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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2004

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 2004, and ending 20

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization: MIRACLE MATCH FOUNDATION
Number and street (or PO box, if mail is not delivered to street address): 2948 WOODSBORO NE
City or town, state or country, and ZIP + 4: GRAND RAPIDS, MI 49525

D Employer identification number

38-3379287

E Telephone number

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: [X] Cash [ ] Accrual

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

J Organization type (check only one) - [X] 501(c) ( ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require 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 \$ 10,650

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten 'RECEIVED' and 'EXPENSES' stamps. Total revenue is 10,650 and total expenses is 10,714.

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

Table with 7 rows for Balance Sheets. Columns for (A) Beginning of year and (B) End of year. Total assets at end of year is 377,521.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

EEA

Form 990-EZ (2004)

SCANNED NOV 18 2010

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**Part III Statement of Program Service Accomplishments** (See page 41 of the instructions )

What is the organization's primary exempt purpose? SEE STATEMENT 2

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

28	<u>SICK KIDS/FAMILY SUPPORT PROGRAM ASSISTS SERIOUSLY ILL CHILDREN AND THEIR FAMILIES TO BETTER COPE WITH THEIR ILLNESS</u> (Grants \$ )	28a
29	 (Grants \$ )	29a
30	 (Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 41 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

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14 )

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
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 )		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		
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 Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d Enter Amount of tax on line 40c, above, reimbursed by the organization		
41 List the states with which a copy of this return is filed		
42 The books are in care of		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		

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.

**Please Sign Here**

Signature of officer: William K. Dzygalski Date: 9/29/2010

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 09-24-2010 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MCDONALD & ASSOCIATES, PC  
2156 PLAINFIELD AVE., NE  
GRAND RAPIDS MI 49505

Preparer's SSN or PTIN (See Gen. Inst. W): P00531251 EIN: 38-2529205 Phone no: 616-447-8639

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**

Department of the Treasury

Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

MIRACLE MATCH FOUNDATION

38-3379287

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		