

**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)

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

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>MIRACLEFEET</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>605 W. MAIN STREET 107</b><br>City, town, or post office, state, and ZIP code<br><b>CARRBORO, NC 27510</b><br><b>F Name and address of principal officer: CHESCA COLLOREDO-MANSFELD</b><br><b>SAME AS C ABOVE</b> | <b>D Employer identification number</b><br><b>27-3764203</b><br><b>E Telephone number</b><br><b>919-240-5572</b><br><b>G Gross receipts \$ 934,796.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <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  |   |  |
| <b>J Website:</b> ▶ <b>WWW.MIRACLEFEET.ORG</b>  |   |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L Year of formation:</b> <b>2010</b>  |
| <b>M State of legal domicile:</b> <b>NC</b>   |   |  |

| Part I Summary   |  |  |
|--|--|--|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE PROPER TREATMENT FOR CHILDREN BORN WITH CLUBFOOT IN DEVELOPING COUNTRIES.</b> |  |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                 |  |
| Activities & Governance  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....   | 3 7  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | 4 6  |
|  | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....  | 5 4  |
|  | <b>6</b> Total number of volunteers (estimate if necessary) .....  | 6 15   |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....   | 7a 0.  |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....  | 7b 0.  |
|  | Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                     |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  |  | 0. 0.  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      |  | 461. 1,065.  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           |  | 0. 0.  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... |  | 2,222,599. 934,796.  |
| Expenses   |  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....  | 0. 0.  |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 128,830. 254,572.  |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....   | 0. 0.  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>114,243.</b>   |  |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | 157,882. 247,574.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....          | 565,022. 1,465,501.  |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                               | 1,657,577. -530,705.   |  |
| Net Assets or Fund Balances  | <b>20</b> Total assets (Part X, line 16) .....   | Beginning of Current Year 2,017,186. End of Year 1,960,648.                      |
|  | <b>21</b> Total liabilities (Part X, line 26) .....  | 195,949. 670,116.  |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....   | 1,821,237. 1,290,532.  |

|   |  |                                 |      |  |
|---|--|---------------------------------|------|--|
| <b>Part II Signature Block</b>  |  |                                 |      |  |
| 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. |  |                                 |      |  |
| <b>Sign Here</b>  | ▶ Signature of officer   | Date                            |      |  |
|   | ▶ <b>CHESCA COLLOREDO-MANSFELD, EXECUTIVE DIRECTOR</b>                   |                                 |      |  |
|   | Type or print name and title   |                                 |      |  |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name   | Preparer's signature            | Date | Check if self-employed <input type="checkbox"/> PTIN |
|   | <b>ANDREA WODELL EASON</b>   |                                 |      | <b>P00361629</b>                                     |
|   | Firm's name ▶ <b>BLACKMAN &amp; SLOOP, CPAS, P.A.</b>                    | Firm's EIN ▶ <b>56-1304727</b>  |      |  |
|   | Firm's address ▶ <b>1414 RALEIGH RD, SUITE 300 CHAPEL HILL, NC 27517</b> | Phone no. <b>(919) 942-8700</b> |      |  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: MIRACLEFEET IS DEDICATED TO PROVIDING PROPER TREATMENT FOR CHILDREN BORN WITH CLUBFOOT IN DEVELOPING COUNTRIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,261,906. including grants of \$ 963,355. ) (Revenue \$ ) - OVER 2,000 NEW CHILDREN WERE ENROLLED IN TREATMENT AND PROVIDED WITH FREE OR VERY LOW-COST PONSETI METHOD (NON-SURGICAL) TREATMENT IN MIRACLEFEET-SUPPORTED CLINICS, BRINGING THE TOTAL NUMBER OF CHILDREN CURRENTLY RECEIVING TREATMENT TO OVER 2,600. - MIRACLEFEET SUPPORTED OVER 60 CLUBFOOT CLINICS AND PROGRAMS IN INDIA, BRAZIL, MEXICO, NICARAGUA, ECUADOR, LIBERIA, ZIMBABWE, SOUTH AFRICA, BOTSWANA AND NAMIBIA. - 100% OF THE TREATMENT IS PROVIDED BY LOCAL DOCTORS, PRIMARILY IN PUBLIC OR CHARITABLE HOSPITALS THAT PROVIDE CARE TO UNDERSERVED AND LOW-INCOME POPULATIONS. OVER \$0.5M IN FUNDING, AS WELL AS SIGNIFICANT MANAGEMENT TIME, WAS SENT DIRECTLY TO LOCALLY-LED CLUBFOOT CLINICS IN DEVELOPING COUNTRIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,261,906.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? .....  | X   |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | X   |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANNE POPE - 919-240-5572 605 W. MAIN STREET SUITE 107, CARRBORO, NC 27510







