

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2015
Open to Public Inspection

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
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Small Victories NFP		D Employer identification number 37-1389677
	Doing business as		E Telephone number (618) 654-5800
	Number and street (or P O box if mail is not delivered to street address) PO Box 143	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Highland, IL 62249		
F Name and address of principal officer Daniel Michael PO Box 143 Highland, IL 62249		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation	M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Help Women and Children through pregnancy, birth, development with groceries, clothing & other essentials	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	0
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6
	6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	-12,506	
7b Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8 Contributions and grants (Part VIII, line 1h)	83,125
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,506
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,619
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,783
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,993
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	138,776	
19 Revenue less expenses Subtract line 18 from line 12	-68,157	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,300,972
	21 Total liabilities (Part X, line 26)	458,305
	22 Net assets or fund balances Subtract line 21 from line 20	842,667

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2016-05-11 Date
	Daniel Michael Vice President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Janey Miller EA	Preparer's signature Janey Miller EA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00232749
	Firm's name \blacktriangleright Wellen Tax			Firm's EIN \blacktriangleright	
	Firm's address \blacktriangleright 1402 Mercantile Drive Highland, IL 62249			Phone no (618) 654-1991	