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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2010

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

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

AI	For the	2010 calendar year, or tax year beginning JANUARY 1 , 2010, and ending JU	NE 3	30 ,2011			
_	Check if ap		ployer ic	lentification number			
$\Box$	Address c		27-37648203				
	Name cha		Telephone number				
	Initial retur		•	785-6605			
	Terminate	1001 (0.0011/11 1000)	F Group Exemption				
H	Amended	return Curolei IIII N.C 17514	Number ►				
<u></u>	Application			if the organization is not			
	Websit	· · · · · · · · · · · · · · · · · · ·		tach Schedule B			
JI	ax-exen	npt status (check only one) — \( \sqrt{501(c)(3)} \) \( \sqrt{501(c)(1)} \) \( \displies \) (insert no.) \( \sqrt{4947(a)(1)} \) or \( \sqrt{527} \) (Form	990, 990-EZ, or 990-PF).				
	Check >						
		10-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).	But if t	he organization chooses			
		return, be sure to file a complete return.					
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	ll,				
_		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	<u> </u>			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri					
	<del>-,</del>	Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>			
	1	Contributions, gifts, grants, and similar amounts received	1	0			
	2	Program service revenue including government fees and contracts	2	0			
	3	Membership dues and assessments	3	0			
	4	Investment income	4	0			
	5a	Gross amount from sale of assets other than inventory 5a 0	4	1			
	Ь	Less: cost or other basis and sales expenses	٠				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0			
	6	Gaming and fundraising events					
	а	Gross income from gaming (attach Schedule G if greater than					
Revenue	-	\$15,000)	4				
2	b	Gross income from fundraising events (not including \$ of contributions					
æ		from fundraising events reported on line 1) (attach Schedule G if the					
	Ì	sum of such gross income and contributions exceeds \$15,000) 6b	4				
	C	Less: direct expenses from gaming and fundraising events	-				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		}			
	1 _	line 6c)	6d				
		Gross sales of inventory, less returns and allowances	4	1			
	þ	Less: cost of goods sold		_			
•	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
	8	Other revenue (describe in Schedule O)	8	0			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<del> </del>			
	10	Grants and similar amounts paid (list in Schedule O)	10	<u> </u>			
	11	Benefits paid to or for members	12	0			
868	12	Salanes, other compensation, and employee benefits CENVED	<u> </u>	0			
Ē	13	Professional fees and other payments to independent contractors.	13	0			
Expense	14	Occupancy, rent, utilities, and maintenance	14	0			
ш	1	Printing, publications, postage, and shipping. NOV. 0. 7. 2011	15	<u> </u>			
	16	Printing, publications, postage, and shipping. NOV. 0. 7. 2.0 11 O	16	0			
	17	Total expenses. Add lines 10 through 16	17	0			
馥	18		18	D			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		1			
Ä	000	end-of-year figure reported on prior year's return)	19	0			
2	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	, ,			

SCANNED NOV 0 8 2011,

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Cat. No 10642I

Pai	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.)	etian in this Dant II			
	Check if the organization used Schedule	O to respond to any ques		unning of year	· · a	B) End of year
22	Cash, savings, and investments		(4,00)		22	0
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets				25	0
26	Total liabilities (describe in Schedule O)				26	<u> </u>
27	Net assets or fund balances (line 27 of column				27	0
Par	till Statement of Program Service Accom Check if the organization used Schedule	<b>piisnments</b> (see the instit O to respond to any ques	uctions for Part III		(Requ	Expenses ired for section
What	t is the organization's primary exempt purpose?		· · · · · · · · · · · · · · · · · · ·		501(c)	(3) and 501(c)(4)
Desc	nbe what was achieved in carrying out the organization	s exempt purposes. In a clea	r and concise mann	er, describe		zations and section a)(1) trusts, optional
the s	ervices provided, the number of persons benefited, and o	other relevant information for e	each program title.		for oth	
28					[	
					1	
						•
~~	(Grants \$ ) If this amount	includes foreign grants, ch	eck nere		28a	O
29						
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶□	29a	D_
30			<u></u> -			
						^
		includes foreign grants, ch		. 🕨 🗀 📙	30a	0
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount	includes foreign grants, ch			31a	0
32	Total program service expenses (add lines 28a t	hrough 31a)	CONTINUE		32	0
	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ited. (see the in	struc	tions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques			struc	tions for Part IV.)
	Check if the organization used Schedule			(d) Contributions	s to lans &	(e) Expense account and
Par	Check if the organization used Schedule  (a) Name and address	O to respond to any ques (b) Title and average hours per week devoted to position	stion in this Part I	(d) Contributions	s to lans &	
Par	Check if the organization used Schedule  (a) Name and address  WORRA ROLEN BERMAN  034 36	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0)	(d) Contributions employee benefit p deferred compens	s to lans &	(e) Expense account and
Par Par 2.8	Check if the organization used Schedule  (a) Name and address  WYCEPAA ROLEN BERMAN  07476  ALEYS MILL RO. DEW VERNON, NJ	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compensation (ff not paid,	(d) Contributions	s to lans &	(e) Expense account and other allowances
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Par Ran Z.B. Bru Z.B.	Check if the organization used Schedule  (a) Name and address  WERRAN 07976  ALLEYS MILL RD, DEW VERNON, NJ  DIET BERMAN 07976  ALLEYS MILL RD, NEW VERNON, NJ	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0)	(d) Contributions employee benefit p deferred compens	s to lans &	(e) Expense account and other allowances
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Par Par 2.B. Bru 2.B. Log 23:	Check if the organization used Schedule  (a) Name and address  WYCEPAA ROLEN BERMAN 07476  ALLEYS MILL RD, NEW VERNON, NJ  DIET BERMAN 07476  ALLEYS MILL RD, NEW VERNON, NJ  OFEN RAPERMAN  72 VALLEDD BALST. SF. CA 94123	O to respond to any ques  (b) Title and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0)	(d) Contributions employes benefit p deferred compens	s to lans &	(e) Expense account and other allowances
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<b>✓</b>	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			<b>✓</b>
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<u> </u>
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		<u> </u>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>V</b>
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
₽	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶	<del></del>		
42a b	The organization's books are in care of ▶ MM LOLER BERMAN, POBOX78Telephone no. ▶ 97. Located at ▶ MALLEYSMALLES. NEW VERNON, NJ MA ZIP + 4 ▶ 0797 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	2798 (No)
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<b>►</b> ⊔
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V
			<del></del>	

