Form <b>990</b>
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Department of the Treasury

Fautha 0040 salandar

Internal Revenue Service

## PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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A	For the	a 2018 calendar year, or tax year beginning and	i enaing		
B	Check if applicable	c Name of organization		D Employer identific	ation number
	Addres	THE CURE STARTS NOW			
	Name change	Doing business as MONKEY IN MY CHAIR		26-02	269131
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	10280 CHESTER ROAD		513-'	772-4888
	termin- ated	, , , , , , , , , , , , , , , , , , ,		<b>G</b> Gross receipts \$	4,927,927.
	Amend	CINCINNAII, OH 45215		H(a) Is this a group re	
	Applica	F Name and address of principal officer: BROOKE DESSERICH		for subordinates	? Yes X No
	pendin	60 CENTRAL TERRACE, CINCINNATI, OH 452	215	H(b) Are all subordinates ind	cluded? Yes No
		empt status: $X 501(c)(3) 501(c)() + (insert no.) 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		e: HTTP://WWW.THECURESTARTSNOW.ORG/		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2007  N	I State of legal domicile: OH
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: $\underline{TO E}$			IND CURES
anc anc		FOR CANCER, STARTING FIRST WITH PEDIATRIC			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more		
Ň	3				9
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)		6	
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		10	
iviti	6	Total number of volunteers (estimate if necessary)			850
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year 2,233,679.	Current Year 2,947,661.
ne	8	Contributions and grants (Part VIII, line 1h)		2,233,079.	2,947,001.
Revenue	9	Program service revenue (Part VIII, line 2g)		-66,775.	32,754.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		388,907.	1,388,047.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,555,811.	4,368,462.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,596,174.	1,091,677.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		<u>, , , , , , , , , , , , , , , , , , , </u>	0.
	400	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		270,843.	411,931.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	10a	Total fundraising expenses (Part IX, column (A), line 116)	92.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		816,625.	176,032.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,683,642.	1,679,640.
		Revenue less expenses. Subtract line 18 from line 12		-3,127,831.	2,688,822.
or				ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)	De	888,884.	1,382,821.
ASSE	20	Total liabilities (Part X, line 26)	······	2,281,491.	121,010.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		-1,392,607.	1,261,811.
	22 2rt II	Signatura Block		_,,,, .	_,,

Part II | Signature Block

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

Sign	Signature of officer		Date					
Here	BROOKE DESSERICH, EXECU	TIVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name F	Preparer's signature	ate Check PTIN					
Paid	ANNA M HELFEN, CPA A	NNA M HELFEN, CPA 11	1/07/19 self-employed P01686651					
Preparer	Firm's name 🕒 CLARK, SCHAEFER,	HACKETT & CO.	Firm's EIN ► 31-0800053					
Use Only	Firm's address 🕨 10100 INNOVATION	DRIVE						
DAYTON, OH 45342 Phone no.937-226-0070								
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: TO EDUCATE, AID AND FUND CURES FOR CANCER, STARTING FIRST WITH PEDIATRIC BRAIN CANCER.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
	(Code:) (Expenses \$ 408,915. including grants of \$ 1,091,677.) (Revenue \$]
	IN ITS EFFORTS TO FOCUS ON THOSE CANCERS THAT PRESENT THE GREATEST OPPORTUNITIES FOR AN ENCOMPASSING CANCER CURE, THE FOUNDATION ANNUALLY
	AWARDS RESEARCH GRANTS TO INSTITUTIONS AND MEDICAL PROFESSIONALS.
	TYPICALLY, GRANTS AWARDED HAVE A FOCUS ON PEDIATRIC BRAIN CANCERS, AS
	THIS WAS THE ORIGIN OF THE FOUNDATION'S PHILOSOPHY. GRANT APPLICATIONS
	WILL BE JUDGED ON A PEER-REVIEWED BASIS WITH THE FOUNDATION'S MEDICAL
	ADVISORY COUNCIL, WHICH IS COMPRISED OF TOP ONCOLOGISTS AND RESEARCHERS
	FROM AROUND THE WORLD, AS WELL AS PARENT ADVOCATES. GRANTS ARE JUDGED
	BASED ON MULTIPLE CRITERIA INCLUDING SCIENTIFIC MERIT, DISEASE IMPACT,
	INNOVATION, FEASIBILITY, AND EXPERTISE OF THE INVESTIGATOR.
	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
	THE DIPG COLLABORATIVE SYMPOSIUM, ORIGINALLY HELD IN CINCINNATI IN
	2011, IS A BIENNIAL CONFERENCE THAT FEATURES CANCER EXPERTS FROM AROUND
	THE WORLD IN COLLABORATION WITH FAMILIES AND FOUNDATIONS SUPPORTING
	THEIR WORK. ORIGINALLY ATTENDED BY OVER 15 FOUNDATIONS AND 25
	INSTITUTIONS FROM SEVEN COUNTRIES, THE DIPG COLLABORATIVE SYMPOSIUM QUICKLY BECAME A DYNAMIC COOPERATIVE, EXPLORING REVOLUTIONARY DIPG
	RESEARCH, CLINICAL PROTOCOLS, AND UNIVERSAL APPLICATIONS OF DIPG
	RESEARCH IN THE SEARCH FOR A CURE FOR ALL FORMS OF CANCER. THE DIPG
	COLLABORATIVE SYMPOSIUM WAS MOST RECENTLY HELD IN CINCINNATI IN MAY
	2017, WHICH WAS ATTENDED BY 29 FOUNDATIONS AND 40 INSTITUTIONS.
-	
	(Code:) (Expenses \$ 145,481. including grants of \$) (Revenue \$) (Reven
	HELPS KEEP THEM CONNECTED TO THEIR CLASSMATES WHILE THEY ARE AWAY
	RECEIVING TREATMENT. THROUGH THE PROGRAM, EACH CHILD IS PROVIDED WITH A
	"MONKEY KIT, " WHICH INCLUDES A BIG STUFFED MONKEY THAT TAKES THEIR
	PLACE IN SCHOOL WHEN THEY ARE UNABLE TO BE THERE. THE KITS INCLUDE THE
	MONKEY WITH A BACKPACK, A BOOK TO HELP TEACHERS EXPLAIN TO STUDENTS THE
	SITUATION THEIR CLASSMATE IS FACING AND HOW IT AFFECTS THEM, AND A
	TEACHER COMPANION GUIDE, ALONG WITH OTHER ITEMS THAT CAN BE UTILIZED BY
	THE CHILD AND/OR THEIR CLASSMATES. ALL KITS ARE SENT OUT AT NO COST TO THE FAMILIES OR HOSPITALS.
	Other program services (Describe in Schedule O.)
	Other program services (Describe in Schedule O.)         (Expenses \$ 483,125. including grants of \$ ) (Revenue \$ )
	(Expenses \$ 483,125. including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,079,057.
	(Expenses \$ 483,125. including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,079,057.
02	(Expenses \$ 483,125. including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,079,057.         Form 990 (2018)

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 Form 990 (2018)
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 Part III
 Statement of Program Service Accomplishments

 Form 990 (2018)
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 Part IV
 Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_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? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			х
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<u>_</u>	
D		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0040)
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 Form 990 (2018)
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 Part IV
 Checklist of Required Schedules (continued)

	· (continued)			
<b>00</b>			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
<b>00</b>	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	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? If "Yes," complete	00		x
04-	Schedule J	23		
248	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? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	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? If "Yes," complete Schedule L, Part III	27		x
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		162	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
832004	12-31-18			(2018)
	4			(_ <b>-</b> · <b>-</b> )

