Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

and ending

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning and e	ending		
	neck if	C Name of organization		D Employer identific	ation number
	Addres	THE MIRACLE FOUNDATION, INC.			
	Name change			74-298958	30
	Initial		Room/suite	E Telephone number	
F	Final return/	1506 W. 6TH STREET		512-329-8	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,630,859.
	Amend	AUSTIN, TX 78703		H(a) Is this a group re	
	Applica tion	F Name and address of principal officer. Hibbit Diffibilit		for subordinates?	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates inc	oluded? Yes No
IT	ах-ехе	mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) 0	or 527	If "No," attach a	list. See instructions
		e:▶ WWW.MIRACLEFOUNDATION.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2000 M	State of legal domicile: TX
Pa	rt I	Summary			
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${f A}$ ${f FAN}$	MILY F	OR EVERY CHI	LD IN OUR
rna		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			10
vitie		Total number of volunteers (estimate if necessary)			3
\cti	1022 (315)	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
			-	3,686,493.	3,562,456.
ae		Contributions and grants (Part VIII, line 1h)		30,600.	30,850.
Revenue		Program service revenue (Part VIII, line 2g)	41,740.	37,188.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	365.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,758,833.	3,630,859.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		728,695.	769,650.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,267,079.	1,273,456.
ses	169	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  251, 46	61.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		883,057.	803,926.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,878,831.	2,847,032.
	19	Revenue less expenses. Subtract line 18 from line 12		880,002.	783,827.
10		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,241,894.	4,038,892.
ABS				145,202.	114,142.
N.	22	Net assets or fund balances. Subtract line 21 from line 20		3,096,692.	3,924,750.
		Signature Block	a and atatam	sents and to the heat of m	knowledge and belief it is
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules of, and complete. Declaration of preparer (other than officer) is based on all information of wh	s and staten	r has any knowledge	Knowledge and Delici, it is
true	, correc	st, and complete. Declaration of preparer (other than officer) is based on an information of wi	men prepare	5/3/2021	
Cin	n	Signatura et otteace		Date	
Sig		LESLIE BEASLEY, CEO			
110	0	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	CATHERINE AVENSON E-FILED		4/30/21 if self-employ	P01259734
	parer	Firm's name AVENSON HAMANN CPAS, LLP			46-3330935
	Only	Firm's address 1779 WELLS BRANCH PKWY #110B-292	2		
0.000		AUSTIN, TX 78728		Phone no. 51	2-693-9131
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
0	If "Yes," complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			200
4	public office? If "Yes," complete Schedule C, Part I	3		X
-	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
E	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			2000
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
	or in quasi endowments? If "You " complete School D. Both V.		37	
11	or in 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, VII, VIII, IX, or X	10	X	
	as applicable.	Pai		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	272	37	
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	X	
1.07	assets reported in Part X line 162 # "Yea" assets reported in Part X, line 12, that is 5% or more of its total			**
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
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	11c	_	X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		- 41
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
OLD S	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	bid the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
333	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			v
32003	12-23-20	21	200 //	X

For	m 990 (2020) THE MIRACLE FOUNDATION, INC. 74-298 art IV Checklist of Required Schedules (continued)	9580	)	Page 4
22	Did the organization was at the desired		Yes	No
22	garage to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII. Section A. line 2. 4 as 5 above.	22	-	X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J			
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			77
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	-	X
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
	any tax-exempt bonds?	24c		
(	bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 50 1(c)(5), 50 1(c)(4), and 50 1(c)(29) organizations. Did the organization engage in an excess benefit	240		_
	transaction with a disqualified person during the year? If "Yes " complete Schedule I Part I	25a		x
k	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		Δ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	bid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 250% contributor			
	entity (including an employee thereof) or family member of any of these persons? If "Ves." complete School to Part III	27		Х
28	was the organization a party to a business transaction with one of the following parties (see Schedule I. Part IV	21		41
	Instructions, for applicable filing thresholds, conditions, and exceptions):			
а	in social, tradice, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
D	Training morned of any individual described in line 28a? If "Yes." complete Schedule I. Part IV	28b		X
C	77 3570 controlled entity of one of more individuals and/or organizations described in lines 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Bid the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M	29		X
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		X
32	and clease operations? If "Ves " complete School of Al Deat I	31		X
UZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II  Did the organization own 100% of an entity discognized as a second for III	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37. If "You" complete School to Scho			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	Part V, line 1			
35a	Did the organization have a controlled option within the	34	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	X	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			77
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u>X</u>
	If "Yes," complete Schedule R, Part V, line 2	00		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	_	X
	Note: All Form 990 filers are required to complete Schedule O		v	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	_
	Check if Schedule O contains a response or note to any line in this Part V		i	
	and the state of t			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	200	000

Form 990 (2020) THE MIRACLE FOUNDATION, 74-2989580 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country ▶ INDIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand

Form 990 (2020)

14a

14h

X

X

X

15

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 7 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 512-329-8635 1506 W. 6TH STREET, AUSTIN, 78703

032006 12-23-20

Form 990 (2020)

#### Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organi (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
76 -	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAROLINE BOUDREAUX FOUNDER	50.00	X		х				121,521.	0.	8,777
(2) LESLIE BEASLEY	50.00	х		х				128,750.	0.	0
(3) MARTY ROMELL CFO/TREASURER	35.00			х				81,091.	0.	8,580
(4) KRISHNA SRINIVASAN CHAIRMAN	1.00	X		Х				0.	0.	0
(5) RAJEEV KATHURIA BOARD MEMBER	1.00	X						0.	0.	0
(6) NABELLA IXTABALAN BOARD MEMBER	1.00	Х						0.	0.	0
(7) JOHN MESSER BOARD MEMBER	1.00	X						0.	0.	0
(8) TRISA THOMPSON BOARD MEMBER	1.00	Х						0.	0.	0
(9) DANIEL MARSILI BOARD MEMBER	1.00	Х						0.	0.	0
(10) BARRY TWOMEY BOARD MEMBER	1.00	x						0.	0.	0
							-			

032007 12-23-20

Form 990 (2020)

	(4)	(27)	T	-	aric	Tring	nes	St Ct	ompensated Employee	(continued)		1	
	(A)	(B)							(D)	(E)			(F)
	Name and title	Average	not c	POS heck	more 1	than o	one	Reportable	Reportable		Est	imated	
		hours per	box	, unle	ss per	rson is	both	nan	compensation	compensation	on	amo	ount of
		week		T ar	luau	rector	/trus	tee)	from	from related	t	0	ther
		(list any hours for	director						the	organization		comp	ensation
		related	6	93			ated		organization	(W-2/1099-MIS	SC)	fro	m the
		organizations	trustee	trustee		9	Highest compensated employee		(W-2/1099-MISC)				nization
		below	dual tr	tiona		yoldı	st con						related
		line)	Individual	Institutional t	Officer	Key employee	mplo	Former				orgar	izations
						×	- 0	No.					
			$\vdash$				-						
							_						
						$\forall$							
					-	-	-	-					
					+	+	-	+			-		
2725													
1b	Subtotal	*******************							331,362.		0.	17	,357.
								-	331,302.		0.		
С	Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d	Total (add lines 1b and 1c)	II, Section A					]		0. 331,362.		0.		
c d	Total (add lines 1b and 1c)  Total number of individuals (including but r	II, Section A					]	rec	0. 331,362.	000 of reportable	0.		0. ,357.
d	Total (add lines 1b and 1c)	II, Section A					]	o rec	0. 331,362.	000 of reportable	0.	17	,357.
d	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer	not limited to the	ose I	isted	d abo	ove)	who		331,362. eived more than \$100,0		0.	17	,357.
2 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	not limited to the	ose I	listed	d abo	ove)	who	high	0. 331,362. eived more than \$100,0	byee on	0.	17	,357. 2 es No
2 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a.	not limited to the director, truste such individual	ee, k	ey e	d abo	ove)	who	highe	0. 331,362. eived more than \$100,0 est compensated emplor	oyee on	0.	17	,357.
2 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a, is the serior and individual listed on line 1a.	not limited to the director, truste such individual	ee, k	ey e	d abo	ove)	who	highe	0. 331,362. eived more than \$100,0 est compensated emplor	oyee on	0.	17	, 357 . 2 es No
2 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service and individual listed on line 1a, is the seand related organizations greater than \$15 Did any person listed on line 1a receive or a service or a servi	not limited to the director, trusted such individual cum of reportable 0,000? If "Yes," accrue compens	ee, ke	ey ei	mplo msati	ove) oyee, ion a	or I	higheothe othe	eived more than \$100,0 est compensated emplor r compensation from the such individual	oyee on e organization	0.	17	,357. 2 es No
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service and individual listed on line 1a, is the set and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for service and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for service and related organization? If "Yes," complete Schedule J for service J f	not limited to the director, trusted such individual cum of reportable 0,000? If "Yes," accrue compens	ee, ke	ey ei	mplo msati	ove) oyee, ion a	or I	higheothe othe	eived more than \$100,0 est compensated emplor r compensation from the such individual	oyee on e organization	0.	17	, 357 . 2 es No
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series for any individual listed on line 1a, is the series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors	not limited to the director, trusted such individual cum of reportable 0,000? If "Yes," accrue compensable Schedule	ee, k	mpel mple	mplomsati	ove)  ove,  ove,	or I	highe othe <i>J for</i> ated	and the state of t	e organization ual for services	0.	17	, 357 .  2  Ses No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuation.	not limited to the director, trusted such individual cum of reportable 0,000? If "Yes," accrue compensable Schedule cumpensated inde	eee, k	mper sudanden	mplomnsati	pyee, ion a chec ny u	or I	higher other other ated	and the state of t	e organization ual for services	0.	17	, 357 .  2  Ses No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for second for any individual listed on line 1a, is the second for any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest conthe organization. Report compensation for	not limited to the director, trusted such individual cum of reportable 0,000? If "Yes," accrue compensable Schedule cumpensated inde	eee, k	mper sudanden	mplomnsati	pyee, ion a chec ny u	or I	higher other other ated	and a state of the corganization of tax yee	e organization ual for services	0.	17 3 4 5	, 357 .  2  Ses No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuation.	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mper sudanden	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	and the state of t	e organization  ual for services  00,000 of compe	0. 0.	17	, 357.
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mpelennple	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	eived more than \$100,0 est compensated emplor r compensation from the such individual organization or individual t received more than \$100,000 the organization's tax yee (B)	e organization  ual for services  00,000 of compe	0. 0.	17 3 4 5	, 357 .  26es No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mpelennple	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	eived more than \$100,0 est compensated emplor r compensation from the such individual organization or individual t received more than \$100,000 the organization's tax yee (B)	e organization  ual for services  00,000 of compe	0. 0.	17 3 4 5	, 357 .  26es No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mpelennple	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	eived more than \$100,0 est compensated emplor r compensation from the such individual organization or individual t received more than \$100,000 the organization's tax yee (B)	e organization  ual for services  00,000 of compe	0. 0.	17 3 4 5	, 357 . 26es No X X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mpelennple	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	eived more than \$100,0 est compensated emplor r compensation from the such individual organization or individual t received more than \$100,000 the organization's tax yee (B)	e organization  ual for services  00,000 of compe	0. 0.	17 3 4 5	, 357 . 26es No X X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mpelennple	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	eived more than \$100,0 est compensated emplor r compensation from the such individual organization or individual t received more than \$100,000 the organization's tax yee (B)	e organization  ual for services  00,000 of compe	0. 0.	17 3 4 5	, 357 .  26es No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the director, trusted such individual sum of reportable 0,000? If "Yes," accrue compensated indetthe calendar ye	ee, k	mpelennple	mplomsatite Soom a	pyee, ion a chec ny u	or I	higher other other ated	eived more than \$100,0 est compensated emplor r compensation from the such individual organization or individual t received more than \$100,000 the organization's tax yee (B)	e organization  ual for services  00,000 of compe	0. 0.	17 3 4 5	, 357 . Zes No X X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contine organization. Report compensation for (A)  Name and business	not limited to the director, trusted such individual aum of reportable 0,000? If "Yes," accrue compensable Schedule ampensated indetthe calendar year address	ose I ee, k	ey ei	mplomsati	ove)  ove)	or I	higher other	and a state of the state of the organization of section	e organization  ual for services  100,000 of composite  ervices	0. 0.	17 3 4 5	, 357 .  26es No  X  X
3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service for any individual listed on line 1a, is the service and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continuous complete the organization. Report compensation for (A)	not limited to the calendar years.	ose I ee, k	ey ei	mplomsati	ove)  ove)	or I	higher other	and a state of the state of the organization of section	e organization  ual for services  100,000 of composite  ervices	0. 0.	17 3 4 5	, 357 .  2  Ses No  X  X