**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|   |  | (A)  | (B)                                | (C)                        | (D)   |  |
|---|--|--|------------------------------------|----------------------------|---|--|
|   |  | Total revenue                                  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts        | 1 a Federated campaigns  | 1a   |                                    |                            |   |  |
|   | b Membership dues  | 1b   |                                    |                            |   |  |
|   | c Fundraising events   | 1c   |                                    |                            |   |  |
|   | d Related organizations  | 1d   |                                    |                            |   |  |
|   | e Government grants (contributions)  | 1e   |                                    |                            |   |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above   | 1f 933,731.                                    |                                    |                            |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |  |                                    |                            |   |  |
|   | h Total. Add lines 1a-1f   | ▶ 933,731.                                     |                                    |                            |   |  |
|   | Program Service Revenue  | Business Code                                  |                                    |                            |   |  |
| 2 a   |  |  |                                    |                            |   |  |
| b   |  |  |                                    |                            |   |  |
| c   |  |  |                                    |                            |   |  |
| d   |  |  |                                    |                            |   |  |
| e   |  |  |                                    |                            |   |  |
| f All other program service revenue                           |  |  |                                    |                            |   |  |
| g Total. Add lines 2a-2f                                      | ▶  |  |                                    |                            |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other similar amounts)   | ▶  | 1,065.                             |                            | 1,065.  |  |
|   | 4 Income from investment of tax-exempt bond proceeds   | ▶  |                                    |                            |   |  |
|   | 5 Royalties  | ▶  |                                    |                            |   |  |
|   | 6 a Gross rents  | (i) Real                                       |                                    |                            |   |  |
|   |  | (ii) Personal                                  |                                    |                            |   |  |
|   |  | b Less: rental expenses                        |                                    |                            |   |  |
|   |  | c Rental income or (loss)                      |                                    |                            |   |  |
|   | d Net rental income or (loss)  | ▶  |                                    |                            |   |  |
|   | 7 a Gross amount from sales of assets other than inventory   | (i) Securities                                 |                                    |                            |   |  |
|   |  | (ii) Other                                     |                                    |                            |   |  |
|   |  | b Less: cost or other basis and sales expenses |                                    |                            |   |  |
|   |  | c Gain or (loss)                               |                                    |                            |   |  |
|   | d Net gain or (loss)   | ▶  |                                    |                            |   |  |
|   | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  |                                    |                            |   |  |
|   |  | b Less: direct expenses                        | b                                  |                            |   |  |
| c Net income or (loss) from fundraising events                |  | ▶  |                                    |                            |   |  |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a  |  |                                    |                            |   |  |
|   | b Less: direct expenses  | b  |                                    |                            |   |  |
|   | c Net income or (loss) from gaming activities  | ▶  |                                    |                            |   |  |
| 10 a Gross sales of inventory, less returns and allowances    | a  |  |                                    |                            |   |  |
|   | b Less: cost of goods sold   | b  |                                    |                            |   |  |
|   | c Net income or (loss) from sales of inventory   | ▶  |                                    |                            |   |  |
| Miscellaneous Revenue   |  | Business Code                                  |                                    |                            |   |  |
| 11 a  |  |  |                                    |                            |   |  |
|   | b  |  |                                    |                            |   |  |
|   | c  |  |                                    |                            |   |  |
|   | d All other revenue  |  |                                    |                            |   |  |
|   | e Total. Add lines 11a-11d   | ▶  |                                    |                            |   |  |
| 12 Total revenue. See instructions.                           | ▶  | 934,796.                                       | 0.                                 | 0.                         | 1,065.  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 85,614.               | 85,614.                         |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  | 877,741.              | 877,741.                        |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 104,558.              | 35,068.                         | 34,745.                                | 34,745.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 130,247.              | 109,245.                        | 10,502.                                | 10,500.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 2,785.                | 1,672.                          | 556.                                   | 557.                        |
| 10 Payroll taxes  | 16,982.               | 10,189.                         | 3,397.                                 | 3,396.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 38,502.               | 19,251.                         | 19,251.                                |                             |