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Part V         Statements Regarding Other IRS Flings and Tax Compliance (contrued)         Yes         No           2a         Ear the number of employees reported on Fram W/S, Transmittal of Wage and Tax Statements, 2 1 10         10         Item of the carlend vare and/or with or within the vare covered by this return. 2 1 10         2a         X           3b         Date the expanzation file all required to defit employment tax roturns?         2a         X           3a         Date expanzation have urrelate basiness gross income of \$1,000 or more during the year?         3a         X           3a         Date expanzation have urrelate basiness gross income of \$1,000 or more during the year?         3a         X           3a         Date expanzation have urrelate basiness gross income of \$1,000 or more during the year?         3a         X           3b         If Yays, 'inter the name of the forsign country.         4a         X           3b         Data yubude party notify the organization have an inspect of forsign Bark and Francial Accounts (FBAP).         5a         X           3c         If Yays, 'indic the mage role and bard for mole and part and the organization sectors of \$7 made parts than an orbitable of the organization and the accounts (FBAP).         5a         X           3c         If Yays, 'indic the organization indicts with a nontraling greater than \$100,000, and did the organization and any relevance during the wase orgling during the wase orgling during the wase orgling d	Form	990 (2018) THE CURE STARTS NOW 26-0269	131	Р	<sub>age</sub> 5		
2a         Enter the number of employees reported on Form W/S, Transmittal of Wage and Tax Statements,         1         1           b         If a least one is reported on line 2a, did the organization file all required is derivel employment tax inturns?         2a         X           All the statum of lines 1 and 2a is greater than 250, you may be required to <i>c</i> -file (see instruction)         3a         X           b         Thes, 'has it field a from 960° for this year? If 'Wo' to <i>ine</i> 3b, provide an explanation in Schedule 0         3a         X           b         Thes, 'has it field a from 960° for this year? If 'Wo' to <i>ine</i> 3b, provide an explanation in Schedule 0         3a         X           b         Thes, 'has it field a from 960° for this year? If 'Wo' to <i>ine</i> 3b, provide an explanation or Schedule 0         3a         X           b         If 'Yes, 'and the any model of the organization in the from any time during the tax year?         5a         X           See instructions for time yearization in the Yes or any time during the tax year?         5a         X           b         Vas, 'inde any contributed tax sheet transaction?         5a         X           Cea         A         A         The statute any contribute tax sheet transaction and any time during the tax year?         5a         X           Cea         A         A         The statute any time during tax year         5a         X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Interface       10       2a       10         b       If a lead one is reported on inc 20, diff the organization file all required federal employment tax returns?       2a       X         A       Dot the organization have unrelated basiness gross income of 5,000 reme during the year?       3a       Dot the organization have unrelated basiness gross income of 5,000 reme during the year?       3a       X         If Two: have the name of the foreign country, two to ins shy, provide an explanation in Schedule O       3b       X         J       Two: have the name of the foreign country, two to ins shy, provide an explanation reme frammal account, security or the name of the foreign country.       5a       X         So instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a       X         G       Dos the organization have enquires that an enzymally grader than \$100,000, and did the organization solid: any contributions that were not tax deductible as charitable contributions?       5a       X         G       Dos the organization neave asymet in excess of 57 med parts as a contributions of provide a deductible?       5a       X         G       Dos the organization neave asymet in excess of 57 med parts as a contributions?       5a       X         G       Dos the organization neave asymet in excess of 57 med parts as a contributions?       5a       X         G       Dos the organization neave as				Yes	No		
b       If a last one is monitor to 2.a did the organization the all required fearing the year?       25       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       TYes," that I thied a form 990 T for the year?       TYes," that I thied a form 990 T for the year?       Yes," that I thied a form 990 T for the year?       X         b       TYes," that I thied a form 990 T for the year?       TYes," that I thied a form 990 T for the year?       X         b       TYes," that I thied a form 990 T for the year?       TYes," that I thied a form 990 T for the year?       X         b       If Yes," that I thied a form 990 T for the year?       Tyes," that I thied a form 990 T for the year?       Sa       X         See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).       Sa       X         B       Wash toroganization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions the were not tax deductible a cathatable contributions or gifts were not tax deductible a cathatable contributions or gifts were not tax deductible a cathatable contribution and partly for goads and services provided T       To       X         b       If Yes," indicate for number of Forms 8282 field during the year?       Ta       X       To       X         0 b       If Yes," indicate enganization neithy w	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of times 1a and 2a is greater than 250, you may be required to e-fig (see instructions)         Image: Section 2000 (Section 2000)         Image: Section 2000 (Section		filed for the calendar year ending with or within the year covered by this return 2a 10					
3a       Did the organization have unrelated business gross income of \$1.000 or more during the year?       3a       X         bill "Yes," has it field a Ferm Septor for this year? if "No' to line 3b, provide an explanation in Schedule O       3b       3c         bill "Yes," has it field a Ferm Septor for this year? if "No' to line 3b, provide an explanation in Schedule O       3c       3c         bill "Yes," the it field a Ferm Septor for this year? if "No' to line 3b, provide an explanation in Schedule O       3c       3c         bill "Yes," the it field a Ferm Septor for FinCEN Ferm 114, Report of Foreign Bank and Financial Accounts (FEAPI).       5a       X         5b       Was the organization apart to a prohibilitid tax whether transaction at any time during the tax year?       5a       X         5c       Cost       Sc       Sc       Sc       Sc         6c       Didary taxable party notify the organization free mon 88067 72.       Sc       Sc       Sc       Sc         6c       If "Yes," idid the organization notide with over yes oloitation an express statement that such contributions orgits were not tax deductible?       Sc       X         7       Organization notide with over yes oloitation an express statement that such contributions or gifts were not tax deductible?       To       Sc       Sc         7       Organization network association incide with very soloitation an express statement that such contrubutors or gifts were not tax	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
b       If "Yes," inte it field a Form 90-1 for this yes/? If Yeb's to line 3b, provide an explanation in Schedule O       9b         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts?       4a       X         b       If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?       5a         5       See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5       Did any taxable party notify the organization that two or is a party to a prohibited tax shelter transaction?       5a       X         10       Yes" to line 5a or 5b, did the organization that two or is a party to a prohibited tax shelter transaction?       5a       X         10       Yes" to line 5a or 5b, did the organization that two or is a party to a prohibited tax shelter transaction?       5a       X         11       Yes" to did the organization neural gross neceptotication an express slatement that such contributions or gifts       5a       X         11       Yes" to did the organization neceptotication are objected to the party of probabite personal property for which it. was required?       7a       X         11       Yes", indicate the number of Forms S282 field during the year?       7a       X		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
4a At any time during the calendary year, did the organization have an interest in, or a signature or other mathently over, a francial account is a toreing country. (b)       X         b If "Yes," enter the name of the foreign country. (b)       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sea         5a Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       So       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       X         c If "Ves" to line Saor 56, did the organization file form 68667?       So       So       X         c If "Ves" to line Saor 56, did the organization file form 68667?       So So the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       So       X         7 Organization scele a payment in excess of 575 made parity as a contribution and parity for gools and services provided to the parayitation for the value of the good or services provided to the parayitation for the value of the good or services provided to the parayitation for the value of the organization notity the dorn or the value of the good or services provided to the parayitation for exervice a contribution of qualified intellectual property for which it was required?       Ta       X         7 Uf the organization neave were than were substation and explanes, or ther which is did the organization free to a solution of qualified intellectual property, did the organization file a form 100867?	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
4a At any time during the calendary year, did the organization have an interest in, or a signature or other mathently over, a francial account is a toreing country. (b)       X         b If "Yes," enter the name of the foreign country. (b)       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sea         5a Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       So       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       X         c If "Ves" to line Saor 56, did the organization file form 68667?       So       So       X         c If "Ves" to line Saor 56, did the organization file form 68667?       So So the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       So       X         7 Organization scele a payment in excess of 575 made parity as a contribution and parity for gools and services provided to the parayitation for the value of the good or services provided to the parayitation for the value of the good or services provided to the parayitation for the value of the organization notity the dorn or the value of the good or services provided to the parayitation for exervice a contribution of qualified intellectual property for which it was required?       Ta       X         7 Uf the organization neave were than were substation and explanes, or ther which is did the organization free to a solution of qualified intellectual property, did the organization file a form 100867?	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
financial account in a foreign country (such as a bark account, securities account, or other financial account)?     4a     X       bit /*se, 'enter the name of the foreign country, b     Security (security)     5a       Saw as the organization a party to a prohibited tax shelf transaction at any time during the tax year?     5a       Saw as the organization as manual gross receipts that are normally greater than \$100,000, and did the organization security (security)     5b       Saw as the organization are annual gross receipts that are normally greater than \$100,000, and did the organization security and the organization are approximation an express statement that such contributions or gifts were not tax deductible as charitable contributions?     5b       bit /*se, ' did the organization noticty with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7c       bit /*se, ' did the organization notity the donor of the value of the goods or services provided?     7c       bit /*se, ' did the organization notity the donor of the value of the goods or services provided?     7c       bit /*se, ' did the organization necel ward funds, discidy or indirectly, to pay premiums on a personal benefit contract?     7c       ci if 'Yes, ' did the organization necel ward funds, aiplanes, or other vehicles, did the organization necel ward a contribution of cars, boats, aiplanes, or other vehicles, did the organization necel ward a contribution of cars, boats, aiplanes, or other vehicles, did the organization necel ward a contribution of cars, boats, aiplanes, or other vehicles, did the organization necel ward a contribution of cars,							
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       Sa       X         5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         b D d sny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sa       X         c If Yes' to line Sa or 5b, did the organization that exam on the aparty to a prohibited tax shelter transaction?       Sa       X         b If Yes, 'd the organization nucle where y solicitations an express statement that such contributions or gifts were not tax deductible?       Sa       X         0 Organization stat may receive deductible contributions under section 170(c).       Did the organization notify the donor of the value of the goods or services provided?       7a       X         D If Yes, 'did the organization notify the donor of the value of the goods or services provided?       7a       X         D If the organization necelve any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7a       X         D If the organization necelve a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1898.28 (PM A)       7a       N/A         B Uf the organization necelve a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1898.27 (N/A)       7a       N/A         B Uf the organization necelve anothable donor advised funds <td< th=""><th></th><th>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th><th>4a</th><th></th><th>X</th></td<>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       c     Dide any taxable party notify the organization file form 6886 1?     5b     X       c     Dide organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions of the value of the goods or services provided?     7a     X       c     Did the organization neceive apyment in access of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       c     Did the organization neceive any funds, directly or indirectly, on personal benefit contract?     7b     X       c     X     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       f     If the organization neceives any funds, directly or indirectly, on a personal benefit contract?     7t     X       f     If the organization neceives any funds, directly or indirectly, on apersonal benefit contract?     7t     N/A <th>b</th> <th>If "Yes," enter the name of the foreign country:</th> <th></th> <th></th> <th></th>	b	If "Yes," enter the name of the foreign country:					
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       c     Dide any taxable party notify the organization file form 6886 1?     5b     X       c     Dide organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions of the value of the goods or services provided?     7a     X       c     Did the organization neceive apyment in access of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       c     Did the organization neceive any funds, directly or indirectly, on personal benefit contract?     7b     X       c     X     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       f     If the organization neceives any funds, directly or indirectly, on a personal benefit contract?     7t     X       f     If the organization neceives any funds, directly or indirectly, on apersonal benefit contract?     7t     N/A <th></th> <th colspan="6"></th>							
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         c       If 'Yes' to line 5a or 5b, did the organization 886 err?       5c       Sc       Sc         B       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         0       Did the organization include with every solicitation and party for goods and services provided to the payo?       7a       X         7       Organization sective a payment in excess of 575 made party as a contribution and party for goods and services provided to the payo?       7b       X         7       Did the organization nective apyment in excess of 575 made party as a contribution of the was required to file Form 8282?       7c       X         0       Did the organization ceves any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         1       Did the organization receive any funds, directly or indirectly, the any and any any argumation file a Form 1098 cr       7n       N/A         1       If the organization maker at stable distributions under section 4966?       N/A       9e       9e         2       If the organization and party have a distribution of cars, boats, airplanes, or other vehicles, did the organization freewere N/A	5a		5a		X		