Form 990 (2020) THE MIR
Part VIII Statement of Revenue

		Check if Schedule O	con	tains a res	ponse	or note to any li	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
uts Its	1 :	a Federated campaigns		1a						30000013 312 - 314
ran	1	a Manakanakia I		1b	_					
, G		- Francisco		10	_					
iffts ar A		d Polated evenientians		10						
s, G	•				+					
Sign	f	All other contributions, gifts,	. gran	its, and						
but		similar amounts not include			3	,562,456.				
E O	ç	Noncash contributions included in				,002,100.				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f				<b>•</b>	3,562,456.			
			2111111			Business Code	5,302,430.			
0	2 a	AMBASSADOR PR	ROG	RAM		561500	30,850.	30,850.		
Program Service Revenue	b					301300	30,030.	30,030.		
Ser	c									
am	c									8
B	е	1								
P.	f	All other program service	reve	nue						
	0	Total. Add lines 2a-2f	, , , ,				30,850.			
	3	Investment income (include	dina	dividends	inter	est and	30,030.			
- 1		other similar amounts)	9	arridorido,	miton	sst, and	37,188.			27 100
- 1	4	Income from investment of	of tax	exempt b	ond r	proceeds	37,100.			37,188.
	5	Royalties			ond p	rocceds				
				(i) Re	al	(ii) Personal				WHITE THE PARTY OF
	6 a	Gross rents	6a			(1)				
	b		6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
		Gross amount from sales of	<u>'</u>	(i) Secur	ities	(ii) Other				
		assets other than inventory	7a	(i) Goodi	100	(ii) Other				
	b	Less: cost or other basis	1a							
e		and sales expenses	7b							
en	C	Gain or (loss)	7c							
Other Revenue		Net gain or (loss)								
- e	8 a	Gross income from fundraising	na ev	ents (not						
동	120 100 100	including \$	-							
		contributions reported on								
		Part IV, line 18		. 0,. 000	8a					
	b	Less: direct expenses			8b					
	С		fund	raising eve	nts	<b>•</b>				
		Gross income from gamin								Saltraria, Taring
		D								
	b									
		Net income or (loss) from								
		Gross sales of inventory, le								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s								
<b>10</b>						Business Code				ATTEMPT TO A STATE OF
Miscellaneous	11 a	OTHER INCOME				900099	365.	365.		n Carlotte Control
scellaneo Revenue	b						505.	505.		
eve	С				_					
B		All other revenue			_					
2		Total. Add lines 11a-11d					365.			
	12	Total revenue. See instruction					3,630,859.	31 215	0	27 100
32009							0,000,000.	31,215.	0.	37,188.

## Form 990 (2020) THE MIRACLE FOUNDATION, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
020	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	760 650	760 670		
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members	769,650.	769,650.		
5	Compensation of current officers, directors,				
•	trustees, and key employees	253 746	210 622	10 075	01 010
6	Compensation not included above to disqualified	253,746.	219,622.	12,875.	21,249
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	873,565.	732,587.	62 120	FF 040
8	Pension plan accruals and contributions (include	0,0,000.	134,301.	63,130.	77,848
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	89,348.	74,924.	6,095.	8,329
10	Payroll taxes	56,797.	42,430.	6,071.	8,296
11	Fees for services (nonemployees):		/2001	0,011.	0,230
a	Management				
b	Legal				
C	Accounting	61,600.	38,204.	15,926.	7,470
d			00/2011	13,320.	7,470
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	63,829.	55,319.		8,510
12	Advertising and promotion	51,454.			51,454
3	Office expenses	70,110.	56,573.	9,252.	4,285
4	Information technology				
15	Royalties				
6	Occupancy	15,544.	11,612.	1,662.	2,270
7	Travel	118,842.	119,195.	-149.	-204
8	Payments of travel or entertainment expenses				
9	for any federal, state, or local public officials Conferences, conventions, and meetings	02	F.72	- 11	
9	Interest	83.	57.	11.	15
1		21.	20.	3.	4
2	Payments to affiliates  Depreciation, depletion, and amortization	46,980.	25 006	F 000	6 060
3	La service de la constante de	3,832.	35,096. 2,863.	5,022.	6,862
4	Other expenses, Itemize expenses not covered	3,032.	2,003.	409.	560
	above (List miscellaneous expenses on line 24e If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOSTER SHARE	162,633.	162,633.		
b	PARTNER PROGRAM COSTS	104,216.	65,071.		20 145
C	COMPUTER AND INTERNET	72,099.	53,861.	7,707.	39,145
d	BANK FEES	32,598.	24,357.	3,483.	10,531
е	All other expenses	79.	22,007.	3,403.	79
5	Total functional expenses. Add lines 1 through 24e	2,847,032.	2,464,074.	131,497.	251,461
6	Joint costs. Complete this line only if the organization				231,401
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
	1 Cash · non-interest-bearing	1,081,100.	1	965,916
	2 Savings and temporary cash investments	208,564.	2	222,162
-   -	Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	Loans and other receivables from any current or former officer, director,		100	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
- 1 "	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
sts	Notes and loans receivable, net		7	
Assets	inventories for sale or use		8	
7   2	Prepaid expenses and deferred charges	84,466.	9	43,392
10	Da Land, buildings, and equipment: cost or other			English Control of the Control of th
	basis. Complete Part VI of Schedule D 10a 600, 386.			
	b Less: accumulated depreciation 10b 103,781.	517,022.	10c	496,605
11	passing traded securities	1,278,877.	11	2,238,722
12	Strict Goodings. Occ 1 at 17, iii e 11		12	
13	program rolated. Oce r art iv, inie i i		13	
14		59,688.	14	57,195
15		12,177.	15	57,195, 14,900,
16	triust equal line 33)	3,241,894.	16	4,038,892
17	p - y	145,202.	17	114,142.
18	***************************************		18	
20			19	
21			20	
00	of Schedule D		21	
22	payable to any current of former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	and house payable to differated tillid parties		23	
25	and round payable to difference tillid parties		24	
	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	(0)			
26	T-1-18-18-18-18-18-18-18-18-18-18-18-18-1	145 000	25	444.44
1	Organizations that follow FASB ASC 958, check here	145,202.	26	114,142.
3	and complete lines 27, 28, 32, and 33.			
27	Not and the state of the state	2 800 270		2 742 525
28	Net assets with donor restrictions  Net assets with donor restrictions	2,899,278.	27	3,743,535.
	Organizations that do not follow FASB ASC 958, check here	131,414.	28	181,215.
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund			
31	Retained earnings endowment accumulated income as at a few few land		30	
27 28 29 30 31 32	Total net assets or fund balances	3,096,692.	31	2 004 750
33	Total liabilities and net assets/fund balances	3,241,894.	32	3,924,750.
	The state of the s	3,441,034.	33	4,038,892.

Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets	1 -1	2303300	Pa	ge 12
	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)	1	3,630	0	50
2	Total expenses (must equal Part IX, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	2	2,847		
3	Revenue less expenses. Subtract line 2 from line 1	3			27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,096		
5	Net unrealized gains (losses) on investments	5			56.
6	Donated services and use of facilities	6		- / -	50.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_ 0	9,9	25
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	3	_	,,,,	45.
	column (B))	10	3,924	1 7	50
Pa	rt XII Financial Statements and Reporting	10	3,34	. , , .	50.
	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		1000		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	nn a			
	separate basis, consolidated basis, or both:	ла			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	-	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.			
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche-	dule O	20	200	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audi	it	1000	
	Act and OMB Circular A-133?	- ruu	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	2020)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE MIRACLE FOUNDATION, INC. 74-2989580 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization listed (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Total

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 THE MIRACLE FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 1700 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(=) 2010	( 0 0040		
	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	2595690.	2503957.	3124465	3686493.	2562456	15452061
2	Tax revenues levied for the organ-		2303337.	3124403.	3000493.	3362456.	15473061.
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2595690.	2503957.	3124465.	3686493.	3563456	15473061.
5	The portion of total contributions		23033371	3124403.	3000493.	3302430.	154/3061.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2710060.
	Public support. Subtract line 5 from line 4.						12763001.
Se	ction B. Total Support						12/03001.
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2595690.	2503957.	3124465.	3686493.	3562456.	15473061.
8	Gross income from interest,					00021001	13473001.
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,328.	28,090.	23,920.	41,740.	37.188.	149,266.
9	Net income from unrelated business					3.7100.	140,200.
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			800.		365.	1,165.
	Total support. Add lines 7 through 10				The state of the s		15623492.
	Gross receipts from related activities,					12	335,843.
13	First 5 years. If the Form 990 is for the	e organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	)1(c)(3)	
	organization, check this box and stop	here					
300	The state of the s	o ouppoint i cit	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), di	vided by line 11, co	olumn (f))		14	81.69 %
160	Public support percentage from 2019	Schedule A, Part II	I, line 14		L	15	83.61 %
Iva	33 1/3% support test - 2020. If the or	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or mo	ore, check this box	CONTROL OF THE PARTY OF THE PAR
h	stop here. The organization qualifies a						X
D	33 1/3% support test - 2019. If the or	rganization did not	check a box on lin				
170	and stop here. The organization qualif	les as a publicly su	upported organizat	ion			
174	10% -facts-and-circumstances test -	- 2020. If the orga	inization did not ch	eck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	r more,
	and if the organization meets the facts	-and-circumstance	s test, check this b	ox and stop here	e. Explain in Part V	I how the organiza	ation
h	meets the facts-and-circumstances test	2010 If the	qualifies as a pub	licly supported org	ganization		
J	10% -facts-and-circumstances test -	facts and size	unzation did not ch	eck a box on line	13, 16a, 16b, or 17	7a, and line 15 is 1	0% or
	more, and if the organization meets the	acts-and-circums	stances test, check	this box and sto	p here. Explain in	Part VI how the	g
18	organization meets the facts-and-circum	instances test. The	organization quali	ties as a publicly s	supported organiza	ation	
10	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,			
					Sched	dule A (Form 990	or 990-FZ) 2020

