Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2018

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2018 calendar year, or tax year beginning , 2018, and end	ng		- 1	,
		of applicable C	•	D En	nployer	dentification number , *
Ц		s change MIRACLE LETTER PROGRAM, INC.		) 2	7-12	04114
닏	Name o	IP O BOX 1001			lephone	
=	Initial re	STERLING, CO 80751			•	522-8113
=		ed return	20			
=		stion pending	11.3		'oup E umber	xemption
		unting Method   X   Cash   Accrual Other (specify) ►	H Chec			organization is not
		site: N/A				Schedule B
		empt status (check only one) —				Z, or 990-PF)
						· · · · · · · · · · · · · · · · · · ·
	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>►</b> \$	57,400.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (	see the ins	struct	ions f	
		Check if the organization used Schedule O to respond to any question in this Part I				<u>X</u> ,
		Contributions, gifts, grants, and similar amounts received			1	57,299.
		Program service revenue including government fees and contracts			2	
		Membership dues and assessments			3	
	-	Investment income			4	101.
		Gross amount from sale of assets other than inventory				
		Less cost or other basis and sales expenses 5 b				
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events			5 c	
ě	а	Gross income from gaming (attach Schedule G if greater than \$15,000)   6a				
Ĭ	ь	Gross income from fundraising events (not including \$ of con-	ributions			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b				
		Less direct expenses from gaming and fundraising events 6 c				
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6 d	
	l	Gross sales of inventory, less returns and allowances 7 a				
	1	Less cost of goods sold				
	l _	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	
	~	Other revenue (describe in Schedule O)			8	
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule O)  SEE SCH	בחווד ב		9	57,400.
	l	Grants and similar amounts paid (list in schedule 0)	EDULE O		10	64,269.
	ı	Benefits paid to or for members			12	
۰,	l	Salaries, other compensation, and employee benefits			13	201
Expenses	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance			14	381.
Den	14	Printing publications, postage, and shipping			15	
Ä		Other expenses (describe in Schedule O).	EDULE O		16	202
	ı	Total expenses. Add lines 10 through 16		•	17	302. 64,952.
_		Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-7,552.
şţ						1,332.
SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agrefigure reported on prior year's return)		r-year	19	41,613.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	EIVED	- 1	20	41,015.
ž	ı	Net assets or fund balances at end of year Combine lines 18 through 20	1 4 242.00	그양님	21	34,061.
ВА			1 2010	161	_· _	Form <b>990-EZ</b> (2018)
			2 1 2019	RS-0		\
		9		- 1		
			EN, UT			
		TEEA0812L 01/21/19				`

Pai	Balance Sheets (see the inst	ructions for Part II)	jostica in this Part II			X
	Check, it the organization used Sche	squie O to respond to any qu		A) Beginning of yea	ar	(B) End of year
22	Cash, savings, and investments		<u> </u>	41,469		33,989.
23	Land and buildings	SEE SCHEDUL	F 0		23	
24	Other assets (describe in Schedule O)	SEE SCHEDOL	<u> </u>	144		
25 26	Total assets Total liabilities (describe in Schedule O)	1	_	41,613 0	25	
	Net assets or fund balances (line 27 of		line 21)	41,613	•	· · · · · · · · · · · · · · · · · · ·
	t III Statement of Program Service Ac				•	Expenses
	Check if the organization used Sc		question in this Part III	X		juired for section 501
What	is the organization's primary exempt purpose? SEE	SCHEDULE O	its three largest progra	m services as		i) and 501(c)(4) nizations, optional
mea	cribe the organization's program service a sured by expenses In a clear and concise	e manner, describe the servi	ices provided, the number	per of persons		thers)
28	efited, and other relevant information for e PROVIDED FINANCIAL ASSIST		IS AND FAMILIES	דאו דער		
	SERVICE-AREA COUNTIES IN			,- <del>  </del>		
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		28 a	
29						
	(Grants \$ ) If th	is amount includes foreign g	grants, check here		29 a	
30						
	(Grants \$) If th	is amount includes foreign g	yrants shock horo		30 a	
31	Other program services (describe in Sch		mants, check here		30 a	
٠.		is amount includes foreign g	rants, check here	▶ □	31 a	
32	Total program service expenses (add lin				32	
Pai	t IV List of Officers, Directors,				ee the	instructions for Part IV)
	Check if the organization used Sc		Í	CD 11-19-1		
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to emplo	oyee	(e) Estimated amount of other compensation
		position	(if not paid, enter -0-)	compensation		
	NTE_WAITE ESIDENT	0	0.		0.	0.
	N LOCK	U	0.		<u> </u>	0.
	CE PRESIDENT	0	o.		0.	0.
	GGY KIRCHER					
	CRETARY	0	0.	<b></b>	0.	0.
	RA_WAITECRETARY	0	0.		0.	0.
	YAN TAPPY		,		<u> </u>	0.
TRI	EASURER	0	0.		0.	0.
	N BOOTHE				_	
	RECTOR NNY SKALLA	0	0.		0.	0.
DIL	RECTOR	0	0.		0.	О.
	M POMEROY	<u></u>				
	AIRMAN	0	0.		0.	0.
	NCE COOLEY	•			^	
TIT	RECTOR LL DISTEL	0	0.		0.	0.
	RECTOR	0	0.		0.	0.
KEN	NY HEINTZELMAN					
	RECTOR	0	0.		0.	0.
	B ERTLE	^	_		^	_
TF	RECTOR	0	0,		0.	0.
RΔΔ		TEFA0812L 0	11/21/19			Form 990-F7 (2018)