Page	4
raye	

								Yes	No
45	Is any related organization a controlled e	ntity of t	he organization within the	mean	ing of section	n 512(b)(13)?	45		~
а	Did the organization receive any paymen	nt from o	r engage in any transaction	n with	a controlled	entity within the			
	meaning of section 512(b)(13)? If "Yes,"	" Form 9	990 and Schedule R may	need	to be comp	leted instead of			
	Form 990-EZ (see instructions)						45a		<u> </u>
46	Did the organization engage, directly or			ivities	on behalf of	or in opposition			,
	to candidates for public office? If "Yes,"	comple	te Schedule C, Part I				46	L	<u> </u>
Part									
	501(c)(3) organizations and sect and 52, and complete the table	lion 494 s for line	7(a)(1) nonexempt char	itable	trusts mus	t answer questic	ns 4	/ <del>-4</del> 9I	D
				ntian i	in thin Dort \	п			_
	Check if the organization used So	chequie	O to respond to any que:	stion	n this Part V	<u>'I</u>	• •	· ·	
			014794 11 11 01					Yes	-
47	Did the organization engage in lobbying					 -	47		1
48	Is the organization a school as described					t	48	<u> </u>	<u> </u>
49a	Did the organization make any transfers			d orga	anization? .		49a	<u> </u>	<u> </u>
	If "Yes," was the related organization as				 Inthor them o	finam directors	49b		d kon
50	Complete this table for the organization' employees) who each received more that								
	employees) who each received more tha	π φ 100,c	(b) Title and average		Compensation	(d) Contributions to		Expen	
	(a) Name and address of each employee paid more than \$100,000		hours per week devoted to position			employee benefit plans & deferred compensation	ac	count a r allowa	and
	BUONE								
				<b></b>					
				ļ					
f	Total number of other employees paid or	ver \$100	0,000 ▶	1			l		
51	Complete this table for the organization \$100,000 of compensation from the org	n's five h	nighest compensated inde		ent contracto	ors who each rec	eıved	more	than
	(a) Name and address of each independent of				(b) Тур	e of service	(c) Co	mpens	ation
	NONE								
					<u> </u>				
	· · · · · · · · · · · · · · · · ·			- <del></del>	· · · · · · · · · · · · · · · · · · ·				
d	Total number of other independent contr	ractors e	ach receiving over \$100.0	00 .	.▶				
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note	e: All section 501(c)(3) orga	ınızatı		7(a)(1)	Yes		No
Under po	enalties of perjury, I declare that I have examined this	return, inc	cluding accompanying schedules	and stat	tements, and to	the best of my knowled		_=-	
	rrect, and complete. Declaration of preparer (other that	on Unicer) II	s Dased On all Information of Write	prepa	or has any know				<del></del>
Sign	I WING THE	<del>-</del>				Oct 25, 2	110		
Here	Signature of officer  FNANUESCA COLLOY	verso.	-MANJPELD CON	ว.ริษเ		Date VANAGING I	OINE	(17C) I	Z
	Type or print name and title			- · · · · ·					
Paid	Print/Type preparer's name	Prepar	rer's signature		Date	Check  f	PTIN		
Prepa Use (	l					irm's EIN ▶			
	Firm's address ▶				F	hone no	-		
May th	ne IRS discuss this return with the prepare	er shown	above? See instructions			▶ 🗆	Yes		No

### **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047 2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Employer identification number

33.	MINALLEFEET VOTED TO CHANGE FISCALYEAR END FROM DEC SITE
	A JUNE 30, HENCE THIS SHORT PERSOD FILING.
	SEE ATTACHED 1128 SUBMITTER TO IRS OCT 25th 2011.