# Schedule A (Form 990 or 990 EZ) 2020 THE MIRACLE FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(9) 2010	(u) 2019	(e) 2020	(f) Total
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
ec	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					-	
1	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
1	First 5 years. If the Form 990 is for the check this box and stop here	organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 501	(c)(3) organization	n,
	tion C. Computation of Public	Support Per	centage				
	Public support percentage for 2020 (lin			olumn (fl)	1	5	-
3	Public support percentage from 2019 5	Schedule A, Part I	II. line 15			6	9
eC1	tion D. Computation of Invest	ment Income	Percentage				-
	nvestment income percentage for 202	0 (line 10c, colum	n (f), divided by lin	e 13, column (f))	1	7	9
	nvestment income percentage from 2	019 Schedule A, F	Part III, line 17		1	8	(
			A - L - L - L - L	n line 4.4 and line	1E in more than 20 t	1/00/ 11: - 47	
a:	33 1/3% support tests - 2020. If the o	rganization did no	ot check the box of	n line 14, and line	15 is more than 33 i	/3%, and line 1/	IS DOT
a	33 1/3% support tests - 2020. If the one of the support tests - 2020. If the one than 33 1/3%, check this box and	stop here. The	organization qualifi	es as a publicly su	pported organization	n	
a: b:	33 1/3% support tests - 2020. If the comore than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the comore than 33 1/3%, check this not more than 33 1/3%, check this sort more than 33 1/3%, check the comore than 33 1/3%, check the com	stop here. The organization did no	organization qualifi ot check a box on I	es as a publicly su line 14 or line 19a,	pported organization and line 16 is more	n than 33 1/3%, an	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020

#### Part IV Sup

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2	Sini	
	3a		
	3b		
	3c		
	4a		
	4b		818
	4-		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		SAS
	8		
	9a		(1572)
	Oh		
	9b		
	9c		
	10a		3533121
	105		
1 9	10b 90 or 990	-EZ) 2	020

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sac	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	E 1871 P		6616
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		7	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Assessed to the second	100	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	ype weappering organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	100000000000000000000000000000000000000		00000
Sec	tion D. All Type III Supporting Organizations	1		
			· ·	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	78 5	7611	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	Bawai		
b	that these activities constituted substantially all of its activities.	2a		Section 1
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Carley,		
2	these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		75/600	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	20,000	216
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1000	
	and the second of the second o	UU		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	2505500 P
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
ec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tage to the this one (austrase in too o, o, and 7 from line 4)	0		(7) 0
_	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			Kara and a second
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	A	
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)			
_	Minimali Asset Amount (add line / to line o)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
7	emergency temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-functional	6		

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (contin	rued)	2505500 Page
Sec	tion D - Distributions		(COITIII)	iueu)	Current Veer
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	Current Year
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		+ '+	
	organizations, in excess of income from activity	, i i i i i i i i i i i i i i i i i i i		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	9	3	
4	Amounts paid to acquire exempt-use assets	To the ported of garnzations	3		
5	Qualified set-aside amounts (prior IRS approval required - pl	rouido dotaile in Dort VII		4	
6	Other distributions (describe in Part VI). See instructions.	rovide details in Part VI)		5	
7	Total annual distributions. Add lines 1 through 6.			6	
8				7	
0	Distributions to attentive supported organizations to which to provide details in <b>Part VI</b> ). See instructions.	he organization is responsive			
9				8	
10	Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount			9	
10	Line 6 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	Paralle Haller and Street		5700	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015		TANKS I THE PARTY OF THE PARTY		
b	From 2016	Na Nation Bridge			
С	From 2017				
d	From 2018				
	From 2019				
_	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			0	
i	Applied to 2020 distributable amount	ENERGE MEDICAL			
+	Carryover from 2015 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
167	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h			100 M	
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
В	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019	Respectively.			
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ►Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number THE MIRACLE FOUNDATION, INC. 74-2989580 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) 2 3 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 6 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 land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, 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 vear > 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 violations, and enforcement of the conservation easements it holds? No 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)(i) and section 170(h)(4)(B)(ii)? 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. 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 FASB 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 FASB 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 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 FASB ASC 958 relating to these items:

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

032051 12-01-20

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	edule D (Form 990) 2020 THE MIR	ACLE FOUNDA	ATTON, INC	•		74-29	8958	0 P	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	ner Simi	lar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make	e significar	nt use of its			
	collection items (check all that apply):								
a	Public exhibition	d	Loan or exc	hange program					
b		е	Other						
C									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	xempt pur	pose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historical treas	sures, or other simi	ilar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?			Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes"	on Form 9	90 Part IV	line 9 or	-	140
	reported an amount on Form 990, Par	t X, line 21.	9			00,1 0.11,			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets n	ot included	4			
	on Form 990, Part X?				or in lold do		Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						7 140
							Amoun	t	
C	Beginning balance				10		7 11 110 011		
d	Additions during the year				10				
е				************************	1e				
f	Ending balance		*************************		1f				
	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or cu	stodial account lia	hility?		7 V		7
	If "Yes," explain the arrangement in Part XIII.						Yes		No
Pa	rt V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990. Part IV lin	e 10				
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(a) Four	veare	hack
1a	Beginning of year balance	7,500.	7,500.	7,500		7,500.	(e) rour		500.
b					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 1	-
C	Net investment earnings, gains, and losses								
d									
	Grants or scholarships Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g		7,500.	7,500.	7,500		7 500			F00
2	Provide the estimated percentage of the curr				•	7,500.		7,	500.
	Board designated or quasi-endowment		(line 1g, column (a)	neid as:					
	Permanent endowment		_%						
		2/0							
C	The percentages on lines 2a, 2b, and 2c should be contaged in the contage of the								
30			K 45 - 4 5 - 1 - 1 1						
Ja	Are there endowment funds not in the posses	ssion of the organizat	tion that are neid an	a administered for	the organ	ization	ſ		
	by:							Yes	No
	(i) Unrelated organizations	***************************************					3a(i)	X	
h	(ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations						3a(ii)		X
4						***************************************	3b		
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm	organization's endov	vment funds.						
	Complete if the organization answered		D-+ N/ 11 44 - 0	F 000 B					
_									
	Description of property	(a) Cost or ot	Control of the Contro	1-7	Accumula		(d) Bool	< value	е
	Land	basis (investm			depreciation	n			
	Land			6,048.				5,04	
	Buildings		88	8,836.	15,3	362.	7:	3,4	74.
	Leasehold improvements								
	Equipment			3,129.		410.		7,7:	
	Other			2,373.	53,0	009.		3,36	
	I. Add lines 1a through 1e. (Column (d) must ed								

Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Bescription of Security of Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market valu
) Financial derivatives			•
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	*		
(6)			
(7)			
(8)			
(9)  II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	
(1)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990. Part X. col. (B) line	2 15.)	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990, Part IV. line 1	1e or 11f. See Form 990 Part Y line 25	
(a) Description of liability	/:	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(b) Book value
Federal income taxes			1-7-00K Fulde
(2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
al. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under	the text of the footnote to the	ne organization's financial statements the	at reports the

#### 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.

Attach to Form 990.

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

2020 Open to Public Inspection

Name of the organization

Employer identification number

THE MIRACLE FOU	NDATION,	INC.			74-298958	3.0
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organi	zation answered "	Yes" on
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
United States.			procedures for monitoring the use of its		ner assistance outs	ide the
3 Activities per Region. (Ti	(b) Number of offices in the region		an be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activise a progression describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN,			PROGRAM SERVICES AND	HOUSING, BA	SIC CARE,	
INDIA, MALDIVES,	3	37	GRANTMAKING	EDUCATION OF	FORPHANS	1,252,256.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES.	1		AMBAGGADOR DROGRAM	ASSISTING II	ROM THE U.S. N ORPHANAGES ING PROJECTS	
INDIA, MADDIVES,	1		AMBASSADOR PROGRAM	BENEFITTING	ORPHANS	0.
3 a Subtotal	4	37			Karaja Kajira ya	1,252,256.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	4	37				1 252 256

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

THE MIRACLE FOUNDATION, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA -						
		BANGLADESH,						
		BHUTAN, INDIA,	ORPHANAGE SUPPORT	7,516. WIRE	WIRE	0		
		SOUTH ASIA -						
		AFGHANI STAN,						
		BANGLADESH,	VOCATIONAL TRAINING					
		BHUTAN, INDIA,	FOR YOUTH	36,320.	WIRE	.0		
		SOUTH ASIA -						
		AFGHANI STAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	ORPHANAGE SUPPORT	584,176.	WIRE	0		
	02	SOUTH ASIA -						
	4	AFGHANI STAN,			ň			
		BANGLADESH,	SHELTER ANDN					0
	B	BHUTAN, INDIA,	EDUCATION	38,832.	WIRE	.0		
	81	SOUTH ASIA -						
	4	AFGHANI STAN,						
	H	BANGLADESH,						
	B	BHUTAN, INDIA,	SHELTER AND EDUCATION	9,881.	WIRE	0		
	8	SOUTH ASIA -						
	4	AFGHANISTAN,						
	<u>m</u>	BANGLADESH,	VOCATIONAL TRAINING					
	B	BHUTAN, INDIA,	FOR YOUTH	13,638.	WIRE	0		
	5	SOUTH ASIA -						
	Æ	AFGHANISTAN,						
	m	BANGLADESH,						
	B	BHUTAN, INDIA,	ORPHANAGE SUPPORT	7,987.	WIRE	.0		
	S	SOUTH ASIA -						
	A	AFGHANISTAN,						
	<u>m</u>	BANGLADESH,						
	B	BHUTAN, INDIA,	SHELTER AND EDUCATION	8,157, WIRE	TRE	0		

mat are recognized as charmes by the toreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities က

Schedule F (Form 990) 2020

31

Continuation	of Grants and Other	Assistance to Organia	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line 1)		
) Name	(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)
		SOUTH ASIA – AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	VOCATIONAL TRAINING FOR YOUTH	5.977.WIRE	WIRE	c		(in the standard stan
		SOUTH ASIA – AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	ORPHANAGE SUPPORT	6,128.WIRE	WIRE			

Page 3

74-29

Schedule F (Form 990) 2020 THE MIRACLE FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals Outside the United States Completed

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 duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement	F (1)				
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2020

032073 12-03-20

Par	t IV Foreign Forms	74-2989580	Page 4
	1 ordigit Formis		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (Form	990) 2020

#### SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

THE MIRACLE FOUNDATION, INC.