Ge       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions must ave not tax deductibles as charitable contributions?       Sa       X         bit 1* vise; ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         c) 0 organizations that may receive deductible contributions under section 170(c).       Did the organization netwith the donor of the value of the goods or services provided to the payor?       7a       X         c) Did the organization netwith the donor of the value of the goods or services provided?       7b       X       7c       X         c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f) Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?       7t       X         f) If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?       7t       X         g) If the organization maintaining donor advised funds.       Did the organization male airplate present wehicles in the organization file Form 899 as required?       7t       N/A         g) Sonsoring organization male airplate present wehicles       N/A       10a       10a       10a       10a       10a       10a       10a			5b		X		
Ge       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions must ave not tax deductibles as charitable contributions?       Sa       X         bit 1* vise; ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         c) 0 organizations that may receive deductible contributions under section 170(c).       Did the organization netwith the donor of the value of the goods or services provided to the payor?       7a       X         c) Did the organization netwith the donor of the value of the goods or services provided?       7b       X       7c       X         c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f) Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?       7t       X         f) If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?       7t       X         g) If the organization maintaining donor advised funds.       Did the organization male airplate present wehicles in the organization file Form 899 as required?       7t       N/A         g) Sonsoring organization male airplate present wehicles       N/A       10a       10a       10a       10a       10a       10a       10a	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
any contributions that were not tax deductible as charitable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6c       7 Organizations that may receive deductible contributions under section 170(c).     10     <							
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       60         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         0       If "Yes," (did the organization notify the door of the value of the goods or services provided?       7a       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       X         d       If "Yes," (adicate the number of Forms 8282 filed during the year       7d       X       Y         e       Did the organization receive any tunds, directly or indirectly, to pay permiums on a personal benefit contract?       7f       X         g       If the organization of the value op promiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096C7       7h       N/A         9       Sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9a         9       Sottine form members or shareholders       N/A       10a       10b       10a       10b         11       Section 601(c)(12) organizations. Enter:       n/A       10a			6a		X		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization nective a payment in excess of 57 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b) If "Yes," idiate the quanzition notify the donor of the value of the goods or services provided?       7b       X         c) Did the organization notify the donor of the value of the goods or services provided?       7c       X         c) Did the organization notewer any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d) If "Nes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d) Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?       Sponsoring organization maxen y taxable distributions on advised fund maintained by the sponsoring organization make nay taxable distributions on advised fund maintained by the sponsoring organization make nay taxable distributions under section 4966?       N/A       9a         9 Sponsoring organization make nay taxable distributions on advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make nay taxable distributions under section 4966?       N/A       9a       9b       9b       9b       9	b						
7       Organizations that may receive deductible contributions under section 170(c).       a       a       a       a       b       a       b       a       b			6b				
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization andi, exchange, or otherwise dispose of tanjble personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization, during the year, pay premiums, on a personal benefit contract?       7c       X         f       Did the organization during the year, pay premiums, during during and a donor advised fund maintained by the sponsoring organization match and soft funds.       7n       N/A         Sponsoring organization nake any taxable distributions under section 4966?       N/A       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       N/A       9a         10       besponsoring organizations match and taxable distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(2) organizations included on Part VIII, line 12       N/A       10a <th>7</th> <th></th> <th></th> <th></th> <th></th>	7						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       N       N         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       N/A       N/A         g       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         g       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         g       Did the sponsoring organization. Enter:       Inda       Inda       Inda         g       Gross income from members or shareholders       N/A       Inda       Inda         g       Gross income from other sources (D on thet amounts due or pacid to other sources against amounts due or re	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       N/A         Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9 Sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9a         10 bid the sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       10b       10c       10b       10c       10b       10c       10b       10b       10b       10c       10b       10c	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         g If the organization received a contribution of acry, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organization make a distribution to a donor, donor advised funds.       9a       9a       9a         10       If the sponsoring organization make a distribution to a donor, donor advised, or related person?       N/A       9a         10       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       10b       10c       10c       11c         12       Section 501(c)(12) organizations. Enter:       10c       10c       11c       12a         13       Section 5	с						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       N/A         n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       N/A         8 Sponsoring organizations maintaining door advised funds.       N/A       8       8         a Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         b Di the sponsoring organizations. Enter:       10a       10a       9b       9c         a Gross income from members or shareholders       N/A       11a       10a       10b       11b       12a         2 Section 501(c)? organizations. Enter:       a Gross income from members or shareholders       N/A       11a       12a       12a         1 ff "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12a       13a       13a         3 Section 501(c)(229) qualified nonprofit health insurance issuers.       N/A       13a       13a       13a       13a       14a       X		to file Form 8282?	7c		X		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       N/A         h       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       N/A         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A.         9       Did the sponsoring organization make any taxable distributions under section 4966?       N/A.       9a         10       Section 501(c)(7) organizations. Enter:       a finitiation fees and capital contributions included on Part VIII, line 12       N/A       10a       10b         11       Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       N/A       11a       12a         12       Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       N/A       11a       12a       12a         13       Section 501(c)(12) organizations. Enter:       a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a       12a       12a       12a	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g N/A         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h N/A         8 Sponsoring organization have excess business holdings at any time during the year?       N/A         9 Sponsoring organization make access business holdings at any time during the year?       N/A         9 Did the sponsoring organization make any taxable distributions under section 4966?       N/A         9 Did the sponsoring organization make a distribution to a donor advisor, or related person?       N/A         9 Gross receipts, included on Form 900, Part VIII, line 12       N/A         10 Section 501(c)(7) organizations. Enter:       10b         11 Section 501(c)(2) organizations. Enter:       10b         12 Section 501(c)(2) organizations. Enter:       11b         13 Gross income from members or shareholders       N/A         14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14 If "Yes," enter the amount of reserves the organization in more than one state?       N/A         13 Section 501(c)(29) qualified health plans in more than one state?       N/A         14 Did the organization is licensed to issue qualified healt	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       N/A         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       a donor advised funds.       a         a       Did the sponsoring organizations maintaining donor advised funds.       a donor advised funds.       a         a       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         b       Did the sponsoring organizations. Enter:       a long and capital contributions included on Part VIII, line 12       N/A       10a         10       Section 501(c)(7) organizations. Enter:       a foross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a         12       Section 501(c)(2) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       N/A       12a         13       Section 501(c)(2) qualified nonprofit health plans       13a       13a         14       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       N/A.         9       Sponsoring organizations maintaining donor advised funds.       N/A.         9       Did the sponsoring organization make any taxable distributions under section 4966?       N/A.         9       Did the sponsoring organization make any taxable distributions under section 4966?       N/A.         9       Did the sponsoring organization.       Enter:         10       Section 501(c)(7) organizations.       Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12       N/A.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         1       Section 501(c)(12) organizations. Enter:       10b       11b       11b         a       Gross income from members or shareholders       N/A.       11a       11b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       N/A.       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13b       13a       13a       13a       13a	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A		
sponsoring organization have excess business holdings at any time during the year?       N/A       8         9       Sponsoring organizations maintaining donor advised funds.       maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         b       Did the sponsoring organizations. Enter:       a       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       9b       0         10       Section 501(c)(7) organizations. Enter:       a       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       10b       0b       0b       0c         11       Section 501(c)(12) organizations. Enter:       a       Gross income from members or shareholders       N/A       11a       11b       11b       11c	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A		
9       Sponsoring organizations maintaining donor advised funds.       a       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A       9b         10       Section 501(c)(7) organizations. Enter:       a       Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a       b         11       Section 501(c)(12) organizations. Enter:       a       0b       10b       11a       10b         12       Section 501(c)(12) organizations. Enter:       a       0ross income from members or shareholders       N/A       11a       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         14a       Did       13a       13a       13a         14a       Did       13a       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         14b       If "Yes," h	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
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b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       Inta         a       Gross income from members or shareholders       N/A       Inta         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       Inta       Inta         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       Inta       Inta         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       Inta         13       Section 501(c)(29) qualified nealth plans in more than one state?       N/A       Inta         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       Inta         a       Is the organization receive any payments for indoor tanning services during the tax year?       Inta       Inta       Inta         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       Inta       Inta       Inta         b       If "Yes," see instructions and file Form 4720, Schedule N.       Inta       Inta	10						
11       Section 501(c)(12) organizations. Enter:       N/A       11a       11a         a       Gross income from members or shareholders       N/A       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A.       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         a       Is the organization sticensed to issue qualified health plans in more than one state?       N/A       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X	а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a					
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b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Fo	11						
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A.       13a         Note. See the instructions for additional information the organization must report on Schedule O.       b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14a         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receives any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 excise tax on net investment income?       15       X         16       If "Yes," complete Form 4720, Schedule O.       16       X							
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       Note.       Note.       Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       14b       14b       14b       15       X       15       X       15       X       15       X       15       X       15       X       16       16       X       16       16       X       16       16       16       X       16       16       16       16			12a				
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Note. See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization of the organization receives on hand       Image: Construction of the organization receives and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments?       Image: Construction of the organization in Schedule O       Image: Construction of the organization of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Construction of the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Construction of the organization of the organization of the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Construction of the organization of the organizati							
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c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b						
14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X							
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         16       X         17       If "Yes," complete Form 4720, Schedule O.	С						
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X			14a		X		
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       10       10       10	b		14b				
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16       X         17       If "Yes," complete Form 4720, Schedule O.	15						
16       X         If "Yes," complete Form 4720, Schedule O.       If		excess parachute payment(s) during the year?	15		X		
If "Yes," complete Form 4720, Schedule O.							
	16	-	16		X		
		If "Yes," complete Form 4720, Schedule O.	-	0000			