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27-1204114

Form 990-EZ (2018) MIRACLE LETTER PROGRAM, INC.

. al	rt V Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V ) Check if the organization used Schedule O to respond to an	quirem y quest	on in this Part V	FDOTE	O	
33	Did the organization engage in any significant activity not previously reported to the IRS?				Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O			33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	amended	documents if they refle	ect 34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from	busines	activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?			35 a		X
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an organization filed a Form 990-T for the year?	-		35 b	-	
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	II	s(e) notice,	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			36		X_
	a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a		0		لينــا
	b Did the organization file Form 1120-POL for this year?			37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employ by this	ee <b>or</b> were return <sup>9</sup>	38 a		X
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N	/A	Ėı	
39	Section 501(c)(7) organizations Enter		117	/ 11	•	
	a Initiation fees and capital contributions included on line 9	39 a	N.	/A		
	b Gross receipts, included on line 9, for public use of club facilities	39 b		/A		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year u				
	section 4911 ► 0., section 4912 ► 0., section 495	5 ►	0.			
ı	<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pri	nv section	n 4958 excess	-		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	or your	and the mot boom	40 Ь		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations are managers or disqualified persons during the year under sections 4912, 4955, and 4958.	zation			**,	-
				0.		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization.	-		0.		
(	<ul> <li>All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T</li> </ul>	ed tax	•	40 e		Х
41	List the states with which a copy of this return is filed NONE					
	List the states with which a copy of this return is filed NONE					
-	List the states with which a copy of this feturi is then MONE		·			
•	List the states with which a copy of this feturi is then . MONE		·			<del></del>
	a The organization's	т.	lashaas as 🕒			
	a The organization's books are in care of ►	Te	lephone no ► 7IP + 4 ►			
42	a The organization's books are in care of ► Located at ►	- – – – – -	ZIP + 4		 Yes	
42	a The organization's books are in care of ► Located at ►  b At any time during the calendar year, did the organization have an interest in or a signature or othe	  r authori	ZIP + 4 P	 	Yes	No X
42	a The organization's books are in care of ▶ Located at ▶  b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial account.	  r authori	ZIP + 4 P	42 b	Yes	No X
42	a The organization's books are in care of ► Located at ►  b At any time during the calendar year, did the organization have an interest in or a signature or othe	  r authori	ZIP + 4 P	42 b	Yes	
42	a The organization's books are in care of ▶ Located at ▶  b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial account.	  r authori	ZIP + 4 P	42 b	Yes	
42	a The organization's books are in care of ▶ Located at ▶  b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial account.	  r authori	ZIP + 4 P	42 b	Yes	
42	a The organization's books are in care of ▶ Located at ▶  b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial account.	r authori	ZIP + 4 F	42 b	Yes	<u>х</u>
423	a The organization's books are in care of ▶ Located at ▶  b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other filf 'Yes,' enter the name of the foreign country ▶	r authori inancial	ZIP + 4 P T T T T T T T T T T T T T T T T T T	42 b	Yes	
423	a The organization's books are in care of ▶ Located at ▶  b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other filf 'Yes,' enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts.	r authori inancial	ZIP + 4 P T T T T T T T T T T T T T T T T T T	-	Yes	<u>х</u>
423	a The organization's books are in care of Located at Lo	r authori inancial	ZIP + 4 P T T T T T T T T T T T T T T T T T T	-	Yes	<u>х</u>
423	a The organization's books are in care of Located at Lo	r authori inancial	ZIP + 4 P T T T T T T T T T T T T T T T T T T	-	Yes	<u>х</u>
42:	a The organization's books are in care of Located at Lo	r authori inancial	ziP + 4 P	-		X
42:	a The organization's books are in care of Located at Lo	r authori inancial	zIP + 4 F T T T T T T T T T T T T T T T T T T	-		X X N/A
42:	a The organization's books are in care of Located at Lo	r authori inancial	ziP + 4 P	-	<b>-</b> □	X X N/A N/A
42:	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ZIP + 4 P T T T T T T T T T T T T T T T T T T	-		X X N/A
42:	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ZIP + 4 P T T T T T T T T T T T T T T T T T T	-	<b>-</b> □	X  X  N/A  N/A
42:	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ty over a account)?  BAR) es?  re  43	42 c	<b>-</b> □	X  / X  N/A  No  X
42:	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ty over a account)?  BAR) es?  re  43	42 c	<b>-</b> □	X  / X  N/A  No  X
43	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ty over a account)?  BAR) es?  re  43	42 c 44 a 44 b	<b>-</b> □	X  / X  N/A  No  X
43	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ty over a account)?  BAR) es?  re  43	42 c 44 a 44 b 44 c	- <u>_</u>	X  / X  N/A  N/A  No  X  X  X
43 44:	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ty over a account)?  BAR) es?  re    43	42 c 44 a 44 b 44 c	- <u>_</u>	X  / X  N/A  No  X
43 44:	a The organization's books are in care of Located at Lo	r authori inancial ccounts (F ted Sta	ty over a account)?  BAR) es?  re    43	42 c 44 a 44 b 44 c	- <u>_</u>	X  / X  N/A  N/A  No  X  X  X