Employer identification number 74-2989580

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

FORM 990 IS REVIEWED BY STAFF AND PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL BOARD MEMBERS AND
REVIEWED ON A REGULAR BASIS. BOARD MEMBERS ARE EXPECTED TO RECUSE
THEMSELVES FROM VOTING ON ANY DECISION WHICH COULD BENEFIT THEM PERSONALLY.

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

THE BOARD OF DIRECTORS REVIEWS COMPENSATION FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT. THEY COMPARE COMPENSATION TO COMPARABLE POSITIONS AT OTHER NONPROFITS.

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

ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY ADJUSTMENT

-9,925.

FORM 990, PART XII, LINE 2

THE 2020 FINANCIAL STATEMENTS ARE BEING AUDITED AS PART OF A 15-MONTH

AUDIT, FOR THE PERIOD ENDING 3/31/21. THE YEAR-END CHANGED IN 2021 FROM

CALENDAR YEAR TO A 3/31 YEAR-END. THE AUDIT WAS NOT COMPLETE AS OF THE

DATE THIS TAX RETURN WAS FILED.

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

Schedule O (Form 990 or 990-EZ) 2020

# SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Parti

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

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

THE MIRACLE FOUNDATION, INC.

OMB No. 1545-0047 2020

Open to Public Inspection Employer identification number 74-2989580

(g) Section 512(b)(13) No controlled entity? Direct controlling Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling INC. entity THE MIRACLE FOUNDATION End-of-year assets (e) status (if section Public charity 501(c)(3)) (e) Total income 0 Exempt Code section (P Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Legal domicile (state or foreign country) 0 INDIA CARE AND EDUCATION FOR Primary activity Primary activity 9 ORPHANS Name, address, and EIN (if applicable) 1ST FLOOR, SAKET AVENUE, SAKET Name, address, and EIN of disregarded entity of related organization MIRACLE FOUNDATION INDIA INDIA 110017 NEW DELHI, PartII B-14,

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

INC. THE MIRACLE FOUNDATION,

Schedule R (Form 990) 2020

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 74-2989580 Part III

Sections 512-514)  Yes No K-1 (Form 1065)  Yes No K-1 (Form 1065)		Ритагу астіліту	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI	General or F managing	General or Percentage managing ownership
			country)		sections 512-514)		doorio		K-1 (Form 1065)	Yes No	
	T										
										1	
		3									
								*****			
										+	

corporation or trust during the tax year.

Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
								Yes
			77					

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2º
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ansactions with one or more	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	olled entity			19		×
b Gift, grant, or capital contribution to related organization(s)				4	×	
c Gift, grant, or capital contribution from related organization(s)				1 2		×
d Loans or loan guarantees to or for related organization(s)			化双角管 使使使使 医加拉氏菌 医乳糜 医化性性 化分类 國東 医感染性 医溶液 医胃 医皮肤 医皮肤性 医皮肤 医结肠炎 医皮肤 医皮肤 化二甲基乙基丙基乙基丙基乙基丙基乙基甲基丙基乙基丙基乙基丙基	19		×
e Loans or loan guarantees by related organization(s)				16		×
<ul> <li>Dividends from related organization(s)</li> </ul>				1		×
g Sale of assets to related organization(s)				1a		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			=		×
j Lease of facilities, equipment, or other assets to related organization(s)				-į-		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for relations.	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by rela	related organization(s)			=		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	organization(s)			£		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		9		×
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				10		×
				+		×
				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion on who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1) MIRACLE FOUNDATION INDIA	В	769,356.	CASH VALUE			
(2)						
(3)						

(6) 032163 10-28-20

4

(5)

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations?	(h)	General or managing partner?	(k) Percentage ownership

						_									
Asset No.	Description	Date Acquired	Method	Life	)0c>	No. Cost	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Curre	Current Year Deduction
	BUILDINGS														
7	BUILDING	12/17/13	SL	40.00	16	62 9.	9,012.				79,012.	11,850.		Н	975
	BUILDINGS					79,	9,012.				79,012.	11,850.		Ή,	975
	MACHINERY & EQUIPMENT														
m	SOUND SYSTEM	12/15/09	200DB	7.00	HV17	7	633.				633,	316.			0
4	CONFERENCE PHONE	05/30/11	SL	5.00	16	9	650.				650.	650.			0
ın	COMPUTER EQUIPMENT	12/08/11	SL	5.00	16	9	.,346.				1,346.	1,346.			0
9	COMPUTER EQUIPMENT	12/22/11	SL	5.00	16	9	,292.				3,292.	3,291.			0
7	DELL COMPUTER	04/16/12	ZZ	5.00	16	п	,351.				1,351.	1,351.			0
00	SOFTWARE	05/11/12	SL	3.00	16	2	,400.				2,400.	2,400.			0
6	BJ LAPTOP	07/01/12	SL	5.00	16		1,114.				1,114.	1,114.			0.
10	DISHWASHER	11/30/12	SL	7.00	16	15	495.				495.	495.			0.
11	KA DELL COMPUTER	12/17/12	SL	5.00	16	-	970.				970.	970.			.0
12	LAPTOP (INDIA)	11/18/15	SL	5.00	16		721.				721.	588.		13	33.
13	MACBOOK	11/23/15	SL	2.00	16	1	,137.				1,137.	927.		210	0
14	2 LAPTOPS	10/08/15	SL	5.00	19	7	,007.				2,007.	1,704.		303	3.
15	INDIA LAPTOP	06/30/16	SL	5.00	16		622.				622.	434.		124	4
16	CB LAPTOP	06/30/16	SI	5.00	16	-	427								

(D) - Asset disposed

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

FORM	FORM 990 PAGE 10				-		066							
Asset No.	Description	Date Acquired	Method	Life	C C C	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
17	7 SA LAPTOP	06/30/16	SL	5.00	16	1,474.				1,474.	1,032.		295.	1,327.
18	8 EAD COMPUTER	01/22/14	SL	5,00	16	1,690.				1,690.	1,690.		0.	1,690.
19	9 CROMA COMPUTER	03/31/14	SI	5.00	16	1,239.				1,239.	1,239.		0.	1,239.
20	0 NIVEDITA COMPUTER	05/26/14	SL	5,00	16	1,281.				1,281.	1,281.		0.	1,281.
32	2 COMPUTERS	01/04/17	SL	2.00	16	5,768.				5,768.	3,462.		1,154.	4,616.
33	3 DELL - ASHLEY	03/27/17	SL	5.00	16	1,600.				1,600.	880.		320.	1,200.
34	4 DELL LATITUDE 5480	09/01/17	SL	5.00	16	1,079.				1,079.	504.		216.	720.
35	DELL LATITUDE 3580	12/31/17	SL	5.00	16	544.				544.	218.		109.	327.
36	6 INSPIRON 13 7000 SERIES	12/31/17	SL	2.00	16	850.				850.	340.		170.	510.
39	9 EAD MAC LAPTOP	04/22/18	SL	5.00	16	1,169.				1,169.	390.		234.	624.
40	0 SERVER	05/22/18	SL	5.00	16	4,420.				4,420.	1,400.		884.	2,284.
41	1 POWER EDGE T330 SERVER	05/25/18	SL	5.00	16	2,750.				2,750.	871.		550.	1,421.
42	2 DELL LAPTOP	08/15/18	SL	5.00	16	1,100.				1,100.	312.		220.	532.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					43,129.				43,129.	30,203.		5,207.	35,410.
14	LAND													
1	LIAND	12/11/13	ŭ			316,048.				316,048.			0.	
	* 990 PAGE 10 TOTAL LAND					316,048.				316,048.	.0		0	.0
	OTHER													