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
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## THE CURE STARTS NOW

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. X

Sect	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		)		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
	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?			2	Х	
	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b	х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Code )			
		venue	<u>code.</u> /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			.,	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		g			
				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$			12.0		
	in Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13		X
	Did the organization have a written document retention and destruction policy?			14		x
	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	гоутт	dependent			
	The organization's CEO, Executive Director, or top management official			15a		х
	Other officers or key employees of the organization			15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a			
	taxable entity during the year?			16a		х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, C	<u>ч.</u> т	L.GA.TA.TI	. TN	KS	KY
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an					
	for public inspection. Indicate how you made these available. Check all that apply.	a 550		o orny) i	avaiid	
		in Or	hadula ()			
19	Own website       Another's website       X       Upon request       Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, corr		,	1 finano	ial	
	statements available to the public during the tax year.	mot 0	i interest policy, all	a in ianc	a	
	State the name, address, and telephone number of the person who possesses the organization's boo	ke on	d records			
	BROOKE DESSERICH - 513-772-4888					
	10280 CHESTER RD, CINCINNATI, OH 45215					
832006	12-31-18     SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2018)

6				
2018.05000	THE	CURE	STARTS	NOW

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	uge
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

Form 990 (2018)

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

THE CURE STARTS NOW

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Т

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	e Position (do not check more than one					ne	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of						
	week		cer ar I	id a d	Irecto	or/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the		
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related		
	below	lual tr	tional		nploy	st con	_			organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationio		
(1) KEITH DESSERICH	10.00				Ť	1 0	ш					
CHAIRMAN OF THE BOARD		x		x				0.	0.	0.		
(2) DR. GAVIN BAUMGARDNER, D.O.	5.00											
V. PRES./HEAD OF MED. ADVISORY COUNC		x		x				0.	0.	0.		
(3) DOUG DESSERICH	1.00											
TREASURER		х		x				0.	0.	0.		
(4) DR. TRENT HUMMEL, MD	1.00											
SEC./HEAD OF DIPG COLLABORATIVE		x		x				0.	0.	0.		
(5) MICHELLE BJORNBERG	1.00											
HEAD OF STRATEGIC ADVISORY COUNCIL		Х						0.	0.	0.		
(6) TORI GLAVIN	1.00											
HEAD OF MONKEY IN MY CHAIR COUNCIL		Х						0.	0.	0.		
(7) TERRY REAGAN	1.00											
HEAD OF INVESTMENT ADVISORY COUNCIL		Х						0.	0.	0.		
(8) TAMARA EKIS	1.00											
MEMBER AT LARGE		Х						0.	0.	0.		
(9) MELISSA SALADONIS	1.00											
MEMBER AT LARGE		Х						0.	0.	0.		
(10) BROOKE DESSERICH	40.00											
EXECUTIVE DIRECTOR				X				68,738.	0.	12,174.		
		1										
		<u> </u>										
000007 10 01 10										Form <b>990</b> (2018)		
832007 12-31-18										F0111 <b>CCC</b> (2018)		

