

PMT # 01046021  
AMT 8  
INIT JK

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL  
Revised 3/05

Attorney General **LISA MADIGAN** State of Illinois  
Charitable Trust Bureau, 100 West Randolph  
11th Floor, Chicago, Illinois 60601

CO #01046021

Report for the Fiscal Period:

Beginning JAN, 11, 2007

& Ending 12, 31, 2007

Check all items attached:

- ☒ Copy of IRS Return  
☐ Audited Financial Statements  
☐ Copy of Form IFC  
☒ \$15.00 Annual Report Filing Fee  
☐ \$100.00 Late Report Filing Fee

Make Checks  
Payable to  
the Illinois  
Charity  
Bureau Fund

Federal ID # 760774047

Are contributions to the organization tax deductible? ☒ Yes ☐ No

Date Organization was created: 12, 20, 04

LEGAL NAME SMALL MIRACLES NFP 812 13TH ST HIGHLAND, IL 62249 ADDRESS CITY, STATE ZIP CODE	Year-end amounts A) ASSETS B) LIABILITIES C) NET ASSETS	A) \$ <u>4617.00</u> B) \$ <u>—</u> C) \$ <u>4617.00</u>
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## I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)  
E) GOVERNMENT GRANTS & MEMBERSHIP DUES  
F) OTHER REVENUES  
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

PERCENTAGE	AMOUNT
100 %	D) \$ <u>5170.00</u>
0 %	E) \$ <u>—</u>
0 %	F) \$ <u>—</u>
100 %	G) \$ <u>5170.00</u>

## II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H) OPERATING CHARITABLE PROGRAM EXPENSE  
I) EDUCATION PROGRAM SERVICE EXPENSE  
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ 0  
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  
M) MANAGEMENT AND GENERAL EXPENSE  
N) FUNDRAISING EXPENSE  
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

100 %	H) \$ <u>5641.00</u>
0 %	I) \$ <u>0</u>
100 %	J) \$ <u>5641.00</u>
0 %	J1) \$ <u>0</u>
%	K) \$ <u>0</u>
%	L) \$ <u>5641.00</u>
%	M) \$ <u>0</u>
%	N) \$ <u>0</u>
100 %	O) \$ <u>5641.00</u>

## III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC, One for each PFR.)

### PROFESSIONAL FUNDRAISERS:

- P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS  
Q) TOTAL FUNDRAISERS FEES AND EXPENSES  
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  
PROFESSIONAL FUNDRAISING CONSULTANTS:  
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

100 %	P) \$ <u>0</u>
%	Q) \$ <u>0</u>
%	R) \$ <u>0</u>
%	S) \$ <u>0</u>

## IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE:

T) \$ 0

U) NAME, TITLE:

U) \$ 0

V) NAME, TITLE:

V) \$ 0

## V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: HELP MOMS WITH FOOD & GROCERIES

W) # 111

X) DESCRIPTION: HELP BABIES WITH FORMULA & BABY SUPPLIES

X) # 115

Y) DESCRIPTION: HELP MOMS & CHILDREN WITH BABY ITEMS & HOUSING

Y) # 300

RECEIVED  
MAY 8 - 2008  
ATTORNEY GENERAL  
CHARITABLE TRUST



	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? ( ATTACH FORM IFC ) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ .....; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ .....; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ .....; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ .....		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>BRAEFORD NATIONAL BANK HIGHAM RD 62249</u> <u>(1100 Mercantile Drive)</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Daniel Michael 618-886-4091</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**SURE TO INCLUDE ALL FEES DUE:**  
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form  
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2007****Open to Public  
Inspection****A** For the 2007 calendar year, or tax year beginning JANUARY 1st, 2007, and ending December 31st, 2007**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organizationSMALL MIRACLES NFP

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

812 13TH ST

City or town, state or country, and ZIP + 4

HIGHLAND IL 62249-0143**D** Employer identification number76:0774047**E** Telephone number(618) 806 4091**F** Group Exemption Number• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶**J** Organization type (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \$5170.00**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>\$5170.00</u>
	2	Program service revenue including government fees and contracts	2	<u>0</u>
	3	Membership dues and assessments	3	<u>0</u>
	4	Investment income	4	<u>0</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>
	5b	Less: cost or other basis and sales expenses	5b	<u>0</u>
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	<u>0</u>
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<u>0</u>
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	<u>0</u>
	6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	<u>0</u>
	7a	Gross sales of inventory, less returns and allowances	7a	<u>0</u>
	7b	Less: cost of goods sold	7b	<u>0</u>
	7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	<u>0</u>
	8	Other revenue (describe ▶ _____)	8	<u>0</u>
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>\$5170.00</u>
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Expenses	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors <u>Volunteers MEALS</u>	13	<u>\$353.00</u>
	14	Occupancy, rent, utilities, and maintenance <u>GASOLINE</u>	14	<u>\$69.00</u>
	15	Printing, publications, postage, and shipping <u>BROCHURES</u>	15	<u>\$48.00</u>
	16	Other expenses (describe ▶ <u>EXPENSES FOR CLIENTS</u> )	16	<u>\$571.00</u>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<u>\$5641.00</u>
	Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>\$617.00</u>

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>\$1088.00</u>	22 <u>\$617.00</u>
23 Land and buildings	<u>0</u>	23 <u>0</u>
24 Other assets (describe ▶ _____)	<u>0</u>	24 <u>0</u>
25 <b>Total assets</b>	<u>\$1088.00</u>	25 <u>617.00</u>
26 <b>Total liabilities</b> (describe ▶ _____)	<u>0</u>	26 <u>0</u>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<u>\$1088.00</u>	27 <u>\$617.00</u>



**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions.)**Expenses**

What is the organization's primary exempt purpose? HELP GIRLS WITH FOOD, BABY SUPPLIES, HOUSING  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.  
 (Required for 501(c)(3) and 4947(a)(1) trusts; optional for others.)

28	<u>MISSION &amp; PURPOSE (SMALL MIRACLES HELPED 93 CLIENTS WITH FOOD, CLOTHING, UTILITIES &amp; BABY SUPPLIES)</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0	
29		(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0	
30		(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0	
31	Other program services (attach schedule)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0	
32	Total program service expenses. Add lines 28a through 31a			32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Daniel Michael 812 13th ST HIGHLAND, IL	20 HRS BOARD OF DIRECTORS	0	0	0
ANGELA MICHAEL 812 13th ST HIGHLAND IL	20 HRS BOARD OF DIRECTORS	0	0	0
SARAWAH MICHAEL 812 13th ST HIGHLAND IL	10 HRS BOARD OF DIRECTORS	0	0	0

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	0	
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	0	
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	0	
39b	b Gross receipts, included on line 9, for public use of club facilities	0	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0

**d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
<b>40b</b>		<input checked="" type="checkbox"/>
<b>40e</b>		<input checked="" type="checkbox"/>

**41** List the states with which a copy of this return is filed. ▶ ILLINOIS

**42a** The books are in care of ▶ DANIEL MICHAEL

Telephone no. ▶ 618 806-4091

Located at ▶ 812 BTUS HIGHLAND, IL

ZIP + 4 ▶ 62249-0143

**b** 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)? . . .

	Yes	No
<b>42b</b>		<input checked="" type="checkbox"/>
<b>42c</b>		<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☒

Use Only

If self-employed,  
address, and ZIP + 4

Phone no. ▶ ( )

Form **990-EZ** (2007)