(D) - Asset disposed

028111 04-01-20

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

March   Parachino   Parachin	ORM	FORM 990 PAGE 10				1		066							
AND DUCT WORK 10/08/14 St. 40.00 16 9,834. 1,291. 246. 1,291. 246. 1,291. 1467. 180 REDUCTION/PROMOTIONS 12/31/15 St. 5.00 16 22,000. 22,000. 22,000. 5,868. 1,467. 1,467. 190 REDUCTION/PROMOTIONS 12/31/15 St. 5.00 16 11,600. 11,600. 1,730. 1,730. 1,442.	Asset No.		Date Acquired	Method	Life				Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12/31/15   15.   15.   16.   15.   16.   15.   16.   15.   16.   16.   17.   16.   17.	21		10/08/14		40.00		6				,82	1,291.		246.	1,537.
NEW INDEX NOW PAINTS NOTIONS   17/31/15   21. 51.00   16   21.631.   27.05	22		12/31/15		15.00	16	22,000.				22,000.	5,868.		,467	7,335.
The line replacement   10/12/12   21   15.00   16   11,600   11,700   11,700   1773   2, 2   2, 2   2, 2   2   2, 2   2   2	23		12/31/15		5.00	16	27,051.				27,051.	21,640.			27,051.
11,600   1,739   773   2   2   2   2   2   2   2   2   2	24		06/30/16	SL	15.00	16	21,631.					5,047.			6,489.
NEWAY CONCRETE   10/11/17   51.   15.00   16   1,000.   151.   1.000.   151.   253.   276.	37		09/27/17	SL	15.00	16	11,600.				11,600.	1,739.		773.	
LANTITUDE 5590   01/18/19   EL   5.00   16   1,382.   1,382   253.   276.   276.   28ART 4K TV & TILT MOUNT   01/22/19   EL   5.00   16   1,838   1,199   60.   240.   2	38		10/11/17		15.00	16	1,000.					151.		67.	218.
NARE 4K TV & TILT MOUNT 01/22/19 SL 5.00 16 1,838.  LLATITUDE 7480 04/03/19 SL 5.00 16 1,838.  LLATITUDE 7480 03/29/19 SL 5.00 16 1,139.  LDING IMPROVEMENT 03/29/19 SL 15.00 16 1,139.  TOP-LB 10/10/20 SL 5.00 16 1,804.  SITE 8	43	DELL LATITUDE	01/18/19	SL	5.00	16	1,382.					253,		276.	529.
TOP   TOP   TOP   TO   TO   TO   TO	44		01/22/19	SL	5.00		1,105.				1,105.	203.		221.	424.
LDING IMPROVEMENT 03/29/19 SL 5.00 16 1,199. 60. 1,199. 60. 240.   LDING IMPROVEMENT 03/29/19 SL 15.00 16 1,804.   STEE 05/01/20 SL 5.00 16 1,804.   STEE 05/01/20 SL 5.00 16 1,804.   STEE 1,804.   STEE 10 TOTAL OTHER   STEE STEE 10/10/13 36M HM43 15,000. 15,000. 15,000. 15,000. 15,000. 0. 30.345.   STEE 10/10/13 36M HM43 30,345.   SO 30,345. 30,345. 30,345.   SO 30,345. 30,345. 30,345.   SO 30,345. 30,345. 30,345. 30,345.   SO 30,345. 30,3	45		04/03/19	SL	5.00	16						276.		368,	644.
LDING IMPROVEMENT   03/29/19   SL   15.00   16   61,763.	46		10/15/19	SL	2.00	16	1,199.					.09		240.	300.
SITE SITE O5/01/20 SL 5.00 16 1,804.  SITE O5/01/20 SL 5.00 16 1,804.  1,804.  1,804.  22,375.  4,972.  4,972.  4,972.  4,972.  4,972.  4,972.  184,572.  194,572.  194,572.  194,572.  194,572.  194,572.  194,572.  194,572.  194,572.  194,572.  194,572.  195,000.  15,000.	48		03/29/19		15.00	19	61,763.				61,763.	3,088.		4,118.	7,206.
SITE 90 PAGE 10 TOTAL OTHER FRAME  SITE 10/10/13 36M HY43 15,000.  SITE TICKA SOPTWARE  06/30/15 36M HY43 30,345.  SITE 10/10/15 36M HY43 30,345.  SITE 10/10/15 36M HY43 30,345.  30,345.  22,375.  4,972. 4,4972. 4,972. 4,972. 4,972. 15,900. 15,900. 15,900. 0. 15,900. 0. 30,345.	49		03/01/20		2.00	16	1,804.				1,804.			301,	301.
FWARE  SITE  10/10/13  36M HY43  30,345.  184,572.  39,616.  19,902.  19,902.  19,902.  19,902.	20		05/01/20				22,375.				22,375.			4,972.	4,972.
ER SITE 10/10/13 36M HY43 15,000. NTIKA SOPTWARE 06/30/15 36M HY43 30,345. 30,345. 30,345.							184,572.				184,572.	39,616.		19,902.	59,518.
SITE 10/10/13 36M HY43 15,000. 15,000. 15,000. 0. NTIKA SOPTWARE 06/30/15 36M HY43 30,345. 30,345. 0.		SOFTWARE													
SITE 10/10/13 36M HY43 15,000. 15,000. 15,000. 15,000. 0. 47IKA SOFTWARE 06/30/15 36M HY43 30,345. 0.		OTHER													
WITKA SOFTWARE 06/30/15 36M HY43 30,345. 0.	26		10/10/13			HY 43	15,000.				15,000.	15,000.		0.	15,000.
	27		06/30/15			1¥43	30,345.					30,345.		0	30 345

(D) - Asset disposed

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

FORM	FORM 990 PAGE 10						066							
Asset No.	et Description	Date Acquired	Method	Life	C C No.	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
14	28 REFRESHWEB SOFTWARE	06/30/15		36M	HY43	6,700.				6,700.	6,700.		0.	6,700.
64	29 STRATEGIC GROWTH SOFTWARE	06/30/15		36M	HY43	7,031.				7,031.	7,031.		0.	7,031.
m)	30 NOW IT MATTERS SOFTWARE	06/30/15		36M	HY43	12,160.				12,160.	12,160.		0.	12,160.
4	47 WEBSITE	12/20/19		36M	HY43	59,688.				59,688.			19,896.	19,896.
	* 990 PAGE 10 TOTAL OTHER					130,924.				130,924.	71,236.		19,896.	91,132.
	* 990 PAGE 10 TOTAL - SOFTWARE					130,924.				130,924.	71,236.		19,896.	91,132.
	OTHER													
7	25 CAPITALIZED WEBSITE	11/14/12		36M	HY43	34,681.				34,681.	34,681.		0.	34,681.
	* 990 PAGE 10 TOTAL OTHER					34,681.	17			34,681.	34,681.		.0	34,681.
	* 990 PAGE 10 TOTAL SOFTWARE					34,681.				34,681.	34 681.		0	34 681.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					788,366.				788,366.	187,586.		46,980.	234,566,
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					764,187.			.0	764,187.	187,586.			229,293.
	ACQUISITIONS					24,179.	7		0.	24,179.	0.			5,273.
	DISPOSITIONS/RETIRED					0.			0.	0.	.0			0.
	ENDING BALANCE					788,366.			.0	788,366.	187,586.			234,566.
	ENDING ACCUM DEPR										234,566.			
028111	028111 04-01-20					(D) - Asset disposed	osed		*	TC Salvado	* IC Salvada Ronis Commercial Revitalization Deducation GO Zono	arcial Revitali	ation Daducti	CO Zono

(D) - Asset disposed

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

Description ENDING BOOK VALUE	Date							*					
NDING BOOK VALUE		Method	Life	No. No.	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
										553,800.			
	22.2												

### Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

2020 Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying comb

THE MIRACLE FOUNDATION, INC. FORM 990 PAGE 10 74-2989580 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. 1 Maximum amount (see instructions) 1,040,000. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 2,590,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 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 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. 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. 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 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 22,112 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 17 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 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (d) Recovery (business/investment use (f) Method (g) Depreciation deduction only - see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property e 20-year property f 25-year property g 25 yrs. S/L 27.5 yrs. MM h Residential rental property S/L 27.5 yrs. MM S/L Nonresidential real property i 39 yrs. MM S/L MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22,112. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 016251 12-18-20 LHA For Paperwork Reduction Act Notice, see separate4n structions.

	n 4562	(2020) Listed Propert	THE	MIRACL utomobiles ce	E F	OUNDA	TIO	N, I	NC.	d propert	, , , , , , , d , d , ,		74-	2989	580	Page 2
		entertainment,	recreation, o	or amusement	.)											
		Note: For any 24b, columns (	venicie for w (a) through (c	nich you are u c) of Section A	sing the	ne standar Section B	d mile	age rate Section	or dedu	icting leas icable.	e expens	se, com	olete or	ly 24a,		
		Section A -	Depreciation	on and Other	Inform	ation (Ca	ution	See th	e instruc	tions for li	mits for p	passeno	er autor	nobiles.	)	
24a	Do you	have evidence to s	support the bu	siness/investme	nt use	claimed?		Yes	No	10027 (053) 5					Yes	No
		(a)	(b)	(c)		(d)		(	e)	(f)		(g)		(h)	163	(i)
	Type (	of property hicles first)	Date placed in	Business/ investment		Cost or other basis		business/	epreciation nvestment	Recovery	Met	thod/ rention	Depre	eciation		cted on 179
			service	use percentag	90	an moral - orderinas			only)	************		T	ueu	uction		ost
25	special	depreciation allo	owance for q	ualified listed	proper	ty placed	in sen	rice dur	ng the ta	x year and	d					
26	Propert	ore than 50% in a y used more than	n 50% in a g	usiness use	ee Hee							25				
20	, opon	y dood more than		-	% USE	*				T			1			
_					6		_									
			1 1		6								-			
27	Propert	y used 50% or le	ss in a qualif		-											
	, open,	y 2002 0070 01 10	i i		6					I	S/L -				W-5- 18	
			1 1		6						S/L-					
				9	6						S/L -					
28	Add am	ounts in column	(h), lines 25	through 27. Er	nter he	re and on	line 2	1, page	1			28				
29	Add am	ounts in column	(i), line 26. E	nter here and	on line	7, page 1								29		
		siness/investment r			V	(a) ehicle	\	(b) /ehicle	V	(c) /ehicle	(c Veh	3000	10000000	e) nicle	(1 Veh	
		't include commut														
		mmuting miles of her personal (nor							-							
33	Total mi	les driven during	the year													
		s 30 through 32														
		vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		<i>ff</i> -l + L = 0	***************************************						1.00	110	100	140	163	140	163	140
35	Was the	vehicle used pri														
1	than 5%	owner or related	d person?	**************												
36	s anoth	er vehicle availat	ole for person	nal												
L	?se?															
Anou	th		Section C	- Questions fo	or Emp	oloyers W	ho Pr	ovide V	ehicles f	or Use by	Their E	mploye	es			
more	than 5	se questions to d % owners or rela	etermine if y	ou meet an ex	ceptio	n to comp	leting	Section	B for ve	hicles use	d by emp	ployees	who ar	en't		
		maintain a writte			hihite	all nerson	al uso	of vehic	ales incli	iding com	muting I	bullonia			- W	
	employe	Secretary and the secretary an										by your			Yes	No
		maintain a writter	n policy state	ement that pro	hibits	personalı	ise of	vehicle	s excent	commutir	a by yo				-	
		es? See the inst														
		treat all use of ve														
		provide more tha					nforma	ation fro	m your e	mployees	about					
t	he use	of the vehicles, a	and retain the	information r	eceive	d?										
41 [	o you r	meet the requirer	ments conce	rning qualified	auton	nobile den	nonst	ation us	e?							
	lote: If	your answer to 3	37, 38, 39, 40	), or 41 is "Yes	s," don	't comple	te Sec	tion B f	or the co	vered vehi	cles.					
· a	· VI	Amortization														

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period or pe	ation	(f) Amortization for this year
42 Amortization of costs that begins dur	ng your 2020 tax year:					
WEBSITE	050120	22,375.		36M	í	4,972.
						•
43 Amortization of costs that began before	ore your 2020 tax year				43	19,896.
44 Total. Add amounts in column (f). See	e the instructions for when	re to report			44	24.868.