Form 990-	EZ (2018) MIRACLE LETTER PROC	GRAM, INC			27-12	04114	Р	age 4
	the organization engage, directly or indire		ign activities on	behalf of o	or in opposition to	46	Yes	No X
Part VI	Section 501(c)(3) Organization: All section 501(c)(3) organization for lines 50 and 51.		uestions 47-4	49b and 5	52, and complete	the table	s	
	Check if the organization used Schedul	e O to respond to any	question in this	Part VI				
	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h)	) election in effec	ct during the	tax year? If 'Yes,'	47	Yes	No X
	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' comple	ete Schedul	le E	48		X
	the organization make any transfers to an	•	related organiz	zation?		49 a		X
<b>50</b> Comp	es,' was the related organization a sectior plete this table for the organization's five higl oyees) who each received more than \$100,0	nest compensated emplo				<b>49 b</b> key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable com (Forms W-2/1099		(d) Health benefits, contributions to employee enefit plans, and deferred compensation	(e) Estimated other com		
NONE								
	_ +							
<b>51</b> Comp	I number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there is	nest compensated indepe	endent contractor	rs who each	received more than \$	100,000 of		
	(a) Name and business address of each independent of	ontractor		(b) Type of se	ervice	(c) Comp	ensation	1
NONE								
							·	
<b>52</b> Did t	I number of other independent contractors the organization complete Schedule A? <b>N</b> o pleted Schedule A	•	•	s must attac	ch a	► X Yes	Г	No
Under penaltie	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying scheoo	dules and statements	, and to the be	st of my knowledge and be			
uue, correct, a	Mouth of the confidence of the	Jase on an implication of	wilcit preparet tias	ally knowledge	5-9-	19		
Sign Here	Signature of officer  MONTY WAITE Type or print name and title			PF	Date :	7		
	Print/Type preparer's name	Preparer's signature	Date	e		TIN		
Paid	JORDAN N JENSEN	11/	/ 3	-8-19	Check L if self-employed P	0206358	5	(
Preparer	Firm's name ► GREG G. BRECHT							- 1
Use Only	Firm's address PO BOX 1795	751	<u> </u>		Phone no 970	84-0763 -522-749		
May the IP	STERLING, CO 80' RS discuss this return with the preparer sh	_	ıctions		Tribile 110 970	-522-743 ► X Yes	$\overline{}$	 No
	to discuss this retain with the preparer si					Form <b>990</b>		