# Application To Adopt, Change, or Retain a Tax Year

(Rev January 2008)

Department of the Treasury Internal Revenue Service ► See separate instructions. OMB No. 1545-0134

Attachment Sequence No 148

	ortant: All filers must complete Part I and sign		
	e of filer (if a joint return is filed, also enter sp		Filer's identifying number
	MINACLEFEET		27-37-64 203
	ber, street, and room or suite no (if a PO bo		Service Center where income tax return will be filed
	289 FURDHAM BLL	D, 5011 6 220	OLDEN, UT
1 .	or town, state, and ZIP code	2011	Filer's area code and telephone number/Fax number
Nam	HAPEL HILL, NC 27 se of applicant, if different than the filer (see in	T 3 1 4º	(800) 785 6605 /( ) MA Applicant's identifying number (see instructions)
ŀ	AME AP APOVE	audenoria	SAME AS ABOVE
Nam	e of person to contact (if not the applicant or	filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number
	FRANCESCA COLLOR	EOO-MANFELD	(919)9297973/1 ) ma.
1 (	Check the appropriate box(es) to	indicate the type of applicant (se	e instructions).
Ε	Individual Cooperati	ve (sec 1381(a))	Passive foreign investment company (PFIC)
Ē		foreign corporation (CFC) (sec. 957)	(sec. 1297)
Ļ	<b>~</b>	ales corporation (FSC) or Interest-charge	Upther foreign corporation
Ĺ	T Downodio corbonation —	international sales corporation (IC-DISC)	Tax-exempt organization
L		foreign corporation (SFC) (sec. 898) poration (sec. 904(d)(2)(E))	Homeowners Association (sec. 528) Other
_	corporation (PSC) Trust	poration (Sec. 304(d)(2)(E))	(Specify entity and applicable Code section)
a P	Approval is requested to (check one)	(see instructions).	
	☐ Adopt a tax year ending ►	(Partnerships and F	PSCs <sup>-</sup> Go to Part III after completing Part I.)
[	☑ Change to a tax year ending ►	JUNE 30 🔲 Retain a tax yea	ar ending >
b II	f changing a tax year, indicate the d	late the present tax year ends. $ ightharpoonup \mathcal{D} \mathcal{U}$	zc. 31
c li	f adopting or changing a tax year, the	ne first return or short period return w	ill be filed for the tax year
t	peginning ► JAN 1, 2011	, 20 \ 1 , and ending ► JUN	£ 30 .2011 ,
3 1:	s the applicant's present tax year, as	s stated on line 2b above, also its curr	rent financial reporting year? ▶ 🗹 Yes 🗌 No
	• • • • • • • • • • • • • • • • • • • •		
	f "No," attach an explanation.		
i	ndicate the applicant's present over	/ -	
li [	ndicate the applicant's present over  Cash receipts and disbursements	/ -	
in	ndicate the applicant's present over	/ -	
	ndicate the applicant's present over ☐ Cash receipts and disbursements ☐ Other method (specify) ▶	/ -	
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	1128 (Rev. 1-2008)		Page 2
	rt II Automatic Approval Request (see instructions)		<u>-</u>
	dentify the revenue procedure under which this automatic approval request is filed ▶		
Sec	ction A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, successor)	or its	
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No
2 3	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553 is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		
Sec	ction B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)		
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year <b>and</b> is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions)		
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶	-	ļ
6	Is the partnership S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted)		
7	Is the S corporation requesting an ownership tax year? (see instructions)	ļ	ļ
B 	Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)		
ec.	ction C-Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)	_	
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?		ļ
_	ction D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)		4
_	Is the applicant a tax-exempt organization requesting a change?	14	<u> </u>
	Ruling Request (All applicants requesting a ruling must complete Section A and any other applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)		<del></del>
Sec	ction A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?		
	If "Yes," see the instructions for information that must be included on an attached explanation.	ļ	1
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?		
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?  If "Yes," attach an explanation.		
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?	-	
b	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions). If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.		
	☐ Annual business cycle test ☐ Seasonal business test ☐ 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.		
	Short period \$ First preceding year \$		}

Third preceding year \$

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

Second preceding year \$