016252 12-18-20

Form **4562** (2020)

### Form **5471**

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

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

■ Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by

OMB No. 1545-0123

Attachment Sequence No. 121

Section 696) (See instruct	ions) beginning	, ,	and ending		Seq	uence No.	121
Name of person filing this return		1000 Sept. 1000	ifying number	,			
THE MIRACLE FOUNDATION, IN	rc.	74-	-2989580				
Number, street, and room or suite no. (or P.O. box number if mail is no	ot delivered to street addre	B Categ	ory of filer (See i	nstructions. Check			
1506 W. 6TH STREET City or town, state, and ZIP code		1a	1b 1c			X 5b	5c
AUSTIN, TX 78703				age of the foreign o			ock
Filer's tax year beginning JAN 1	,2020 , and en		whed at the end o	of its annual accou	nting period	1	9/
D Check box if this is a final Form 5471 for the foreign co		aing DEC 31		,2020			
E Check if any excepted specified foreign financial assets		orm (see instructions)		***************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
F Check the box if this Form 5471 has been completed us	sing "Alternative Inforn	nation" under Rev. Pro	oc. 2019-40				
G If the box on line F is checked, enter the corresponding	code for "Alternative I	nformation" (see instr	uctions)				to the second
H Person(s) on whose behalf this information return is fil	ed:						
(1) Name	(2) Add	Iress	(3) Id	entifying number		k applicabl	e box(es)
			1.7	, , ,	Shareholder	Officer	Director
Important: Fill in all applicable lines and schedul	es. All information	must be in English.	All amounts m	ust be stated in I	U.S. dollar	S	
uniess otherwise indicated.				Do otatoa III (	o.o. dona	3	
1a Name and address of foreign corporation			b(1	) Employer identif 00-0000		ber, if any	
MIRACLE FOUNDATION INDIA			b(2	) Reference ID nui	mber (see i	nstructions	)
B-14, 1ST FLOOR, SAKET A	VENUE, SAK	ET		U93000D	L2011	NPL22	2639
NEW DELHI 110017 INDIA			c	Country under w	hose laws i	incorporate	d
d Date of e Principal place of business	f Principal	- Distribution		INDIA			1-
incorporation NEW DELHI	business activity	SOCIAL W	usiness activity	n 1	Functional of	currency co	ae
07/22/11INDIA	code number 624200	BOCIAL W	THEALE		TAT	D	
2 Provide the following information for the foreign corpo		eriod stated above			IN	R	
a Name, address, and identifying number of branch office	e or agent (if any) in the	he United States	b If	a U.S. income tax r	eturn was f	iled, enter:	
THE MIRACLE FOUNDATION,	INC.			able income or (los	(ii) I	J.S. income	
1506 W 6TH ST. AUSTIN TX 78703			(1) Tax	able income or (io:	55)	(after all cre	edits)
74-2989580							
c Name and address of foreign corporation's statutory o in country of incorporation	r resident agent	person (or	r persons) with c	ng corporate depar ustody of the book on of such books a	s and recor	ds of the fo	reign
SUBHASH MITTAL & ASSOCIA	TES	MIRAC	LE FOUNT	DATION IN	IDTA		
512A DEPSHIKHA BLDG, 8 R.	AJENDRA PL			OR, SAKE		NUE.	SAKE
NEW DELHI 110008		NEW D		10017			
INDIA Schedule A Stock of the Foreign Corr		INDIA					
Schedule A Stock of the Foreign Cor	poration						
			100 700	b) Number of shar		nd outstan	ding
(a) Description of eac	h class of stock		(i) B	eginning of annual counting period		ii) End of ar	
COMMON				50,00			0,000
				30,00		3	0,000
LHA For Paperwork Reduction Act Notice, see instruction	ins.				Form 5	471 (Da	r. 12-2020)
	TAXABLE PARTY				1 01111	(ne)	. 14-2020)

Schedule B Shareholders of Fore	eign Corporation			raye 4
Part I U.S. Shareholders of Forei	gn Corporation (see instructions)			
(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 shares held at end of annual accounting period	(e) Pro rata 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	1000
Part II Direct Shareholders of For	reign Corporation (see instructions)			
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation of formation, if applicable.	(b) Description of each class of stock held	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

### Form 5471 (Rev. 12-2020) 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	90,153,164.	1,248,383
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c	90,153,164.	1,248,383
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3	90,153,164.	1,248,383
ne	4 Dividends	4		
ncome	5 Interest	5	969,282.	13,422
Ĕ	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized			
	b Foreign currency transaction gain or loss - realized	8b		
	9 Other income (attach statement)	9		
	10 Total income (add lines 3 through 9)	10	91,122,446.	1,261,805
	11 Compensation not deducted elsewhere	11	46,783,587.	647,829
	12a Rents			
	b Royalties and license fees			
us	13 Interest	13		
Deductions	14 Depreciation not deducted elsewhere	14		
po	15 Depletion	15		
ă	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 1	17	48,656,796.	673,768
	18 Total deductions (add lines 11 through 17)	18	48,656,796. 95,440,383.	1,321,597
	19 Net income or (loss) before unusual or infrequently occurring items, and			
me	income tax expense (benefit) (subtract line 18 from line 10)	19	-4,317,937.	-59,792
Net Income	20 Unusual or infrequently occurring items	20		
i i	21a Income tax expense (benefit) - current	21a		
ž	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	-4,317,937.	-59,792
0	23a Foreign currency translation adjustments	23a		
nsive	b Other	23b		
rehe	c Income tax expense (benefit) related to other comprehensive income	23c		
Comprehensive	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)			

Form 5471 (Rev. 12-2020)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

_	Assets		(a) Beginning of annual accounting period	End of accounti	b) f annual ng peri	od
1	Cash Trade notes and accounts receivable	1	496,141.	3.9	98,7	793.
b		2a				
3	Less allowance for bad debts  Derivatives	2b	)	(		)
4	Derivatives Inventories	3				
5	Other current assets (attach statement) SEE STATEMENT 2	4	20 (72		2 = 0	
6	Loans to shareholders and other related persons	5	30,673.		35,0	60.
7	Investment in subsidiaries (attach statement)	6				
8	Other investments (attach statement)	7				
9a		8	109.			
b	Less accumulated depreciation	9a	109.	,		9
10a	Depletable assets	9b	)	(		)
b	Depletable assets Less accumulated depletion	10a	,			
11	Land (net of any amortization)	10b	)			)
12	Intangible assets:	- 11	MERCHES TO LESS TO UNITED			and the same of
а	Goodwill Organization costs	12a				
b	Organization costs	12b				
C	Patents, trademarks, and other intangible assets	12c				
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	1	,		
13	Other assets (attach statement)	13				
14		14	526,923.	12	2 0	E 2
	Liabilities and Shareholders' Equity	14	320,323.	43	3,8	53.
15	Accounts payable  Other current liabilities (attach statement) SEE STATEMENT 3	15	60,952.	3	4,8	25.
16	Other current liabilities (attach statement) SEE STATEMENT 3	16	40,610.		4,4	
17	Derivatives	17				
18	Loans from shareholders and other related persons	18				
19	Other liabilities (attach statement)	19				
20	Capital stock:					
a	Preferred stock	20a				
b	Common Stock	20b	8,333.		8,3	33.
21	Paid-in or capital surplus (attach reconciliation)	21				
22	Retained earnings	22	417,028.	34	6,2	59.
23	Less cost of treasury stock	23	(	(		)
_	Total liabilities and shareholders' equity	24	526,923.	43	3,8	53.
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in partnership?  If "Yes," see the instructions for required statement.		eign		Yes	No X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as s	separate	from			X
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation branches (see instructions)?					X
4-	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions)					
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the	he foreig	n			
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to	a base e	rosion			
	payment made or accrued to the foreign corporation (see instructions)?					X
h	If "Yes," complete lines 4b and 4c.				344	
D	Enter the total amount of the base erosion payments  Enter the total amount of the base erosion tax benefit					
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the c	dod	<b>&gt;</b> \$			
- 14	allowed under section 267A?	ueauctio	10 IS 110T			v
	allowed under section 267A?  If "Yes," complete line 5b.					X
b	Enter the total amount of the disallowed deductions (see instructions)		<b>&gt;</b> \$		1000	

FORM 5471 OTHER	DEDUCTIONS		STATEMENT 1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
COMMUNITY ASSISTANCE MARKETING ADMINISTRATIVE COSTS TELEPHONE	41,630,762. 2,332,069. 4,553,577. 140,388.	72.215950 72.215950 72.215950 72.215950	576,476. 32,293. 63,055. 1,944.
TOTAL TO 5471, SCHEDULE C, LINE 17	48,656,796.	1	673,768.

FORM 5471		ОТНЕ	ER CURR	ENT ASSET	rs	STATEMENT 2
DESCRIPTION					BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ADVANCES DEPOSITS					24,569. 6,104.	26,209. 8,851.
TOTAL TO 5471, P	PAGE 4,	SCHEDULE F	, LINE	5	30,673.	35,060.
					and the state of t	
FORM 5471		OTHER C	URRENT	LIABILIT	TIES	STATEMENT 3
		OTHER C	URRENT	LIABILIT	BEG. OF ANNUAL ACCOUNTING PERIOD	STATEMENT 3  END OF ANNUAL ACCOUNTING PERIOD
FORM 5471 DESCRIPTION ACCRUED LIABILIT	'IES	OTHER C	URRENT	LIABILIT	BEG. OF ANNUAL ACCOUNTING	END OF ANNUAL ACCOUNTING

Form 5471 (Rev. 12-2020)

Schedule G Other Information (continued)

D	2	a	0	ı

		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		
	to any amounts listed on Schedule M?		X
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions)		
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
d	in its computation of FDDEI (see instructions)  Settler the amount of gross income desired from applied on a side of the desired from a side of the desired		
u	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of EDDEL (see instructions)		
7	its computation of FDDEI (see instructions)  During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?		77
8	During the course of the tax year, did the foreign corporation become a participant in any cost-sharing arrangement?		X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost-sharing arrangement that		X
	was in effect before January 5, 2009?	1111	1
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Descriptions section 1 400 7/c) to that and the		The same
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
	If "Yes," go to line 14b.		
	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?  If "Yes," see instructions and attach statement.		X
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	anation 1 0011 40		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		Λ
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat	110	
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
••	If "Yes," enter the corresponding code(s) from the instructions and attach statement		
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
01	If "Yes," enter the amount	_ ( 18/8)	
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tox year (see instructions)?		
	to the current tax year (see instructions)?		X
220	If "Yes," enter the amount	_	
224			
h	(see instructions)?  If the answer to question 22a is "Yes," was an election made to close the tax year such that no amount is treated		X
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?	102,00	
	, and a second of the second o		

Form **5471** (Rev. 12-2020)

Schedule I	Summary of Shareholder's Income From Foreign Corporation	on
Form 5471 (Rev. 12		

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Ivaille u	f U.S. shareholder Identifyin	ng number		
1 a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corpor (see instructions)	ration		
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instruction	ons) 1b		
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F except			
	under section 954(c)(6)			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception	on		
	under section 954(c)(6)			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Workshe			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f		
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet	A) 1g		
h	Other subpart F income (enter result from Worksheet A)	1h		
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2		
3	Reserved for future use	3		
4	Factoring income	4		
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.			
5 a	Section 245A eligible dividends (see instructions)	5a		
b	Extraordinary disposition amounts (see instructions)	56		
C	Extraordinary reduction amounts (see instructions)	5c		
d	Section 245A(e) dividends (see instructions)	5d		
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e		
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6		
			Yes	No
7 a	Was any income of the foreign corporation blocked?			
b	Did any such income become unblocked during the tax year (see section 964(b))?			
	nswer to either question is "Yes," attach an explanation.			
8 a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign			
	any time during the tax year (see instructions)?			X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the begin	nning of the CFC year		
	\$ and at the end of the tax year \$ Provide	e an attachment detailing any changes from the		
	beginning to the ending balances.			
C	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning			
	\$ and at the end of the tax year \$ Provide	e an attachment detailing any changes from the		
	beginning to the ending balances.			
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (	see instructions) \$		