| c Accounting  | 26,293.               | 8,764.                          | 8,765.                                 | 8,764.                      |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 40,812.               | 11,868.                         | 2,670.                                 | 26,274.                     |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   | 6,073.                | 4,044.                          | 878.                                   | 1,151.                      |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 15,336.               | 9,202.                          | 3,067.                                 | 3,067.                      |
| 17 Travel   | 78,644.               | 73,381.                         | 708.                                   | 4,555.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 2,268.                | 907.                            |  | 1,361.                      |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 1,366.                | 455.                            | 456.                                   | 455.                        |
| 23 Insurance  | 2,859.                | 676.                            | 1,958.                                 | 225.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>OUTREACH AND EDUCATION</b>   | 18,114.               | 2,895.                          |  | 15,219.                     |
| b <b>MISCELLANEOUS</b>  | 6,664.                | 5,042.                          | 1,554.                                 | 68.                         |
| c <b>PRINTING AND COPYING</b>   | 5,573.                | 2,673.                          | 103.                                   | 2,797.                      |
| d <b>EQUIPMENT</b>  | 2,044.                | 1,225.                          | 411.                                   | 408.                        |
| e All other expenses  | 3,026.                | 1,994.                          | 331.                                   | 701.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 1,465,501.            | 1,261,906.                      | 89,352.                                | 114,243.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |            |
|---|--|--------------------------|------------|--------------------|------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,840,603.               | 1          | 87,841.            |            |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | 2          | 1,547,367.         |            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 167,933.                 | 3          | 248,155.           |            |
|   | <b>4</b> Accounts receivable, net .....  | 5,314.                   | 4          | 67,790.            |            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5          |                    |            |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | 6          |                    |            |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | 7          |                    |            |
|   | <b>8</b> Inventories for sale or use .....   |                          | 8          |                    |            |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 1,921.                   | 9          | 4,171.             |            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 6,818.               |            |                    |            |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 1,494.               | 1,415.     | 10c 5,324.         |            |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | 11         |                    |            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | 12         |                    |            |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13         |                    |            |
|   | <b>14</b> Intangible assets .....  |                          | 14         |                    |            |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | 15         |                    |            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |  | 2,017,186.               | 16         | 1,960,648.         |            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 10,094.                  | 17         | 16,000.            |            |
|   | <b>18</b> Grants payable .....   | 185,855.                 | 18         | 654,116.           |            |
|   | <b>19</b> Deferred revenue .....   |                          | 19         |                    |            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20         |                    |            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21         |                    |            |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22         |                    |            |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | 23         |                    |            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24         |                    |            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | 25         |                    |            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                          | 195,949.   | 26                 | 670,116.   |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |            |
|   | <b>27</b> Unrestricted net assets .....  | 1,646,721.               | 27         | 961,686.           |            |
|   | <b>28</b> Temporarily restricted net assets .....  | 174,516.                 | 28         | 328,846.           |            |
|   | <b>29</b> Permanently restricted net assets .....  |                          | 29         |                    |            |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |            |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | 30         |                    |            |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31         |                    |            |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32         |                    |            |
|   | <b>33</b> Total net assets or fund balances .....  |                          | 1,821,237. | 33                 | 1,290,532. |
| <b>34</b> Total liabilities and net assets/fund balances .....            |  | 2,017,186.               | 34         | 1,960,648.         |            |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 934,796.   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,465,501. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -530,705.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,821,237. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,290,532. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