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	990 (2018) THE CURE									26-02	2692	131	Pa	age <b>8</b>	
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		, ,	<del></del>				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any hours for	Average ours per box week offi		erage Constitution (do not check more th box, unless person is officer and a director/ t any b			than c s both pr/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		an com	(F) timate nount other pensa om the	of tion
		related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS		org and	anizati d relati	ion ed	
	Sub-total								68,738.		0.	1	2,1'	74.	
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.		2,1	0.	
2	Total number of individuals (including but no compensation from the organization							o re	,	000 of reportable			_,	0	
3	Did the organization list any <b>former</b> officer,	director. or tru	istee	e. ke	ev en	olan	vee.	orl	highest compensated er	nplovee on			Yes	No	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	uch individual			· ·····				· · ·			3		Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		X	
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fo	or si	ıch <u>ı</u>	oers	on .				<u></u>	5		Х	
1	Complete this table for your five highest con the organization. Report compensation for t									, ,	oensat	ion fro	om		
	(A) Name and business	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	(C ompei	<b>;)</b> nsatior	n		
2	Total number of independent contractors (in	•	ot lin	nited	d to f			ted	above) who received mo	ore than					
	\$100,000 of compensation from the organiz	ation 🕨				(	,					Form	<b>990</b> (2	2018)	

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		HE CURE STA	RTS NOW			26-0269	131 Page
art VI	III Statement of	Revenue					
	Check if Schedule	O contains a respons	e or note to any line	<u>e in this Part VIII</u> <b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
2 1 a	a Federated campaigns	1a					
	<b>b</b> Membership dues						
	c Fundraising events		333,093.				
	d Related organizations						
e	e Government grants (co						
т D	f All other contributions, g similar amounts not inclu		2,614,568.				
Ξ,	g Noncash contributions include		75,477.				
	h Total. Add lines 1a-1f			2,947,661.			
			Business Code	, , -			
2 a	a						
2 a bill c c c f							
	c						
b c	d		_				
e e	e		_				
	f All other program serv						
	g Total. Add lines 2a-2f						
3	Investment income (in			835.			
	other similar amounts)			035.			83
4	Income from investme Royalties		· · ·				
5	noyallies	(i) Real					
6 8	a Gross rents						
	<b>b</b> Less: rental expenses						
	c Rental income or (loss						
c	d Net rental income or (I						
	a Gross amount from sa						
	assets other than inve	ntory 31,91	9.				
b	b Less: cost or other bas						
	and sales expenses		).				
	c Gain or (loss)			21 010			21.01
8 9	<ul><li>d Net gain or (loss)</li><li>a Gross income from fur</li></ul>	ndraising events (not	▶	31,919.			31,91
	including \$	333,093. of					
	contributions reported	,					
	Part IV, line 18		a 1,947,512.				
	b Less: direct expenses		b 559,465.	1 200 045			1 200 04
	c Net income or (loss) fr	-	····· ►	1,388,047.			1,388,04
9 8	a Gross income from ga						
	Part IV, line 19						
	<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from</li></ul>						
	a Gross sales of invento						
	and allowances		a				
b	b Less: cost of goods so						
	c Net income or (loss) fr						
	Miscellaneous		Business Code				
11 a	a		_				
b	b		-				
c			-				
	d All other revenue						
	e Total. Add lines 11a-1			4 200 400			1 400 00
12	Total revenue. See instr	uctions	▶	4,368,462.	0.	0.	1,420,80 Form <b>990</b> (20

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<sup>9</sup> 

 Form 990 (2018)
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 Part IX
 Statement of Functional Expenses

0000	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	792,096.	792,096.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	000 501	200 501		
	individuals. See Part IV, lines 15 and 16	299,581.	299,581.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	80,913.	21 016	6,368.	49,699.
~	trustees, and key employees	00,913.	24,846.	0,500.	49,099.
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	249,263.	68,578.	18,293.	162,392.
8	Pension plan accruals and contributions (include	21572051			102,002
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	47,388.	23,101.	5,151.	19,136.
10	Payroll taxes	34,367.	16,754.	3,735.	13,878.
11	Fees for services (non-employees):				•
	Management				
	Legal				
	Accounting	53,123.	31,671.		21,452.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	135.		135.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	32,791.	18,907.	2,944.	10,940.
14	Information technology	197,720.	113,945.	17,766.	66,009.
15	Royalties	150 400		16 204	
16	Occupancy	152,420.	75,534.	16,304.	60,582.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	25,207.		25,207.	
22 23		9,347.	4,557.	1,016.	3,774.
23 24	Other expenses. Itemize expenses not covered	570171	1,00,1	1/0100	0,77,20
	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 0.)				
а	SUPERVISOR SALARY	131,852.	131,852.		
b	PROGRAM AWARENESS	131,592.	131,592.		
с	IN-KIND	75,477.	36,805.	7,938.	30,734.
d	MONKEY IN MY CHAIR	32,359.	32,359.		
е	All other expenses	-665,991.	-723,121.	26,434.	30,696.
25	Total functional expenses. Add lines 1 through 24e	1,679,640.	1,079,057.	131,291.	469,292.
26	Joint costs. 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)				
83201	0 12-31-18	10			Form <b>990</b> (2018)

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Fai	• •					
		Check if Schedule O contains a response or note to any line in this F	<u>'art X</u>			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		600,381.	1	994,312
	2	Savings and temporary cash investments		,	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directo				
	5	trustees, key employees, and highest compensated employees. Con				
					5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defin			5	
	U	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co				
		employers and sponsoring organizations of section 501(c)(9) volunta				
		employees' beneficiary organizations (see instr). Complete Part II of \$			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		130,119.	8	113,805
	9	Prepaid expenses and deferred charges		68,951.	9	91,502
		Land, buildings, and equipment: cost or other		00,0011		51,001
	104		9,287.			
	h	Less: accumulated depreciation 10b 7	6,161.	61,959.	10c	113,126
	11	Investments - publicly traded securities		27,474.	11	50,076
	12	Investments - other securities. See Part IV, line 11		_,,_,_,	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	20,000
	15	Other assets. See Part IV, line 11			15	20,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		888,884.	16	1,382,821
	17	Accounts payable and accrued expenses		61,547.	17	72,302
	18	Grants payable		2,148,918.	18	0
	19	Deferred revenue		71,026.	19	48,708
	20	Tax-exempt bond liabilities		<b>1</b>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I			21	
<i>"</i>	22	Loans and other payables to current and former officers, directors, tr				
Liabilities		key employees, highest compensated employees, and disqualified p				
lige		Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir				
		parties, and other liabilities not included on lines 17-24). Complete Pa				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,281,491.	26	121,010
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛽	X and			
s		complete lines 27 through 29, and lines 33 and 34.				
2Ce	27	Unrestricted net assets		-1,392,607.	27	1,261,811
alai	28	Temporarily restricted net assets			28	
d B	29	Permanently restricted net assets			29	
ŝ		Organizations that do not follow SFAS 117 (ASC 958), check here	• ▶ 🗌			
P.		and complete lines 30 through 34.				
ŝts	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
SS					32	
et Asse	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		-1,392,607. 888,884.	33	1,261,811 1,382,821

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Form	1 990 (2018) THE CURE STARTS NOW	26-	0269131	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities         Investment expenses         Prior period adjustments         Other changes in net assets or fund balances (explain in Schedule O)         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	4,368 1,679 2,688 -1,392 -34	9,6 3,8 2,6 4,4	40. 22. 07. 04. 0.
Do	column (B))	10	1,263	L,8:	<u>11.</u>
Fai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				l
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc			
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2018)

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(	Form	990	or	990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

(	to Public pection	;

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

THE CURE STARTS NOW         26-0269131           Part1         Reason for Public Charity Status (All organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).           A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).)         A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).           A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)           A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).           R a organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)           A community trust described in section 170(b)(1)(A)(v).         Complete Part II.)           M a conjunction with a land-grant college or university:         A a agricultural research organization described in section 170(b)(1)(A)(v).           M a neganization that normally receives: (1) more than 33 1/3% of its support from conjunction with a land-grant college or university:           M an organization organization described in section 170(b)(1)(A)(v).         See section 509(a)(2). (Complete Part II.)           M an organization dragrant college of agriculture (see instr	
<ul> <li>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A chospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>To organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A a ragricultural research organization described in section 170(b)(1)(A)(v).</li> <li>An arginization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its swapp to thom contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to cretain exceptions, and (2) no more than 33 1/3% of its support from grosn investme income and unrelated business taxable income (less section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of ne or more publicly supported organizations described in section 509(a)(2). See section 509(a)</li></ul>	
<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investme income and unrelated business taxable income (less section 509(a)(1) or section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(</li></ul>	
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<ul> <li>activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
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<ul> <li>See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	nt
<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
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<ul> <li>more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
<ul> <li>lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li><b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li><b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li><b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
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<ul> <li>the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
<ul> <li>organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
<ul> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
<ul> <li>control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,</li> </ul>	
organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,	
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,	
its supported organization(s) (see instructions) Vou must complete Part IV Sections A. D. and E.	
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	
d <b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s)	
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness	
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II	
functionally integrated, or Type III non-functionally integrated supporting organization.	
f Enter the number of supported organizations	
g         Provide the following information about the supported organization(s).           (i) Name of supported         (ii) EIN         (iii) Type of organization         (iv) Is the organization listed         (v) Amount of monetary         (vi) Amount of othe	er
organization (described on lines 1-10 in your governing accument/	
above (see instructions)) Yes No	
Total	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2	2018

## Schedule A (Form 990 or 990 EZ) 2018 THE CURE STARTS NOW

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1882374.	1740338.	2261773.	2233679.	2952881.	11071045.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1882374.	1740338.	2261773.	2233679.	2952881.	11071045.
5	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)						582,029.
6	Public support. Subtract line 5 from line 4.						10489016.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1882374.	1740338.	2261773.	2233679.	2952881.	11071045.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	27,896.	5,014.	19,316.		32,754.	84,980.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	787,321.	992,960.	403,458.	388,907.	1388047.	
11	Total support. Add lines 7 through 10						15116718.
12	Gross receipts from related activities,	•	,			12	
	First five years. If the Form 990 is for						
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage				
	Public support percentage for 2018 (I					14	69.39 %
	Public support percentage from 2017					15	73.10 %
	<b>33 1/3% support test - 2018.</b> If the c						
104	stop here. The organization qualifies						N V
h	<b>33 1/3% support test - 2017.</b> If the c		-		line 15 is 33 1/3%		······································
N	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test		•••		13 16a or 16b a		
174	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-	•		0	
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is	
N.	more, and if the organization meets th						
	organization meets the "facts-and-circ						´ ►□
18	Private foundation. If the organization			-	• • • •		
.0				2, 100, 170, 01 170		dule A (Form 990	
							,

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## Schedule A (Form 990 or 990-EZ) 2018 THE CURE STARTS NOW

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		(6) 2010	(0) 2010			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization,
_							
	ction C. Computation of Publi		•			<del>, , , , , , , , , , , , , , , , , , , </del>	
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves			10 1 (0)			
	Investment income percentage for 20					17	%
						18	17 is not
198	<b>33 1/3% support tests - 2018.</b> If the						
L	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18	T GIG HOL CHECK &	507 OF INC 14, 19				90 or 990-EZ) 2018
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Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
4	Did the directory tructory, or membership of one or more supported organizations have the newer to		163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
<b>h</b>	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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## Schedule A (Form 990 or 990-EZ) 2018 THE CURE STARTS NOW Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting orga	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

## Schedule A (Form 990 or 990 EZ) 2018 THE CURE STARTS NOW

Part V Type III Non-Functionally Ir	ntegrated 509(a	a)(3) Supporting Orga	nizations (continued)	
Section D - Distributions			· · · ·	Current Year
1 Amounts paid to supported organizations t	o accomplish exen	npt purposes		
2 Amounts paid to perform activity that direc	tly furthers exempt	t purposes of supported		
organizations, in excess of income from ac	tivity			
3 Administrative expenses paid to accomplis	h exempt purposes	s of supported organization	6	
4 Amounts paid to acquire exempt-use asset	s			
5 Qualified set-aside amounts (prior IRS appr	oval required)			
6 Other distributions (describe in Part VI). Se	e instructions.			
7 Total annual distributions. Add lines 1 thr	rough 6.			
8 Distributions to attentive supported organiz	ations to which the	e organization is responsive		
(provide details in <b>Part VI</b> ). See instructions	3.			
9 Distributable amount for 2018 from Section	n C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount			I	
Section E - Distribution Allocations (see instrue	ctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section	n C, line 6			
2 Underdistributions, if any, for years prior to	2018 (reason-			
able cause required- explain in Part VI). Se	e instructions.			
3 Excess distributions carryover, if any, to 20	18			
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2018 distributable amount				
i Carryover from 2013 not applied (see instru	uctions)			
j Remainder. Subtract lines 3g, 3h, and 3i fro	om 3f.			
4 Distributions for 2018 from Section D,				
line 7: \$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2018 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4	4.			
5 Remaining underdistributions for years price	r to 2018, if			
any. Subtract lines 3g and 4a from line 2. F	or result greater			
than zero, explain in Part VI. See instruction	ns.			
6 Remaining underdistributions for 2018. Sul	otract lines 3h			
and 4b from line 1. For result greater than a	zero, explain in			
Part VI. See instructions.				
7 Excess distributions carryover to 2019.	Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				(Ferrer 000 er 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VI	Supplemental Inform	nation	<ul> <li>Provide</li> </ul>	the explanation	ons reau
Schedule A	A (Form 990 or 990-EZ) 2018	THE	CURE	STARTS	NOW

Schedule A (Form 990 or 990-EZ) 20
-

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## \*\* PUBLIC DISCLOSURE COPY \*

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2018

Employer identification number

26-	02	69	1	31	
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THE	CURE	STARTS	NOW

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set is the set in the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless to the parts unless the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for a set is the s

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

## Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

THE CURE STARTS NOW

Name of organization

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 80,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 247,204. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 154,309. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 4 Person Payroll 105,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 115,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 99,880. Noncash \$ (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.05000 THE CURE STARTS NOW

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## Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

THE CURE STARTS NOW

Name of organization

Page 2

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 543,334. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X Person Payroll 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 62,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll 97,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 24

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Name of organization

Page 3
Employer identification number

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## THE CURE STARTS NOW

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

## 14361107 758050 4000011-501

2018.05000 THE CURE STARTS NOW

Page 4

ame of orga	nization			Employer identification number
HE CUR	E STARTS NOW			26-0269131
ert III E	Exclusively religious, charitable, etc., contribut rom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additional	) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try. For organizations	hat total more than \$1,000 for the ye
a) No. from			(1)-	
Part I –	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from			(1) Data	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift	 t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doc	cription of how gift is held
Part I			(0) Dest	
		(e) Transfer of gift	 t	
	Transferee's name, address, a			insferor to transferee
454 11-08-18		26	Schedule	B (Form 990, 990-EZ, or 990-PF) (2

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2018.05000 THE CURE STARTS NOW

SCHEDULE	D
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Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service

Nam	e of the organization THE CURE STARTS NOV	7	Employer identification number
Pa			
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	1	
1	Total number at end of year Aggregate value of contributions to (during year)		
2	[	543,334.	
3 ⊿	Aggregate value of grants from (during year)	1 205 000	
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		d fundo
5	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
Pa		anization answered "Yes" on Form 990 Pa	art IV line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied 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
а			
b	<b>-</b>		
c	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register	,	
3	Number of conservation easements modified, transferred, rele		
	year 🕨	, 3	5
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on 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 trea	asures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990 Part VIII line 1		► \$

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

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Sche		E STARTS N						26-02			age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Histori	cal Tre	easures, or	<sup>r</sup> Other	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check an	y of the	following that	are a sig	gnificant u	ise of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	l 🗌 Loa	an or exc	hange progra	ams					
b	Scholarly research	e	e 🗌 Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histor	rical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the or	ganizatic	on answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
- 1a	Is the organization an agent, trustee, custod		liarv for con	tribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······			
	······································								Amount		
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar	swered "Ye	es" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prio	r year	(c) Two year	's back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g, c	olumn (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held ar	nd administer	ed for th	e organiza	ation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fund	lS.							
I GI						Dout V	line 10				
	Complete if the organization answere Description of property						ccumulate				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• • •	preciation	a	(d) Bool	( value	3
1a	Land										
b	Buildings										
с	Leasehold improvements				1,374.		2,3				95.
d	Equipment				7,213.		13,3			3,82	
	Other				0,700.		60,3	96.		),30	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column (</u>	<u>B). line 1</u>	0c.)					3,12	
								Cabadula	D /F	000	0040

Schedule D (Form 990) 2018

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# Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other

(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

## Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

## Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. 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

## Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 THE CURE STARTS NOW			26-	0269131 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re <sup>.</sup>	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,971,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-34,404.		
b	Donated services and use of facilities	2b	78,255.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		559,465.		
е	Add lines 2a through 2d			2e	603,316.
3	Subtract line 2e from line 1			3	4,368,327.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135.		
b	Other (Describe in Part XIII.)	4b			
С				4c	135.
				5	4,368,462.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>		4,300,402.
5 <b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F		<u>4,500,402.</u> n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a. a.	Expenses per F		n.
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	a. a.	Expenses per F		2,317,225.
	TXII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12:           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F	leturi	n.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12:           Total expenses and losses per audited financial statements	a.	Expenses per F	leturi	n.
1 2	TXII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12:           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	a	Expenses per F	leturi	n.
1 2 a	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12;         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a            2b            2c	Expenses per F	leturi	n.
1 2 a b	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12;         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2b            2c	Expenses per F	leturi	n. 2,317,225.
1 2 a b c	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12;         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2b            2c            2d	Expenses per F 78,255. 559,465.	leturi	n. 2,317,225. 637,720.
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F 78,255. 559,465.	1	n. 2,317,225.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	Expenses per F 78,255. 559,465.	1 2e	n. 2,317,225. 637,720.
1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a            2b            2c            2d	Expenses per F 78,255. 559,465.	1 2e	n. 2,317,225. 637,720.
1 2 3 4 3 4	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a            2a            2b            2c            2d	Expenses per F 78,255. 559,465.	1 2e	n. 2,317,225. 637,720. 1,679,505.
1 2 3 4 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2b           2c           2d	Expenses per F 78,255. 559,465. 135.	1 2e	n. 2,317,225. 637,720. 1,679,505. 135.
1 2 d e 3 4 b c 5	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	Expenses per F 78,255. 559,465. 135.	1 2e 3	n. 2,317,225. 637,720. 1,679,505.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

## DIRECT FUNDRAISING EXPENSES

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

## DIRECT FUNDRAISING EXPENSES

559,465.

559,465.

Schedule D (Form 990) 2018

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes -	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2018
Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public
	► Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer ide	entification number
THE CURE STARTS	NOW				26-0269	9131
<b>Part I</b> General Info		ctivities Out	side the United States. Comple	te if the organ	ization answere	ed "Yes" on
		maintain rocor	ds to substantiate the amount of its gra	ate and other	accistanco	
			he selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	expenditures for and investments
		in the region	recipients located in the region,			in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	MEDICAL RESEARCH			299,581.
TCEDAND & GREENDAND)	0	0				255,301.
2 e Subtatal	0	0				299,581.
<b>3 a</b> Subtotal <b>b</b> Total from continuation	0	U U				239,301.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				299,581.

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

832071 10-31-18

THE CURE STARTS NOW

26-0269131

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	MEDICAL RESEARCH	92,934.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH	206,647.	WIRE TRANSFER	0.		
	ch the grantee or cou	nsel has provided a sect	I ecognized as charities by the t ion 501(c)(3) equivalency lette					2

Schedule F (Form 990) 2018

i dit in our be duplicated i de	allonal opuoe io needee	<i>.</i>					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

26-0269131

Schedule F (Form 990) 2018

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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	<b>—</b>	<b>v</b>
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

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 II (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

A PROGRESS REPORT MUST BE SUBMITTED BY THE INVESTIGATOR(S) ON ANNUAL

INTERVALS AND AT THE END OF THE FUNDING PERIOD. FAILURE TO SUBMIT A

PROGRESS REPORT WILL EXCLUDE THE INVESTIGATOR FROM ANY FUTURE FUNDING

FROM THE FOUNDATION. BI-YEARLY RESEARCHERS MUST PRESENT RESULTS IN-PERSON

AT THE DIPG SYMPOSIUM.

Schedule F (Form 990) 2018

832075 10-31-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2018
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	<u> </u>	Inspection
Name of the organization		E STARTS NOW					26-0269	ntification number
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · · ·		ed funds through any of the following	g activ	rities. (	Check all that apply.			
a 📃 Mail solicitat		e 📃 Solicitat	ion of	non-g	overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g 🛄 Special	fundra	using	events			
		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with pr					Yes	s 🗌 No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreei	ments under which th	ne fur	ndraiser is to be	e
			<b>(iii)</b> fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fundr have ci or con	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
			contribu	utions?		lis	ted in col. (i)	organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or 1	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

## Schedule G (Form 990 or 990-EZ) 2018 THE CURE STARTS NOW

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OIAL GALA	TEAM BROCK	126	(add col. (a) through
D			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
PLANEIULA	1	Gross receipts	587,466.	182,844.	1,510,295.	2,280,605
	2	Less: Contributions	31,973.		301,120.	333,093
	3	Gross income (line 1 minus line 2)	555,493.	182,844.	1,209,175.	1,947,512
	4	Cash prizes				
	5	Noncash prizes		3,321.	3,009.	6,330
	6	Rent/facility costs	6,167.	6,765.	76,995.	89,927
ACL EX	7	Food and beverages	95,199.	7,321.	80,354.	182,874
_	•	Entortoipmont			23,338.	23,338
	8 9	Entertainment		8,916.	219,354.	256,996
	9	Other direct expenses		•	-	
	10	Direct expense summary Add lines 4 throug	nh 9 in column (d)			559.465
.	11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	line 3, column (d)	000 Det N/ line 10 er r		
. ar		Net income summary. Subtract line 10 from	line 3, column (d)			1,388,047 (d) Total gaming (add
ar	11	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)	990, Part IV, line 19, or r	eported more than	<b>1</b> ,388,047 (d) Total gaming (add
	11 t I	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	ine 3, column (d) a answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	1,388,047 (d) Total gaming (add
	11 tl	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	559,465 1,388,047 (d) Total gaming (add col. (a) through col. (c
	11 tl 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	1,388,047 (d) Total gaming (add
	11 tl 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	<b>1</b> ,388,047 (d) Total gaming (add
	11 tl 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	<b>1</b> ,388,047 (d) Total gaming (add
	11 1 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d)         n answered "Yes" on Form         (a) Bingo         (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>ceported more than (c) Other gaming (c) Other gaming (c) Ves% No</pre>	<b>1</b> ,388,047 (d) Total gaming (add
	11 1 2 3 4 5 6 7	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d)         n answered "Yes" on Form         (a) Bingo         (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than  (c) Other gaming  (c) Vther gaming  (c) No  (c) No  (c) No (	<b>1</b> , 388, 047 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-	EZ) 2018 THE CURE ST	ARTS NOW	26-	0269131	- Page <b>3</b>
				Yes	No
12 Is the organization a gran	tor, beneficiary or trustee of a tr	rust, or a member of a partner			🗌 No
	of gaming activity conducted in:				
				13a	%
					%
<b>14</b> Enter the name and addr	ess of the person who prepares	the organization's gaming/sp	pecial events books and records:		
Name 🕨					
Address 🕨					
15a Does the organization ha	ve a contract with a third party t	rom whom the organization r	eceives gaming revenue?	Yes	No No
<b>b</b> If "Yes," enter the amour	t of gaming revenue received b	y the organization 🕨 \$	and the amount		
	ed by the third party $\blacktriangleright$ \$				
c If "Yes," enter name and	address of the third party:				
Name 🕨					
Address 🕨					
<b>16</b> Gaming manager informa					
Name 🕨					
Gaming manager compe	nsation 🕨 \$				
Description of services p	rovided 🕨				
Director/officer	Employee	Independent cont	ractor		
<b></b>					
<b>17</b> Mandatory distributions:	ed under state law to make cha	ritable distributions from the c	raming proceeds to		
retain the state gaming li	0			Yes	No No
•••			xempt organizations or spent in the	🗀	
organization's own exem	pt activities during the tax year	▶ \$			
			I, line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
15b, 15c, 16, and	d 17b, as applicable. Also provid	le any additional information.	See instructions.		
832083 10-03-18			Schedule G (Fo	rm 990 or 990	)-EZ) 2018
		38		-	

Schedule G (Form 990 or 990-EZ)		
Schedule Q (Form 980 or 980-EZ)		
	92004 04 01 19	Schedule G (Form 990 or 990-EZ)