### SCHEDULE H (Form 5471)

(Rev. December 2020)

Department of the Treasury Internal Revenue Service **Current Earnings and Profits** 

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 THE MIRACLE FOUNDATION, INC.		Identifying number
Name of foreign corporation  MIRACLE FOUNDATION INDIA	EIN (if any) 00-000000	Reference ID number (see instr.) U93000DL2011NPL
IMPORTANT: Fotor the amounts on the state		OSSOCODEZOTINEL

### Enter the amounts on lines 1 through 5c in functional currency. Current year net income or (loss) per foreign books of account -4,317,937.Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): **Net Additions** Net Subtractions Capital gains or losses 2a Depreciation and amortization 2b 2c Investment or incentive allowance Charges to statutory reserves 2e Inventory adjustments Income taxes (see Schedule E, Part I, Section 1, line 6, column (l), and Part III, line 3, column (i)) Foreign currency gains or losses 2h Other (attach statement) Total net additions 3 Total net subtractions 4 Current earnings and profits (line 1 plus line 3 minus line 4) -4,317,937.b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) 5b Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown -4,317,937.(i) General category (enter amount on applicable Schedule J, Part I, 5c(i) (ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)) 5c(ii) (iii) Section 901(j) category: (A) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a) 5c(iii)(A) (B) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a) 5c(iii)(B (C) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a) d Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)) -59,792. 5d e Enter exchange rate used for line 5d 72.215950

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

### SCHEDULE J (Form 5471)

Department of the Treasury Internal Revenue Service Name of person filing Form 5471 (Rev. December 2020)

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

► Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

74-2989580

U93000DL2011NPL222639

0000000-00

EIN (if any)

Reference ID numbe

GEN

Separate Category (Enter code - see instructions.) MIRACLE FOUNDATION INDIA Name of foreign corporation

INC

THE MIRACLE FOUNDATION

If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)

Part I Accumulated E&P of Controlled Foreign Corporation

(e) Previously Taxed E&P (see instructions) (ii) Reclassified section 965(b) PTEP (i) Reclassified section 965(a) PTEP Hovering Deficit and Deduction for Suspended Taxes Ð Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions). Pre-1987 E&P Not (pre-1987 section 959(c)(3) balance) Previously Taxed (b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance) Post-2017 E&P Not (post-2017 section 959(c)(3) balance) Previously Taxed 2a Reduction for taxes unsuspended under anti-splitter rules Adjusted beginning balance (combine lines 1a and 1b) Beginning balance adjustments (attach statement) Current year E&P (or deficit in E&P) (enter amount Balance at beginning of year (as reported on prior Disallowed deduction for taxes suspended under Important: Enter amounts in functional currency. from applicable line 5c of Schedule H) anti-splitter rules O Ta

Total current and accumulated E&P (combine lines Amounts reclassified to section 959(c)(2) E&P from Reclassify deficit in E&P as hovering deficit after Other adjustments (attach statement) nonrecognition transaction 1c through 6) 9 œ

E&P attributable to distributions of previously taxed

E&P carried over in nonrecognition transaction

5a

E&P from lower-tier foreign corporation

and reclassified to section 959(c)(1) E&P (see instructions) Amounts included as earnings invested in U.S. property Amounts reclassified to section 959(c)(1) E&P Other adjustments (attach statement) from section 959(c)(2) E&P Actual distributions 6 9 12

section 959(c)(3) E&P

012421 12-04-20 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471. Balance at beginning of next year (combine lines 7 through 13)

Hovering deficit offset of undistributed post-

transaction E&P (see instructions)

Schedule J (Form 5471) (Rev. 12-2020)

Schedule J (Form 5471) (Rev. 12-2020)

			Cool Cool Cool Cool Cool	In a share in the said		
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a						
q						
O						
2a						
q						
3						
4						
5a						
q						
9						
7						
8						
6						
10						
11						
12						
13						
14						
		(e) Previously Taxed E&P (see instructions)	see instructions)			9
	THE STATE OF THE PARTY OF THE P					Total Section 964(a) E&P
	(VIII) Section 951A PTEP	(ix) Section 245A(d) PTEP		c) Section 95	(x) Section 951(a)(1)(A) PTEP	(combine columns (a), (b), (c), and (e)(i) through $(e)(x)$
12						
p						
O						
2a						
q						
8						
4						
5a						
q						
9						
7						
8						
6						
10						
11						
12						
13						
14						

	=	
	(2	
	2(c	
	95	
	on	
	cti	
	(Se	
	me	
	CO	
	트	
	E	
	ba	
	Sub	
	3S	
	re	
	otn	
	cal	
	Re	
	to	
	ect	
	q	
	S	
	Š	
	þ	
020	ахе	
2.5	Y	
. V	Isi	
(Re	Vio	
471	ore	
rm 5	oul	
(Fo	Z	
le	_	
Jedu	art	
Sch	۵	

-	Balance at beginning of year	<b>A</b>	-
2	Additions (amounts subject to future recapture)	 <b>A</b>	2
9	Subtractions (amounts recaptured in current year)	<u> </u>	8
4	Balance at end of year (combine lines 1 through 3)	<b>A</b>	4

### SCHEDULE M (Form 5471)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

### Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

THE MIRACLE FOUNDATION, INC.

Name of foreign corporation

EIN (if any)

Reference ID number

MIRACLE FOUNDATION 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. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the ex			(d) Any other foreign		72.21595
(a) Transactions of foreign corporation	(b) U.S. person filling this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filling this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign 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.) 4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical,					
managerial, engineering, construction,					
or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of					
previously taxed income)					
11 Interest received					
12 Premiums received for insurance or					
reinsurance					
13 Add lines 1 through 12				The second secon	
14 Purchases of stock in trade (inventory)					
15 Purchases of tangible property other					
than stock in trade					
16 Purchases of property rights					
(patents, trademarks, etc.)					
17 Platform contribution transaction payments paid					
18 Cost sharing transaction payments paid 19 Compensation paid for technical, managerial, engineering, construction,					
or like services					
20 Commissions paid					
21 Rents, royalties, and license fees paid					
22 Hybrid dividends paid (see instructions) 23 Dividends paid (exclude hybrid dividends paid)					
24 Interest paid					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25					
27 Accounts Payable					
28 Amounts borrowed (enter the maximum					
loan balance during the year) - see instr.					
29 Accounts Receivable			-15		
30 Amounts loaned (enter the maximum					
loan balance during the year) - see instr.					

012371 04-01-20 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2018)

## 2020 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL - THE

THE MIRACLE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	6	121713SL		40.00	16	79,012.			79,012.	11,850.		1,975.
	BUILDINGS					79,012.		0	79,012.	11,850.		1,975.
	MACHINERY & EQUIPMENT											
'n	SOUND SYSTEM	121509200DB7.00	000B7	00.	17	633.			633.	316.		0
4	4 CONFERENCE PHONE	053011SL		5.00	16	650.			650.	650.		0.
2	SCOMPUTER EQUIPMENT	120811SL		2.00	91	1,346.			1,346.	1,346.		0.
9	6 COMPUTER EQUIPMENT	122211SL		5.00	91	3,292.			3,292.	3,291.		0.
7	7 DELL COMPUTER	041612SL		2.00	91	1,351.			1,351.	1,351.		0.
00	SOFTWARE	051112SL		3.00	91	2,400.			2,400.	2,400.		0.
6	9BJ LAPTOP	070112SL		5.00	91	1,114.			1,114.	1,114.		0.
101	10DISHWASHER	113012SL		7.00	97	495.			495.	495.		0.
111	KA DELL COMPUTER	121712SL		5.00	9	970.			970.	970.		0.
121	12LAPTOP (INDIA)	111815SL		5.00	97	721.			721.	588.		133.
13	13 MACBOOK	112315SL		5.00	9	1,137.			1,137.	927.		210.
14	142 LAPTOPS	100815SL		5.00	9	2,007.			2,007.	1,704.		303.
15	15INDIA LAPTOP	063016SL		5.00	9	622.			622.	434.		124.
16CB	LAPTOP	063016SL		5.00	9	1,427.			1.427.	866		285

(D) · Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2020 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL -

- THE MIRACLE FOUNDATION, INC.

Asset Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17SA LAPTOP	063016SL		2.00	16	1,474.			1,474.	1,032.		295.
18 EAD COMPUTER	012214SL		2.00	16	1,690.			1,690.	1,690.		0.
19 CROMA COMPUTER	033114SL		2.00	16	1,239.			1,239.	1,239.		0.
20 NIVEDITA COMPUTER	052614SL		2.00	91	1,281.			1,281.	1,281.		0.
32 COMPUTERS	010417SL		2.00	91	5,768.			5,768.	3,462.		1,154.
33DELL - ASHLEY	032717SL		2.00	91	1,600.			1,600.	880.		320.
34DELL LATITUDE 5480	090117SL		2.00	91	1,079.			1,079.	504.		216.
35 DELL LATITUDE 3580	123117SL		2.00	91	544.			544.	218.		109.
36 SERIES	123117	SI E	2.00	97	850.			850.	340.		170.
39 EAD MAC LAPTOP	042218BL		5.00	97	1,169.			1,169.	390.		234.
40 SERVER	052218SL		2.00	97	4,420.			4,420.	1,400.		884.
41 SERVER	052518SL		5.00	97	2,750.			2,750.	871.		550.
42 DELL LAPTOP	081518SL	L 5	00.	9	1,100.			1,100.	312.		220.
* 990 PAGE 10 TOTAL MACHINERY & EQUIPME	I M				43,129.		0.	43,129.	30,203.		5,207.
LAND											
AND	121713L				316,048.			316,048.			0.
* 990 PAGE 10 TOTAL	ı,				316,048.		0	316,048.	0		0
ОТНЕК											

028102 04-01-20

# 2020 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL -

THE MIRACLE FOUNDATION, INC.

2.2 PAVING   2.2	Asset No.	Description	Date Acquired Me	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1201158L   15.00 6   22,000.   22,000.   5,868.   1,467     MAD PAINT   0680168L   15.00 6   21,631.   21,631.   21,640.   5,411     SNT	21	AC AND DUCT	4		0		-			,824	,291		246.
NAUP PROMOTIO   1231    5 L   5 .00   16   27,051.   27,051.   21,640.   5,441   1,442   1,442   1,600   1,739.   1,442   1,442   1,000   1,739.   1,442   1,442   1,000   1,1739.   1,442   1,442   1,000   1,1739.   1,442   1,442   1,160   1,1739.   1,139.	22	PAVING	5			9	2			7	-		,467
NATO PAINT  O63016SL  IS.0016  IS.0016  II.600.  II.600.  II.600.  II.739.  TOTA  CONCRETE  IOIDIA SL  IS.0016  II.600.  III.600.  II.600.  II.600.  II.600.  II.600.  II.600.  II.600.  III.600.  II.600.  II.600.  II.600.  II.600.  II.600.  II.600.  III.600.  II.600.  III.600.  IIII.600.  III.600.  IIII.600.  III.600.  III.600.  III.600.  III.600.  III.600.  IIII.600.  III.600.  IIII.600.  IIIIIIIIII	23	VIDEO PRODUCTION/PROMOTIO	123115SL		00	9	7,051			7,051	1,640		,411
CONCRETE 101117SL 15.0016 11,600. 11,739. 773  CONCRETE 101117SL 15.0016 1,000. 151. 67  TTUDE 5590 011819SL 5.00 16 1,1382. 253. 276  TTUDE 7480 101519SL 5.00 16 1,138. 1,105. 203. 221  TTUDE 7480 101519SL 5.00 16 1,139. 60. 240  ENT 032919SL 15.0016 61,763. 1,139. 60. 240  ENT 032919SL 15.0016 61,763. 61,763. 3,088. 4,118  SE 10 TOTAL 184,572. 0. 184,572. 39,616. 19,902  ENT 030120SL 5.00 16 1,804. 1,80	24		18910E90			9				H			,442
TUDE 5590 011819SL 5.00 16 1,382. 1,382. 253. 276  4K TV & 012219SL 5.00 16 1,105. 1,105. 203. 221  TUDE 7480 101519SL 5.00 16 1,199. 1,199. 60. 240  ETHOR 7480 101519SL 5.00 16 1,199. 60. 1,199. 60. 240  ETHOR 7480 101519SL 5.00 16 1,804. 1,199. 60. 240  ETHOR 7480 101519SL 5.00 16 1,804. 1,199. 60. 4,118  SE 10 TOTAL 5.00 16 1,804. 1,804. 1,804. 1,804. 1,804. 1,804. 1,804. 1,10013 36M 42 22,375. 0. 184,572. 39,616. 19,902  ETHOR 7480 101013 36M 43 15,000. 15,000. 15,000. 15,000. 0  SOFTWARE 063015 36M 43 30,345. 30,345. 30,345. 0	37		092717SL			9	11,600.			$\vdash$	•		773
TUDE 5590 011819SL 5.00 16 1,382. 1,382. 253. 276.  TUDE 7480 101519SL 5.00 16 1,105. 1,105. 203. 221  TUDE 7480 101519SL 5.00 16 1,199. 1,199. 60. 240  SMT 032919SL 15.00 16 1,804. 1,804. 1,804. 303120SL 5.00 16 1,804. 1,804. 30120SL 5.00 16 1,804. 1,804. 30120SL 5.00 16 1,804. 1,804. 30120SL 5.00 16 1,804. 1,804. 1,804. 30120SL 5.00 16 1,804. 1,804. 30,315. 30.616. 19,902  SET 10 TOTAL 101013 36M 43 15,000. 15,000. 15,000. 15,000. 0.	38	DRIVEWAY	101117SL			9	1,000.			1,000.			
TTUDE 7480 101519SL 5.00 16 1,138. 1,105. 203. 221  TTUDE 7480 101519SL 5.00 16 1,199. 60. 240  SNT 032919SL 15.0016 61,763. 61,763. 3,088. 4,118  SNT 030120SL 5.00 16 1,804. 1,804. 1,804. 30,315. 39,616. 19,902  SET 10 TOTAL 101013 36M 43 15,000. 15,000. 15,000. 15,000. 0  SOFTWARE 063015 36M 43 30,345. 30,345. 30,345. 0.	43	DELL LATITUDE	0		00	9	-			w.	2		9
TUDE 7480 101519 SL 5.00 16 1,838. 1,199. 60. 240  SNT 032919 SL 15.00 16 1,763. 3,088. 4,118  3 03012 0 SL 5.00 16 1,804. 1,804. 1,804. 30,120	44	LG SMART 4K TV	012219SL		00	9					203.		~
ITUDE 7480   10 5 9 SL	45	LAPTOP	040319SL		00	9	00			,838	276.		
SMT 032919 SL 15.0016 61,763. 61,763. 3,088. 4,118  301  SE 10 TOTAL  101013 36M 43 15,000. 15,000. 15,000. 15,000. 10.345. 30,345. 0.	46	DELL LATITUDE 7480	101519SL		00	9	-			,199	.09		240.
30120SL 5.00 16 1,804. 1,804. 304. 30120SL 5.00 16 1,804. 301301. 30120SL 36M 42 22,375. 39,616. 19,902 19,902 101013 36M 43 15,000. 15,000. 15,000. 0 SOFTWARE 063015 36M 43 30,345. 30,345. 30,345. 00	48	BUILDING	032919SL	15	0	9	-			1,763	3,088.		,118
FID TOTAL 184,572. 0. 184,572. 39,616. 19,902 101013 36M 43 15,000. 15,000. 15,000. 15,000. 0 SOFTWARE 063015 36M 43 30,345. 30,345. 30,345. 0	49	LAPTOP-LB	030120SL		00	9	-			-			301.
101013 36M 43 15,000. 15,000. 15,000. 15,000. 0 SOFTWARE 063015 36M 43 30,345. 30,345. 30,345. 0	50		050120	36			2,37			2,3			16,
101013 36M 43 15,000. 15,000. 15,000. 0 SOFTWARE 063015 36M 43 30,345. 30,345. 0		PAGE 10					572		0.	84,572	39,616.		,902
101013 36M 43 15,000. 15,000. 15,000. 0 SOFTWARE 063015 36M 43 30,345. 30,345. 0		SOFTWARE											
101013       36M       43       15,000.       15,000.       15,000.       00.       15,000.       00		OTHER											
SOFTWARE 063015 36M 43 30,345. 30,345. 30,345. 0	26	WEBSITE	101013	36		3	15,000.			15,000.	15,000.		0.
	27	SOFTWARE	063015	36		3	30,345.				-		

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2020 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL —

THE MIRACLE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
28		063015		36M	43	6,700.			6,700.	6,700.		0
29	STRATEGIC GROWTH SOFTWARE	063015		36M	43	7,031.			7,031.	7,031.		0
30		063015		36M	43	12,160.			12,160.	12,160.		0
47	WEBSITE	122019		36M	43	59,688.			59,688.			19,896
	THER DACE					130,924.		.0	130,924.	71,236.		19,896
						130,924.		0.	130,924.	71,236.		19,896
	OTHER											
25	CAPITALIZED WEBSITE 111412	111412	(7)	36M	43	34,681.			34,681.	34,681.		0.
	4000					34,681.		0.	34,681.	34,681.		0
	SOFTWARE					34,681.		0.	34,681.	34,681.		0.
	PAGE 10 DEPR & AMOR					788,366.		0.	788,366.	187,586.		46,980.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					764,187.		0.	764,187.	187,586.		
	ACQUISITIONS					24,179.		0	24,179.	.0		
	DISPOSITIONS					0		0.	0.	0.		
	ENDING BALANCE					788,366.		0.	788,366.	187,586.		

028102 04-01-20

### - NEXT YEAR FEDERAL -

## THE MIRACLE FOUNDATION, INC.

Pasis
1217µ3SL 40.00 79,012.
9,01
21509200DB7.00 63
53011SL 5.00 650
20811SL 5.00 1,34
22211SL 5.00 3,29
41612SL 5.00 1,35
51112SL 3.00 2,40
1201251 5.00 1,11
130L28L /.00 495
11815SL 5.00 721
112315SL 5.00 1.137.
00815gr 5.00 2,007
63016SL 5.00 62
63016SL 5.00 1,42
63016SL 5.00 1,47
12214SL 5.00 1,69
33114SL 5.00 1,23
52614SL 5.00 1,28
10417SL 5.00 5,76
327L7SL 5.00 1,60
90117SL 5.00 1,0
2311/SL 5.00 54
4311/SL 5.00 85
12218SL 5.00 1,1
52218SL 5.00 4,42
52518SL 5.00 2,
31518SL 5.00 1,10
43,129.

### - NEXT YEAR FEDERAL -

## THE MIRACLE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1		121713	,		316,048.		0'9		0
	* 990 PAGE 10 TOTAL LAND				16,04		16,04	0.	0.
ų!	OTHER								
_	AC AND DUCT WORK	00814	4		9,824.		,82	,53	246.
		23115	H	0.	2,00		2,000	,335	1,467.
	VIDEO PRODUCTION/PROMOTIONS	23115	5	0	7,05		7,	,05	0.
	RESIDUE AND PAINT BUILDING	63016	1	0.	,631		,63	489	1,442.
-	SEWER LINE REPLACEMENT	92717			1,60		1,60	,51	773.
38	DRIVEWAY CONCRETE	01117		0.	,000		000'	18	67.
43	DELL LATITUDE 5590	0118198	SL 5.	00	1,382.		38	529.	276.
44	LG SMART 4K TV & TILT MOUNT	12219	5	0	,105		,105	24	221.
_		40319	SL 5.	0	,83		,83	644.	368.
	DELL LATITUDE 7480	01519		0	,19		,19	0	240.
	BUILDING IMPROVEMENT	32919			,76		,76	0	4,118.
49	LAPTOP-LB	30120	SL 5.	0	,80		,80	0	361.
20	WEBSITE	5012	36	M	22,375.		2,37		, 45
	* 990 PAGE 10 TOTAL OTHER				4,57		,5	51	17,037.
	SOFTWARE				THE RESERVE THE PERSON NAMED IN				
	OTHER								
	WEBSITE	010		W9	00'		000	5,00	0.
27	MAGNTIKA SOFTWARE	6301		eM	0,34		0,345	,34	0.
281	REFRESHWEB SOFTWARE	6301	36	9	,70		,70	,70	0.
29	STRATEGIC GROWTH SOFTWARE	063015	36	M	7,031.		031	7,031.	0
	NOW IT MATTERS SOFTWARE	6301	36	9	2,16		2,16	2,16	0.
471	WEBSITE	2201	36	eM	,68		,688	,89	68'6
	990 PAGE 10 TOTAL OT				0,92		0,92	1,13	19,896.
	* 990 PAGE 10 TOTAL - SOFTWARE				30,92		30,924	1,13	968'6
	OTHER								
250	WEBSITE	111412	36	eM	4,68		4,68	4,68	0
	PAGE 10				34,681.		34,681.	34,681.	0.
-					4,68		4,681	4,68	
	* GRAND TOTAL 990 PAGE 10 DEPR &								
34	AMORT			7	788,366.		788,366.	234,566.	43,118.