301.7701-2 and 301.7701-3?				لها
	If "Yes," you are generally required to attach Form 8858 for each entity (see Instructions).		•		X
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement? During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement.	annement?			X
5	During the course of the tax year, and the foreign corporation participate in any reportable transaction as defined in Regi	ulations section 1.6011-4	?		X
6	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(f)(G).				
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for cret	dit under section			
•	901(m)?				X
8	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies,	or treat foreign taxes that		_	
•	were previously suspended under section 909 as no longer suspended?			<u></u>	X
S	chedule H Current Earnings and Profits				
Im	nportant: Enter the amounts on lines 1 through 5c infunctional currency.			10.000	150
1	Current year net income or (loss) per foreign books of account		1	10,820,	TOO.
2	Net adjustments made to line 1 to determine current earnings and	Net			
	profits according to U.S. financial and tax accounting standards Net	Subtractions			
	(see instructions): Additions	Sunnactions			
2			3.1		
b	_ '				
C	Investment or incentive allowance				
	Charges to statutory reserves		W.		
f	Inventory adjustments		1		4 14
g	Taxes				
h	Other (attach statement)	55(8) III S80 III S8	100	neri pe	
3	Total net additions		1000		
4	Total net subtractions		5a	10,820	150
5a	Current earnings and profits (line 1 plus line 3 minus line 4)		5a 5b	10,020,	130 *
b			5c	10,820,	150.
C	the state of the state of the state of the supposition of the supposition of the state of the st	t in section 989(b)		20,020,	
d	and the related regulations)		5d		
	Enter exchange rate used for line 5d				
13	Schedule I Summary of Shareholder's Income From Foreign Corpora	tion			
If	Item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom	reporting is furnished on	this For	m 5471. This sched	dule
	is being completed for:				
		A CONTRACTOR OF THE CONTRACTOR			
Na	arne of U.S. shareholder	Identifying number	1		
1		***	2		
2	and the state of t	e instructions)	3		
3		rksheet D in			
4	the instructions)		4		
5			5		
6	man and the state of the first property of the state of t		6		
7	The state of the s		7		
8	and the state of the state of a continuous developments		8		
-				Yes	No X
•	Was any income of the foreign corporation blocked?		********	······:	
•	Did any such income become unblocked during the tax year (see section 964(b))?		**********		تمي
<u>Įf</u>	f the answer to either question is "Yes," attach an explanation.			Form 5471 (Rev	/. 12-201

Form 8868 (Rev. January 2017) *

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

	onic filing (e-file). You can electronically file Form 8868 to	•			•	
	isted below with the exception of Form 8870, Information F					
	cts, for which an extension request must be sent to the IRS		•		the electronic	
tiling a	f this form, visit www.irs.gov/efile, click on Charities & Non-F	roitts, an	d click on e-tile for Charities and Nor	1-Pronts.		
Auto	matic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
All cor	porations required to file an income tax return other than Fo	orm 990·T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
must c	se Form 7004 to request an extension of time to file incom-	e tax retur	ns.			
				Enter file	r's identifying nur	nber
Туре	Name of exempt organization or other filer, see instru	ctions.	3		identification numl	
print	200					
	THE MIRACLE FOUNDATION, INC	J			74-298958	30
File by II due date		ee instruc	tions.	Social sec	curity number (SSN	V)
filling you return. S	as FID: CAROLINE BOODRERON					
Instructi	🗪 City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	AUSTIN, TX 78703					
	he Return Code for the return that this application is for (file					01
Applic		Return	Application			Return
Is For		Code	Is For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07
	990-BL 1720 (Individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	390-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATION	NC				
• The	books are in the care of MS. CAROLINE BO	OUDRE	AUX - AUSTIN, TX 7	8703		
Tel	ephone No. ► (512) 329-8635		Fax No. 🕨			
	ne organization does not have an office or place of business					· 🗀
	nis is for a Group Return, enter the organization's four digit					
	. If it is for part of the group, check this box					
1	I request an automatic 6-month extension of time until		MBER 15, 2017 , to file	the exem	ıpt organization ret	מוח
	for the organization named above. The extension is for the	organizati	on's return for:			
	X calendar year 2016 or					
	tax year beginning	ar	nd ending			
2	If the tax year entered in line 1 is for less than 12 months, or			Final retur	_ '	
-	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions.			3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	estimated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
C	Balance due. Subtract line 3b from line 3a. Include your pa	ayment w	th this form, if required,		- 5	_
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Cauti	on: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-EO f	for payment

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

Form 8868 (Rev. 1-2017)

instructions.

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FORM 5471 OTHER DE	DUCTIONS		STATEMENT	1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLA	A.R
PROGRAM OPERATING EXPENSES ADMINISTRATIVE EXPENSES	26,777,139. 18,812,282.		398,97 280,30	
TOTAL TO 5471, SCHEDULE C, LINE 16	45,589,421.		679,28	82.
FORM 5471 OTHER CURI	RENT ASSETS		STATEMENT	2
DESCRIPTION		. OF ANNUAL CCOUNTING PERIOD	END OF ANNO ACCOUNTING PERIOD	
NOTES RECEIVABLE SECURITY DEPOSIT FIXED ASSETS		2,350. 1,088. 2,194.	16,8 6,1	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LIN	E 4	5,632.	23,0	33.
FORM 5471 OTHER CURREN	T LIABILITIES		STATEMENT	3
DESCRIPTION		OF ANNUAL CCOUNTING PERIOD	END OF ANN ACCOUNTIN PERIOD	
MISCELLANEOUS LIABILITIES UNSPENT GRANT	_	64.	80,7 6,1	
PAYROLL LIABILITIES ACCRUED LIABILITIES			2,2	92.

SCHEDULE J (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

Information about Schedule J (Form 5471) and its instructions is at www.fs.gov/form5471. ▶ Attach to Form 5471.

OMB No. 1545-0704

Identifying numba

6,174,491. 16,994,641. Schedule J (Form 5471) (Rev. 12-2012) (combine columns (a), (b), and (c)) (d) Total Section 964(a) E&P 74-2989580 U93000DL2011NPL222639 (iii) Subpart F Income Reference ID number (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) (ii) Earnings Invested in Excess Passive Assets 0000000-00 EN (Famy) Earnings Invested in U.S. Property Not Previously Taxed 959(c)(3) balance) (b) Pre-1987 E&P (pre-87 section 16,994,641 Undistributed Earnings 16,994,641 16,994,641 10,820,150 6,174,491 959(c)(3) balance) (post-86 section (a) Post-1986 THE MIRACLE FOUNDATION, INC. MIRACLE FOUNDATION INDIA not previously taxed (line 1 plus line 2a 5a Actual distributions or reclassifications Balance at end of year. (Enter amount b Actual distributions of nonpreviously b Balance of E&P not previously taxed end of year (line 1 plus line 4, minus from line 6a or line 6b, whichever is Total current and accumulated E&P 6a Balance of previously taxed E&P at 951(a) or reclassified under section at end of year (line 3 minus line 4, Amounts included under section Important: Enter amounts in functional currency. Balance at beginning of year b Current year deficit in E&P of previously taxed E&P or line 1 minus line 2b) 959(c) in current year 2a Current year E&P Name of foreign corporation minus line 5b) applicable.) taxed E&P line 5a) ო

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

SCHEDULE M (Form 5471)

(Rev. December 2012)
Department of the Tressury

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

OMB No. 1545-0704

Department of the Tressury
Internal Revenue Service

Name of person filling Form 5471

THE MIRACLE FOUNDATION, INC.

Identifying number

74-2989580

Name of foreign corporation		EIN (if any)		Reference ID number		
ATDACIE ECIMDAMICH INDIA		00-0000000		U93000DL2011NPL222639		
Important; Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S.						
the annual accounting period between the foreign corporation	i and i	ura parsuris rstau mto for the foreign	ni colorina (D) n comomiliania	tay upa	r See instructions	
dollars translated from functional currency at the everage exci	ange ange	rate for the foreig	TNDTA I	av Apa	r. ogg manachong. R	
Enter the relevant functional currency and the exchange rate used thr					(8) 1094 or more 110	(f) 1096 or more U.S.
(a) Transactions (b) U.S. person illing this return	corp	(C) Any domestic cration or partnership controlled by	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return		foreign corporation any	(f) 10% or more U.S. shareholder of any corporation
of liling this return foreign corporation		U.S. person				controlling the foreign corporation
		filing this return	niing this reti	um :	person ming una recuri)	Corporation
1 Sales of stock in trade (inventory)	+-					
2 Sales of tangible property other than						
stock in trade	┪					
3 Sales of property rights (patents,						
trademarks, etc.) Platform contribution transaction payments received						
5 Cost sharing transaction payments received						
6 Compensation received for technical,			1			
managerial, engineering, construction,						
or like services						
7 Commissions received			<u> </u>			
8 Rents, royalties, and license fees	.		1			
received						
9 Dividends received (exclude deemed			1			
distributions under subpart F and dist-						
ributions of previously taxed income)			ļ			
10 Interest received			<u> </u>			
11 Premiums received for insurance or	i					
reinsurance			-			
12 Add lines 1 through 11	_ _		ļ			
13 Purchases of stock in trade (inventory)			<u> </u>			
14 Purchases of tangible property other					ļ	
than stock in trade						
15 Purchases of property rights						
(patents, trademarks, etc.)						
16 Platform contribution transaction payments paid	_ _		<u> </u>			
17 Cost sharing transaction payments paid	\perp					
18 Compensation paid for technical,						
managerial, engineering, construction,						
or like services						<u> </u>
19 Commissions paid	<u> </u>		-			-
20 Rents, royalties, and license fees paid	(2)					
21 Dividends paid						
22 Interest paid		<u> </u>	 			
23 Premiums paid for insurance or						
reinsurance						
24 Add lines 13 through 23	_	- 51	1			-
25 Amounts borrowed (enter the maximum						
loan balance during the year) - see instr.						
26 Amounts loaned (enter the maximum						
loan balance during the year) - see instr.					1	marray (Dov. 40 004