**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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use the form

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

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**A For the 2010 calendar year, or tax year beginning January 1, 2010, and ending June 30, 2011**

**B Check if applicable**

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated return
- [ ] Amended return
- [ ] Application pending

**C Name of organization**

MIRACLEPEET

**D Employer Identification number**

27-37618203

**E Telephone number**

1-800-285-6605

**F Group Exemption Number**

**G Accounting Method:**

- [ ] Cash
- [ ] Accrual
- Other (specify) □

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

**I Website:**

**J Tax-exempt status**

- [ ] 501(c)(3)
- [ ] 501(c)(4)
- [ ] 501(c)(5) or 501(c)(6)
- [ ] 4947(a)(1)
- [ ] 527

**K Check □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000.**

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.**

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### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

- Check if the organization used Schedule O to respond to any question in this Part I □

#### Revenue

1. Contributions, gifts, grants, and similar amounts received ........................................ 1
2. Program service revenue including government fees and contracts .............................. 2
3. Membership dues and assessments .................................................................................. 3
4. Investment income ......................................................................................................... 4

5a Gross amount from sale of assets other than inventory .............................................. 5a

5b Less: cost or other basis and sales expenses ................................................................. 5b

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c

6a Gross income from gaming (attach Schedule G if greater than $15,000) ................. 6a

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b

6c Less: direct expenses from gaming and fundraising events ........................................ 6c

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ............................................................ 6d

7a Gross sales of inventory, less returns and allowances .................................................... 7a

7b Less: cost of goods sold .................................................................................................. 7b

8 Other revenue (describe in Schedule O) ......................................................................... 8

9 Total revenue. Add lines 1, 2, 3, 4, 5a, c, 5b, 6d, 7a, and 8 .............................................. 9

10 Grants and similar amounts paid (list in Schedule O) .................................................... 10

11 Benefits paid to or for members ..................................................................................... 11

12 Salaries, other compensation, and employee benefits ................................................. 12

13 Professional fees and other payments to independent contractors ............................ 13

14 Occupancy, rent, utilities, and maintenance ................................................................ 14

15 Printing, publications, postage, and shipping .............................................................. 15

16 Other expenses (describe in Schedule O) ..................................................................... 16

17 Total expenses. Add lines 10 through 16 .................................................................... 17

**Expenses**

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 (explain in Schedule O) ......................... 20

21 Net assets or fund balances at end of year. Combine lines 18 through 20 ................. 21

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**Net Assets**

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 106420

Form 990-EZ (2010)
**Part II** Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>22 0</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23 0</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24 0</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>25 0</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>26 0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>27 0</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _FUND CURBROOT CLINICS_
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, and other relevant information for each program title.

<table>
<thead>
<tr>
<th></th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>28a 0</td>
</tr>
<tr>
<td>29</td>
<td>29a 0</td>
</tr>
<tr>
<td>30</td>
<td>30a 0</td>
</tr>
<tr>
<td>31</td>
<td>31a 0</td>
</tr>
<tr>
<td>32</td>
<td>32 0</td>
</tr>
</tbody>
</table>

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (if not paid, enter 0.)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALEY'S MILL RD, NEW VERNON, NJ</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BALEY'S MILL RD, NEW VERNON, NJ</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BALEY'S MILL RD, NEW VERNON, NJ</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BALEY'S MILL RD, NEW VERNON, NJ</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  

Yes No
33   

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  

Yes No
34   

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.  

Yes No
35   

35a Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  

Yes No
35b   

36 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  

Yes No
36   

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  

Yes No
37a   

37b Did the organization file Form 1120-POL for the year?  

Yes No
37b   

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 outstanding at the end of the tax year covered by this return?  

Yes No
38a   

39 Section 501(c)(7) organizations. Enter:  

Yes No
39   

39a Initiation fees and capital contributions included on line 9  

Yes No
39a   

39b Gross receipts, included on line 9, for public use of club facilities  

Yes No
39b   

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  

Yes No
40a   

40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  

Yes No
40b   

40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  

Yes No
40c   

40d All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  

Yes No
40d   

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

Yes No
41   

42a The organization's books are in care of:  

Located at:  

Telephone no.  

Yes No
42a   

42b 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
42b   

42c If "Yes," enter the name of the foreign country:  

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  

Yes No
42c   

42d At any time during the calendar year, did the organization maintain an office outside of the U.S.?  

Yes No
42d   

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  

Yes No
43   

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

Yes No
44a   

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

Yes No
44b   

44c Did the organization receive any payments for indoor tanning services during the year?  

Yes No
44c   

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  

Yes No
44d
45. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
   a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 
   Yes: 45

46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
   Yes: 46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
   Yes: 47

48. Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.
   Yes: 48

49a. Did the organization make any transfers to an exempt non-chaitable related organization?
   Yes: 49a

   b. If "Yes," was the related organization a section 527 organization?
   Yes: 49b

50. Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tbody>
</table>

f. Total number of other employees paid over $100,000.

51. Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

   d. Total number of other independent contractors each receiving over $100,000.

52. Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.
   Yes: ✔  No: 

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]

Signature of officer

Date: Oct 25, 2011

Type or print name and title

FRANCISCA COLLONGO-MAJENPEL, CONSULTANT, MANAGING DIRECTOR

Paid Preparer Use Only

Print/Type preparer’s name
Preparer’s signature
Date
Check if self-employed
PTIN

Firm’s name ➤
Firm’s EIN ➤
Firm’s address ➤
Phone no

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes  ☐ No

Form 990-EZ (2010)
33. MIRACLEFEET VOTED TO CHANGE FISCAL YEAR END FROM DEC 31 TO JUNE 30, HENCE THIS SHORT PERIOD FILING.

SEE ATTACHED 1128 SUBMITTED TO IRS OCT 25TH, 2011.
Application To Adopt, Change, or Retain a Tax Year

Name of filer (If a joint return is filed, also enter spouse’s name) (see instructions)

MICHELLE FEET

Filer’s identifying number

27 - 3264203

Number, street, and room or suite no. (If a P.O. box, see instructions)

1289 POOMHAN BLVD, SUITE 220

Service Center where income tax return will be filed

OLDEN, UT

City or town, state, and ZIP code

Chapel Hill, NC 27514

Filer’s area code and telephone number/Fax number

1800 - 785 - 6005/11

Name of applicant, if different than the filer (see instructions)

SAME AS ABOVE

Applicant’s identifying number (see instructions)

SAME AS ABOVE

Name of person to contact (If not the applicant or filer, attach a power of attorney)

FRANCESCA COLLIER/MANFIELD

Contact person’s area code and telephone number/Fax number

719 - 12929792/11

1 Check the appropriate box(es) to indicate the type of applicant (see instructions). (Partnerships and PSCs: Go to Part III after completing Part I.)

☐ Individual

☐ Partnership

☐ Estate

☐ Domestic corporation

☐ S corporation

☐ Personal service corporation (PSC)

☐ Cooperative (sec. 1381(a))

☐ Controlled foreign corporation (CFC) (sec. 957)

☐ Foreign sales corporation (PSC) or Interest-charge domestic international sales corporation (IC-DISC)

☐ Specified foreign corporation (SFC) (sec. 896)

☐ 10/50 corporation (sec. 501(d)(2)(E))

☐ Passive foreign investment company (PFIC) (sec. 1297)

☐ Other foreign corporation

☐ Tax-exempt organization

☐ Homeowners Association (sec. 528)

☐ Other (specify entity and applicable Code section)

2a Approval is requested to (check one) (see instructions):

☐ Adopt a tax year ending

☐ Change to a tax year ending ❒ JUNE 30 ☐ Retain a tax year ending ❒

b If changing a tax year, indicate the date the present tax year ends. ❒ DEC. 31

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ❒ JUN 1, 2011 , 2011, and ending ❒ JUNE 30, 2011

3 Is the applicant’s present tax year, as stated on line 2b above, also its current financial reporting year? ❒ Yes ☐ No

If “No,” attach an explanation.

4 Indicate the applicant’s present overall method of accounting.

☐ Cash receipts and disbursements method ☐ Accrual method

☐ Other method (specify) ❒

5 State the nature of the applicant’s business or principal source of income

NONPROFIT THAT HELPS FUND MOODWAVE CLUBFOOT TREATMENT CLINICS

Signature—All Filers (See Who Must Sign in the instructions.)

[Signature]

Preparer (other than filer)

[Signature of individual preparing the application and date]

Name of individual preparing the application

[Name of firm preparing the application]

Notice, see separate instructions.

Cat. No. 21115C Form 1128 (Rev 1-2008)
### Part III Automatic Approval Request (see instructions)

1. **Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)?** (see instructions)

2. **Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?**
   - If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1126 as an attachment to Form 2553

3. **Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC?** (see instructions)

### Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

4. **Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)?** (see instructions)

5. **Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?**

6. **Is the partnership S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)?**
   - Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted)

7. **Is the S corporation requesting an ownership tax year?** (see instructions)

8. **Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(6) of Rev. Proc. 2002-39 (or its successor)?** (see instructions)

### Section C—Individuals (Rev. Proc. 2003-62, or its successor)

9. **Is the individual requesting a change from a fiscal year to a calendar year?** (see instructions)

### Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-56)

10. **Is the applicant a tax-exempt organization requesting a change?**

### Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

#### Section A—General Information

1. **Is the applicant a partnership, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?**
   - If "Yes," see the instructions for information that must be included on an attached explanation.

2. **Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?**

3. **If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.**

4a. **Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?**
   - If "Yes," attach an explanation.

4b. **Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?**
   - If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).

5. **If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.**
   - [ ] Annual business cycle test  [ ] Seasonal business test  [ ] 25-percent gross receipts test
   - Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)

5. **Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short period</td>
<td>$</td>
</tr>
<tr>
<td>First preceding year</td>
<td>$</td>
</tr>
<tr>
<td>Second preceding year</td>
<td>$</td>
</tr>
<tr>
<td>Third preceding year</td>
<td>$</td>
</tr>
</tbody>
</table>

**Note:** Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income Section 501(c) organizations, enter unrelated business taxable income Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.