#### SCHEDULE A (Form 990 or 99Q-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	lame of the organization Employer identification number						ation number	
MIRACLE LETTER PROGRAM, INC. 27-1204114								
Par		Reason for Public Cha						tions.
The o	rga	nization is not a private found					7	$\alpha$
1	Ц	A church, convention of church	,		`		(j)· (	) (1
2	Щ	A school described in section 1					•	•
3	Ц	A hospital or a cooperative h						
4	Ц	A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii) E	Inter the hospital's
	name, city, and state							
5	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)					escribed in		
6		A federal, state, or local gove	ernment or governme	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	)(A)(v).	
7		An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II)	part of its support from a	governm	ental un	it or from the general pul	blic described
8		A community trust described	in section 170(b)(1)(	<b>A)(vi).</b> (Complete Part I	1)			
9		An agricultural research organi or university or a non-land-gran university						
10	6.7	·	<del></del>					
10	X	An organization that normally r from activities related to its c investment income and unre June 30, 1975 See section!	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ns, and	(2) no .	more than 33-1/3% of i	its support from gross
11	$\Box$	An organization organized ar	nd operated exclusive	ly to test for public safe	ety See	section	n 509(a)(4).	
12		An organization organized ar or more publicly supported o	rganizations describe	d in section 509(a)(1) o	or sectio	n 509(a	)(2). See section 509(a	ut the purposes of one (X3). Check the box in
а		Innes 12a through 12d that de Type I. A supporting organization organization(s) the power to re	on operated, supervise gularly appoint or elect	d. or controlled by its sur	ported o	roanizat	ion(s), typically by giving	g the supported on <b>You must</b>
b	$\Box$	complete Part IV, Sections A					had a same about the	hawaa aaalaal aa
U	LJ	Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	organization vested in	the same persons that of	ontrol or	manage	the supported organizat	ion(s) <b>You</b>
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat ons). <b>You must com</b>	ion operated in connection olete Part IV, Sections	n with, ar <b>A, D, an</b>	nd function <b>d E.</b>	onally integrated with, its	supported
d	IJ	Type III non-functionally integrated The constructions) You must com	rated. A supporting orgorganization generally plete Part IV. Section	anization operated in cor must satisfy a distribute A and D. and Part V.	nection tion requ	with its s uiremen	supported organization(s) it and an attentiveness	) that is not requirement (see
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS			
f	En	ter the number of supported	organizations					
		ovide the following information	n about the supported	d organization(s)				
	(ı) Na	me of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	organizat		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
				_	<u> </u>		-	
(A)								
(B)								
(C)		•						
· /					_			
(D)					-			
(E)								
Total			. •		,			

Partil Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked organization fails to qualify	I the box on line 5, under the tests lis	7, or 8 of Part I or sted below, please	if the organization c complete Part II	failed to qualify un	der Part III If the	
Sec	tion A. Public Support						
	ndar year (or fiscal year nning ɪn) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization'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	AND ME TO S. MINOR HAS INCOME.	Stratical ne G. Sur anthough Site	Columny on a source by any other and		,	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
6	<b>Public support.</b> Subtract line 5 from line 4						I see
Sec	tion B. Total Support	<del></del>	, 1···	1.			· · · · · · · · · · · · · · · · · · ·
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4		,	<i>;</i>	<u> </u>	š	, ,
8	Gross income from interest, -dividends,-payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-	·	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	. /			· .		-,
11	Total support. Add lines 7 through 10						E
ູ12	Gross receipts from related activ	vitiés, etc. (see in:	structions)			12	
	First five years. If the Form 990 is organization, check this box and	l stop here		ird, fourth, or fifth t	tax year as.a sectio	n 501(c)(3)	. ▶ 📋
Sec	tion C. Computation of Pu				7, /		· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 20 Public support percentage from			ne 11, column (f)).	L	14	%
15 16a	33-1/3% support test-2018. If t	he organization d	id not check the b	oox on line 13, and	d line 14 is 33-1/3	<u></u>	<u> </u>
b	and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts and-circumstances to or more and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Pa	rt VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Pa	15 is 10% rt VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see ir	nstructions
BAA					Sch	edule A (Form 9	990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization . fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in) 🟲	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						0.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.	
b	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			0	0	0.		
_	Add lines 7a and 7b	0.	<u>0.</u> 0.	0.	0.	0.	0.	
8	Public support. (Subtract line 7c from line 6)		Ð.	£		, ,	0.	
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6	0.	0.	0.	0.	0.	0.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable						0.	
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.	
11	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	0.	0.	0.	0.	0.	0.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
	Total support. (Add lines 9, 10c, 11, and 12)	0.	0.	0.	0.	0.	0.	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	) ► X	
	tion C. Computation of Pul			12 1		1 45 1	<u>o</u>	
15	Public support percentage for 20		•	ne 13, column (f)	)	15	%	
16	Public support percentage from 2					16	%	
	tion D. Computation of Inv			<del></del>		1 1		
17	Investment income percentage for	-		-	ımn (f))	17	%	
18	Investment income percentage for					18	8	
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	this box and stop	here. The organ	nzation qualifies a	is a publicly suppo	orted organization	▶ []	
	33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