Form 990 (2012)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          | 2033836. | 933,731. | 2967567.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          | 2033836. | 933,731. | 2967567.  |
| <b>5</b> 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) ..... |          |          |          |          |          | 2272423.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 695,144.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total                           |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          | 2033836. | 933,731. | 2967567.                            |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          | 461.     | 1,065.   | 1,526.                              |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                                     |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 2969093.                            |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                                     |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                          |   |
|---|--------------------------|---|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                | % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....  | <b>15</b>                | % |
| <b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input type="checkbox"/> |   |
| <b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/> |   |
| <b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/> |   |
| <b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/> |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/> |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

THE ORGANIZATION FILED A SHORT YEAR TAX RETURN FOR THE PERIOD JANUARY 1 -  
JUNE 30, 2011 DUE TO THE CHANGE IN THE ORGANIZATION'S FISCAL YEAR FROM  
DECEMBER 31 TO JUNE 30.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

**MIRACLEFEET**

Employer identification number

**27-3764203**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I). Total line at the bottom.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1-10. Total line at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1-10. Total line at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1-11. Total line at the bottom.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |          |
|----------|--|-----------|----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 978,578. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |          |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |          |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 43,782.  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |          |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |          |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 43,782.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 934,796. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |          |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |          |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |          |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.       |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 934,796. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 1,509,283. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 43,782.    |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 43,782.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 1,465,501. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 1,465,501. |

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: UNDER THE STATUTE OF LIMITATIONS, THE FEDERAL**

**INFORMATIONAL TAX RETURNS OF THE CENTER FOR THE YEARS ENDED JUNE 30, 2011 THROUGH 2013 ARE SUBJECT TO EXAMINATION BY THE U.S. INTERNAL REVENUE SERVICE. MANAGEMENT EVALUATED TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2011 THROUGH 2013 TAX RETURNS, AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS, AND BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS.**

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Employer identification number

MIRACLEFEET

27-3764203

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| SAO PAULO, BRAZIL                                       | 0                                   | 0  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 9,950.   |
| MANAGUA, NICARAGUA                                      | 0                                   | 1  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 18,659.  |
| MEXICO CITY, MEXICO                                     | 0                                   | 0  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 56,950.  |
| NEW DELHI, INDIA  | 0                                   | 0  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 165,977.   |
| MONROVIA, LIBERIA                                       | 0                                   | 0  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 56,277.  |
| HARARE, ZIMBABWE  | 0                                   | 0  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 12,731.  |
| CAPE TOWN, SOUTH AFRICA                                 | 0                                   | 0  | PROGRAM SERVICE   | PROVIDING PROPER TREATMENT OF CHILDREN BORN WITH CLUBFOOT.   | 62,651.  |
| <b>3 a</b> Sub-total .....                              | 0                                   | 1  |   |  | 383,195.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 1  |   |  | 383,195.   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | NORTH AMERICA                     | TO FUND CLUBFOOT TREATMENT AT 9 DIFFERENT HOSPITALS THROUGHOUT MEXICO AND          | 56,950.                  | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | SOUTH AMERICA                     | TO FUND CLUBFOOT TREATMENT AT THE HOSPITAL UNIVERSITARIO IN SAO                    | 4,000.                   | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | SOUTH AMERICA                     | TO FUND CLUBFOOT TREATMENT AT HOSPITAL MATAGAO GESTEIRA IN SALVADOR, BRAZIL        | 2,000.                   | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | SOUTH AMERICA                     | TO PROVIDE BRACES FOR CHILDREN TREATED AT HOSPITAL SAO PAULO, BRAZIL               | 3,950.                   | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | TO FUND A THREE CLINIC PROGRAM IN NICARAGUA, INCLUDING SUPPLIES, TRAINING,         | 18,659.                  | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | SOUTH ASIA                        | TO FUND DEVELOPMENT OF PROGRAMS IN NINE STATES IN INDIA                            | 165,977.                 | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | SUB-SAHARAN AFRICA                | TO FUND THE CLUBFOOT TREATMENT OF CHILDREN IN MONROVIA AND TO SUPPORT EXPANSION TO | 56,277.                  | WIRE TRANSFER                   | 0.                                |  | FMV   |
|                               |  | SUB-SAHARAN AFRICA                | TO SUPPORT CLUBFOOT CLINICS IN MUTARE AND GWERU ESTABLISHED AND MANAGED BY THE     | 12,731.                  | WIRE TRANSFER                   | 0.                                |  | FMV   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **9**

3 Enter total number of other organizations or entities ..... **9**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                    |  |                          |                                 |                                   |  |   |
|--|--|--------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region         | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | SUB-SAHARAN AFRICA | TO SUPPORT THE DEVELOPMENT OF CLUBFOOT PROGRAMS IN BOTSWANA AND NAMIBIA, | 62,651.                  | WIRE TRANSFER                   | 0.                                |  | FMV   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |
|  |  |                    |  |                          |                                 |                                   |  |   |





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: MIRACLEFEET RECEIVES QUARTERLY NARRATIVE AND EXPENSE REPORTS FROM ALL ENTITIES RECEIVING FUNDS. THESE ARE COMPARED TO THE DESCRIBED USES OF FUNDS IN THE GRANT AGREEMENTS. ANY DISCREPANCIES IN USE OF FUNDS ARE FOLLOWED UP UPON BY PROGRAM STAFF. NUMBERS OF CHILDREN TREATED (WHICH IS WHAT MOST OF THE FUNDS ARE SENT FOR) ARE MONITORED THROUGH USE OF THE PATIENT DATABASE ON A MONTHLY BASIS. MIRACLEFEET REMAINS IN CLOSE CONTACT WITH ALL GRANT RECIPIENTS.

SCHEDULE F, PART I, LINE 3: ACCRUAL

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO FUND CLUBFOOT TREATMENT AT 9 DIFFERENT HOSPITALS THROUGHOUT MEXICO AND DEVELOP A NATIONAL PROGRAM

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO FUND CLUBFOOT TREATMENT AT THE HOSPITAL UNIVERSITARIO IN SAO PAULO

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO FUND A THREE CLINIC PROGRAM IN NICARAGUA, INCLUDING SUPPLIES, TRAINING, CLINIC ASSISTANTS AND OUTREACH EFFORTS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FUND THE CLUBFOOT TREATMENT OF CHILDREN IN MONROVIA AND TO SUPPORT EXPANSION TO A NATIONAL PROGRAM

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**REGION: SUB-SAHARAN AFRICA**

**(D) PURPOSE OF GRANT: TO SUPPORT CLUBFOOT CLINICS IN MUTARE AND GWERU ESTABLISHED AND MANAGED BY THE ZIMBABWE SUSTAINABLE CLUBFOOT PROGRAM**

**REGION: SUB-SAHARAN AFRICA**

**(D) PURPOSE OF GRANT: TO SUPPORT THE DEVELOPMENT OF CLUBFOOT PROGRAMS IN BOTSWANA AND NAMIBIA, AND TO SUPPORT A NATIONAL OUTREACH AND PARENT EDUCATION PROGRAM IN SOUTH AFRICA**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**MIRACLEFEET**

**Employer identification number  
27-3764203**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                         |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CURE INTERNTIONAL<br>701 BOSLER AVENUE<br>LEMOYNE, PA 17043 | 58-2248383     |                                      | 85,614.                         | 0.                                       | FMV  |   | PROVIDING PROPER<br>TREATEMENT OF CHILDREN<br>BORN WITH CLUBFOOT. |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: QUARTERLY BUDGET AND NARRATIVE REPORTS ARE  
 REQUIRED. MIRACLEFEET PERFORMS ANNUAL DUE DILIGENCE VISITS. ALL PATIENT  
 DATA AND BEFORE AND AFTER PHOTOGRAPHS ARE ENTERED INTO MIRACLEFEET'S  
 ON-LINE DATABASE TO ALLOW MIRACLEFEET TO MONITOR THE NUMBER OF CHILDREN  
 TREATED AND THE QUALITY OF CARE PROVIDED. MIRACLEFEET MAINTAINS FREQUENT  
 SKYPE AND EMAIL CONTACT WITH DIRECTOR OF CURE CLUBFOOT WORLDWIDE'S INDIAN  
 PROGRAM, AS WELL AS THE DIRECTOR OF CURE CLUBFOOT WORLDWIDE. THIS FUNDING  
 SUPPORTS THE MAHARASHTRA STATE CLUBFOOT PROGRAM WHICH IS MANAGED BY CURE  
 INDIA INTERNATIONAL TRUST IN PARTNERSHIP WITH THE STATE OF MAHARASHTRA.

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

MIRACLEFEET

Employer identification number

27-3764203

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MIRACLEFEET PARTNERS WITH LOCAL ORTHOPEDIC SURGEONS WORKING IN PUBLIC HOSPITALS TO ESTABLISH AND SUPPORT CLUBFOOT CLINICS WITHIN THE EXISTING PUBLIC HEALTH SYSTEM. MIRACLEFEET BELIEVES THIS IS THE MOST EFFECTIVE, EFFICIENT AND SUSTAINABLE APPROACH TO PREVENT THE SIGNIFICANT DISABILITY CAUSED BY UNTREATED CLUBFOOT AROUND THE WORLD. MIRACLEFEET CAN FULLY TREAT A CHILD WITH CLUBFOOT IN A DEVELOPING COUNTRY FOR ABOUT \$250 PER CHILD, TRANSFORMING HIS OR HER LIFE FOREVER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- THE MEDICAL RECORDS OF OVER 90% OF THESE CHILDREN ARE IN THE PATIENT DATABASE, ENABLING MIRACLEFEET TO TRACK MEDICAL QUALITY AND FULL FISCAL ACCOUNTABILITY AT THE COUNTRY LEVEL. IN A FEW CASES DOCTORS ARE PREVENTED FROM SHARING THE FULL MEDICAL RECORD BY LOCAL HOSPITAL POLICY. IN THESE CASES MIRACLEFEET ACCEPTS OTHER FORMS OF REPORTING TO ENSURE QUALITY AND ACCOUNTABILITY.

- MIRACLEFEET ENSURED ALL MIRACLEFEET-SUPPORTED CLINICS HAD FREE BRACES, BY ESTABLISHING LOCAL SOURCES OF LOW COST BRACES, SHIPPING LOW COST BRACES FROM NEARBY COUNTRIES, AND RECYCLING USED BRACES FROM THE US AND EUROPE.

- MIRACLEFEET WORKED TO EDUCATE THE GENERAL PUBLIC AND HEALTH WORKERS ABOUT THE FACT THAT CLUBFOOT IS A TREATABLE CONDITION. THIS WAS DONE BY HIRING LOCAL CLINIC ASSISTANTS TO EDUCATE PARENTS, PROVIDING EDUCATIONAL MATERIALS IN LOCAL LANGUAGES, LEVERAGING RADIO AND TV, AND PARTNERING WITH LOCAL HEALTHCARE ORGANIZATIONS, INCLUDING GOVERNMENT AGENCIES AND MINISTRIES OF HEALTH.

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- MIRACLEFEET WORKED CLOSELY WITH ITS LOCAL PARTNERS TO DEVELOP STRONG SUPPORT FOR PROPER CLUBFOOT MANAGEMENT FROM MINISTRIES OF HEALTH, MEDICAL SCHOOLS AND LOCAL GOVERNMENT AGENCIES TO ENSURE LONG-TERM SUSTAINABILITY AND EVENTUALLY LOCAL FUNDING. MOST OF MIRACLEFEET'S PROGRAMS INVOLVED LOCAL, STATE OR NATIONAL GOVERNMENT COLLABORATION AND PARTICIPATION. THIS VARIED BASED ON THE COUNTRY AND RECEPTIVITY OF THE GOVERNMENT.

FORM 990, PART VI, SECTION A, LINE 2: TWO OF THE BOARD MEMBERS ARE MARRIED. NO OTHER FAMILY OR BUSINESS RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 11: EACH MEMBER OF THE BOARD OF DIRECTORS WILL RECEIVE AND REVIEW AN ELECTRONIC COPY OF THE FORM 990 AND ALL ATTACHED SCHEDULES AT LEAST TWO WEEKS PRIOR TO THE INTERNAL REVENUE SERVICE FILING DATE. MEMBERS OF THE BOARD OF DIRECTORS ARE ENCOURAGED TO SUBMIT COMMENTS AND QUESTIONS VIA PHONE OR EMAIL TO THE FINANCE COMMITTEE AND/OR TO THE REPRESENTATIVE OF THE ACCOUNTING FIRM THAT PREPARED THE FORM 990.

THE BOARD OF DIRECTORS WILL RECEIVE A SUMMARY OF MATERIAL CHANGES (IF ANY) ELECTRONICALLY PRIOR TO FILING THE FINAL FORM 990.

THE EXECUTIVE DIRECTOR WILL PROVIDE A SUMMARY REPORT ON THE ANNUAL FORM 990 TO THE FULL BOARD OF DIRECTORS AT ITS NEXT SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS AS EXPLAINED IN THE POLICY. THEY ARE PROVIDED THE POLICY ANNUALLY AND ASKED TO SIGN A FORM INDICATING THAT THEY HAVE READ IT AND AGREE TO

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DISCLOSE ANY CONFLICTS OF INTEREST. SIGNED COPIES ARE KEPT ON FILE.

FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR SALARIES FOR COMPARABLE ORGANIZATIONS WERE PROVIDED TO THE BOARD BY A NON-PROFIT CONSULTANT. THE CHAIR OF THE BOARD THEN RECOMMENDED A SALARY, AND THE WHOLE BOARD VOTED ON IT. THE EXECUTIVE DIRECTOR WAS NOT PART OF THIS PROCESS BEYOND REQUESTING COMPARABLE SALARY INFO FROM THE CONSULTANT.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION BY EMAIL (INFO@MIRACLEFEET.ORG) OR BY WRITING TO MIRACLEFEET AT 605 WEST MAIN STREET, SUITE 107, CARRBORO, NC 27514.

PART XII, LINE 2C EXPLANATION:  
THE ORGANIZATION'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF MIRACLEFEET'S FINANCIAL STATEMENTS.