14361107 758050 4000011-501

SCHEDULE I		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar ete if the organizatio					2018
Department of the Treasury	Comp		Attach to For		( <b>1v</b> , <b>iiic</b> 2 <b>i oi</b> 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization THE CURE	STARTS NO	W					Employer identification number $26-0269131$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$	5,000. Part II can				(f) Method of		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL COLORADO							
13123 E.16TH AVENUE BOX 045							
AURORA, CO 80045	84-0813462	503(C)(3)	20,000.	0.			MEDICAL RESEARCH
JOHNS HOPKINS CHILDREN'S CENTER 3910 KESWICK ROAD S BLDG NO 4300A BALTIMORE, MD 21211	59-0683252	503(C)(3)	50,000.	0.			MEDICAL RESEARCH
MUSELLA FOUNDATION FOR BRAIN TUMOR RESEARCH & INFORMATION, INC 1100 PENINSULA BLVD - HEWLETT, NY 11557	13-3938057	503(C)(3)	83,333.	0.			MEDICAL RESEARCH
ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 E CHICAGO AVE BOX 282 - CHICAGO, IL 60611	36-2170833		35,000.	0.			MEDICAL RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	503(C)(3)	35,000.	0.			MEDICAL RESEARCH
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE MLC 9002 CINCINNATI, OH 45229	31-0833936	503(C)(3)	540,742.	0.			MEDICAL RESEARCH
2 Enter total number of section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table				► <u>6.</u>
3 Enter total number of other organizations	s listed in the line 1	table					

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

## Schedule I (Form 990) (2018) THE CURE STARTS NOW

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT FUNDS ARE MONITORED BY A MEDICAL ADVISORY COUNCIL. GRANT APPLICATIONS

ARE ACCEPTED BY OUR STRATEGIC COUNCIL COMPROMISED OF CHAPTER

REPRESENTATIVES. APPLICATIONS ARE THEN APPROVED BY THE BOARD OF DIRECTORS.

EACH VOTE IS RECORDED & SUBSTANTIATED IN THE MEETING MINUTES.

26-0269131

SCHEDULE L       Transactions With Interested Persons       OMB No. 1545-0047         (Form 990 or 990-EZ)       Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.       Department of the Treasury         Department of the Treasury       Attach to Form 990 or Form 990-EZ.       Open To Public Inspection         Name of the organization       Employer identification number
Department of the Treasury Internal Revenue ServiceAttach to Form 990 or Form 990-EZ.Open To Public Inspection
Name of the organization Employer identification number
THE CURE STARTS NOW     26-0269131
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.
1(a) Name of disqualified person(b) Relationship between disqualified person and organization(c) Description of transaction(d) Corrected?YesNo
2 Enter the amount of tax incurred by the organization managers or disgualified persons during the year under
section 4958
Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
reported an amount on Form 990, Part X, line 5, 6, or 22.
(a) Name of (b) Relationship (c) Purpose of loan of lo
To From Yes No Yes No Yes No
Total \$
Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of assistance(d) Type of assistance(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2018

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26-0269131	Page 2
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Schedule L (Form 990 or 990-EZ) 2018 THE CURE STARTS NOW

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
						Yes	No
KEITH DESSERICH	KEITH IS	THE	SOLE O	134,415.	RENTAL AGRE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KEITH DESSERICH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEITH IS THE SOLE OWNER OF TIOC

(D) DESCRIPTION OF TRANSACTION: RENTAL AGREEMENT. THIS TRANSACTION HAS

BEEN APPROVED BY THE BOARD.

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

14361107 758050 4000011-501

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public

Name of the organization			
	mur	GUIVDUG	NION

Employer identification number
26-0269131

Par	rt I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio		s
1	Art - Works of art			, , <b></b>			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other  ( SPECIAL EVENT )	Х	13	75,477.			
26	Other ► ()						
27	Other ► ()						
28	Other ► ( )						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	gement		0	
					-	Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				ions?	31	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
						32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,		
	describe in Part II.				Cabadula M (		

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

Schedule M (Form 990) 2018

832141 10-18-18

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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832142 10-18-18			Schedule M (	Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-0269131

THE CURE STARTS NOW

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY SUPPORT AND AWARENESS FUNDS PROVIDE EMOTIONAL SUPPORT,

MECHANISMS TO HONOR THEIR CHILD'S LEGACY AND OTHER ASSISTANCE FOR

FAMILIES BATTLING PEDIATRIC CANCER.

EXPENSES \$ 483,125. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BROOKE DESSERICH , KEITH DESSERICH, DOUG DESSERICH, AND GAVIN BAUMGARDNER

SHARE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF THE GOVERNING BODY ARE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR PREPARES THE FINANCIAL STATEMENTS; THE CHAIRMAN OF

THE BOARD AND THE TREASURER REVIEW THE FINANCIAL STATEMENTS PRIOR TO

SENDING THEM TO THE ACCOUNTING FIRM. THE ACCOUNTING FIRM PREPARES AND

RETURNS FORM 990 AND IT IS PRESENTED TO THE BOARD OF DIRECTORS AT THE

FOLLOWING MEETING. THE FORM IS ELECTRONICALLY FILED AND THUS HAS

TECHNICALLY BEEN FILED PRIOR TO PRESENTATION TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE CONFLICT OF INTEREST POLICY IS RE-SENT AND THE MEMBERS OF THE

BOARD OF DIRECTORS RE-SIGN THE POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

PA, RI, SC, TN, TX, UT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:

AN ANNUAL REPORT, FINANCIAL STATEMENTS, AND OTHER STATISTICAL INFORMATION ARE ALL MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, COLUMN B

THE NEGATIVE EXPENSE IS DUE TO A WRITE OFF OF FORMER GRANT EXPENSE FROM PRIOR YEARS. APPROVED GRANTS ARE EXPECTED TO BE IMPLEMENTED WITHIN 6 MONTHS OF ACCEPTANCE AND NO GRANT SHALL BE CONTINGENT ON OTHER EXTERNAL FUNDING UNLESS EXPLICITLY APPROVED IN WRITING BY THE CHAIRMAN OF THE MEDICAL ADVISORY COUNCIL OF THE CURE STARTS NOW. IF INTERNAL REVIEW HAS NOT YET BEEN PERFORMED OR THE STUDY CANNOT BEGIN WITHIN 6 MONTHS OF GRANT APPROVAL, FUNDS WILL BE WITHHELD UNTIL SUCH TIME THAT THE CURE STARTS NOW FOUNDATION IS NOTIFIED THAT THE PROGRAM HAS BEEN FORMALLY APPROVED AND WILL BE IMPLEMENTED. IF PROGRAM APPROVAL IS NOT RECEIVED WITH 6 MONTHS AND THE PROGRAM IS NOT IMPLEMENTED, IT SHALL BE THE SOLE DISCRETION OF THE MEDICAL ADVISORY COUNCIL CHAIRMAN TO EITHER DENY, MODIFY OR DELAY GRANT FUNDING TO THE INSTITUTION.

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(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifying number			
Туре о	e or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) c		
print	THE CURE STARTS NOW	26 0260121		0131			
File by the		26-0269131					
due date filing your return. Se	10280 CHESTER ROAD	Social se	curity number	(SSN)			
instructio		oreign addı	ress, see instructions.				
Enter t	ne Return Code for the return that this application is for (fil	e a separat	e application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>t</li> <li>t</li> <li>t</li> </ul>	apphone No. ▶       513-772-4888         be organization does not have an office or place of business         is is for a Group Return, enter the organization's four digit         .       . <t< th=""><th>Group Exe and atta NOVEM anization's , an</th><th>mption Number (GEN) ch a list with the names and EINs of <u>IBER 15, 2019</u>, to file return for: d ending</th><th>If this is fo all memb</th><th>r the whole gro ers the extension opt organizatio</th><th>ion is for.</th></t<>	Group Exe and atta NOVEM anization's , an	mption Number (GEN) ch a list with the names and EINs of <u>IBER 15, 2019</u> , to file return for: d ending	If this is fo all memb	r the whole gro ers the extension opt organizatio	ion is for.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
-	·	) enter any	refundable credits and	30	Ψ	••	
- · · · ·					\$	0.	
-	Balance due. Subtract line 3b from line 3a. Include your pa				Ť		
	Ising EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	453-EO an			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ICTIONS.		⊢orm <b>88</b>	68 (Rev. 1-2019)	

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