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

Section A.	ΑII	Supporting	<b>Organizations</b>
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			Yes	No
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.	1		}
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use		<u></u>	
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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 <b>Part VI</b> 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	 4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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?	 5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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)	7		
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)	8		
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	9a		
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	9b		<u>_</u>
С	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	9c		لــــــــــــــــــــــــــــــــــــ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
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)	10b		

ra	Ty Supporting Organizations (Continued)			
44	Has the expension accepted a gift or contribution from any of the following persons?		Yes	No
	Ha6 the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	<u>.</u>		
	governing body of a supported organization?	11a		_
1	b A family member of a person described in (a) above?	11b		
	C A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
	Delite design to the second manifest of the second second design to the second		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	•	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			l
	of each of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
•	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		
	organization of governing decembers on the date of houndaries, to the extent feet provided, provided		<u>;</u>	
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		<u>.                                    </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	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			]
<u></u>	in this regard stion E. Type III Functionally Integrated Supporting Organizations	٦	į	
360	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).			
;	The organization satisfied the Activities Test Complete line 2 below			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
(	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruci	tions)	
2	Activities Test Answer (a) and (b) below.	[	Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		.	^
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			<u>.</u>
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		,
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>			
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b	<u> </u>	

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınızat	ions				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Sec	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					
Sec	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)						
	Average monthly value of securities	1a		·			
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other factors (explain in detail in Part VI)		4 79	₽ 2 2 2 °			
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 035	6					
_ 7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C — Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·				
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5	1				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	-				
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grated	Type III supporting org	panization			

Schedule A (Form 990 or 990-EZ) 2018

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	tions (continued)	
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity :	of supported organizations		
3 Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		,
4 Amounts paid to acquire exempt-use assets	·	••	
5 Qualified set-aside amounts (prior IRS approval required)		- ,	,
6 Other distributions (describe in Part VI) See instructions			•
7 Total annual distributions. Add lines 1 through 6	<u></u>	,	
Distributions to attentive supported organizations to which the organization in Part VI) See instructions	on is responsive (provide	details	
9 Distributable amount for 2018 from Section C, line 6			`
10 Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2018	(iiı) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6	<b>设定中国的电影</b>	<b>郑建筑</b> 以区域的建筑	
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018	では、大学のでは、		
a From 2013	reservations.	<b>学课的</b> 是是整整	验的法是自己的
<b>b</b> From 2014			
c From 2015			是各种性質的
d From 2016	PERSONAL PROPERTY.		
e From 2017			นา ปฏิบัติเลอดอนแบบเดียวกับเป็นได้ถึงก็ ได้เกิดกับกับ
f Total of lines 3a through e			
g Applied to underdistributions of prior years		,	
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D.			
line 7 \$			
a Applied to underdistributions of prior years		, '-	
<b>b</b> Applied to 2018 distributable amount			A CONTRACTOR OF THE PARTY OF TH
c Remainder Subtract lines 4a and 4b from 4	No. of the second many products are second or the second of the second o		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions		4, 1	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c	•		
8 Breakdown of line 7'			
a Excess from 2014			
b Excess from 2015			
C Excess from 2016	an interest of the state of the		of the state of th
d Excess from 2017			
c Excess from 2018			
	The same of the sa		Control of the second s

Schedule A (Form 990 or 990-EZ) 2018

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

### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MIRACLE LETTER PROGRAM, INC.

Employer identification number
27-1204114

FORM 990-EZ,	PART I, LINE 10
<b>GRANTS AND</b>	SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

TANAMIS AND SIMILAN AMOUNTS I AID IN EXCESS OF \$5,00

\$ 64,269.

**DMD TM** 

#### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CASH AMOUNT GIVEN:

CONFERENCES, CONVENTIONS, AND MEETINGS DEPRECIATION OFFICE EXPENSES

# FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

MISCELLANEOUS

	BEGINNING		<u> ENDING</u>	
	\$	144.	\$	72.
TOTAL	\$	144.	\$	72.

DECTMITM

#### FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MIRACLE LETTER PROGRAM (MLP) PRIVIDES ONE-TIME FINANCIAL ASSISTANCE TO INDIVIDUALS OR FAMILIES IN LOGAM, WASHINGTON, MORGAN, YUMA, SEDGEWICK, AND PHILLIPS COUNTY WHO ARE FACING OVERWHELMING FINANCIAL EXPENSE DUE TO A CATASTROPHIC EVENT. A KEY GOAL IS TO SUPPORT PEOPLE WHO DO NOT QUALIFY FOR OTHER FORMS OF ECONOMIC ASSISTANCE BECAUSE THEY ARE NOT IN A LOW ENOUGH INCOME BRACKET.

## FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO