

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

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		2019 <u>Ga</u> lendar ye	ar, ቃሉ tax	year beg	inning, 2019,	and endin	g					_			, 20	
BChec	k if ap	plicable: Name of organization														
L Ad	ddress	CureGrin Four	dation	DEmplo	yer identific	cation nu	mber									
		Doing business as														
X Init	ial re	t8A⊤4658977														
Fina	al returi	Number and street (or n/terminated	P.O. box if	mail is not	delivered to stree	t address)Roo	om/suiteETeleph	one number								
Ar	nended	5732 Regal	Оак І	in (303)	881-3425		province country			1-00						
Applicat	ion per	nding			City or to	own state or	province country	/ and / IP or to	oreign nostal co	neuurns	_	<u> </u>	1	go 90	1246	30,838
			f muinaimal a	-ff: 1 / - \ T			linetee?Vee					Par	ker,	CO 80	13436	,30,1838
ITax-ex	emnt st	FName and address o	principal o	Tilicer:H(a)1	s this a group rett	in for subord	Illiates rifes				-				Ш	⊔ X No
J Websi			tes included	d?YesNo	•		Ш				_					AIVO
		<u>;X501(c)(</u> 3)501)4947(a)(1) or 527 I f	"No." attac	:h a listu (see instru	ctions	,				•	
		www.curegrii					,	(<i>'</i>					
Part	Ι	XCorporationT					-tion-2010	M Ctata a	Florial don	aicile (
	1	Summary	TUSTAS	SUCIALIU	ilotileiLiea	1 01 101111	ation. 2019	instate o	i legal don	nche.						
		•														
0.		Briefly describe to To find cur						:								
исе		the world							GRIN C	0mm11r	111n i +17	a b	011t t	he GR	TN Di	sorder
Activities & Governance	١,	Check this boxi												010	<u> </u>	BOLGEL.
2/6	2		_			•		osea oi n	iore man 2	5% 01	its net a	isseis	1	ĺ		
ğ	3	Number of voting							• • • • • •	• • • •	• • • • •	• • •	3			}
35 8	4	Number of indep	endent v	oting me	mbers of the	governing	body (Part V)	I, line 1b)	• • •		• • • • •	• • •	4			;
/itie	5	Total number of	individua	als emplo	yed in calend	ar year 20	19 (Part V, lin	ie 2a)	• • • •	• • • •	• • • • •		5		(
cti	6	Total number of	voluntee	rs (estim	ate if necessa	ıry)							6			
A	7a	Total unrelated b	ousiness	revenue	from Part VIII	I, column (C), line 12						7a		()
	b	Net unrelated bu	ısiness ta	axable ind	come from Fo	rm 990-T.	line 39						7b			
		Prior Year													Current Ye	ear
	8	Contributions an	d grants	(Part VII	Taline 1.h)											30,838
0)	9	Program service	_													
Revenue	10	Investment inco				2 1 and	7d									0
eve		Other revenue (F														0
æ	11) !! 40)								0
	12	Total revenue - a						(a), line 12)							- 6	30,838
	13	Grants and simila														0
	14	Benefits paid to		-	•		•									0
	15	Salaries, other co						lines 5-10)								15,000
ses	16a	Professional fund	draising f	ees (Pari	t IX, column (/	A), line 11e	e)									0
sasuadx	b	Total fundraising	expense	es (Part İ	X, column (D)	, line 25)	>									
Εxp	17	8,022														15,503
P	18	Other expenses	(Part IX,	colum h (A), lines 11a-:	11d, 11f-2	4e)									30,503
	19	Total expenses.	Add lines	3-17 (ı	must equal Pa	art IX, colu	mn (A), line 2	15)							-	00,335
		Revenue less exp	penses. S	Subtract	ine 18 from li	ne 12										
ces	20									Be	eginning of C	Current	Year		End of Ye	, 25, 335
Net Assets or Fund Balances	21	Total assets (Par	t X, line 1	16)												25,000
Ass id B	22	Total liabilities (F				• • • • •		• • • • •	• • • •							500,335
Pei	22	Net assets or fun	d balanc	es Subt	rant line 31 fer	melina 20										
Part	II	Signature B	lock													
		es of perjury, I declare									knowledge a	and be	lief, it			
is true	correc	t, and complete. Declai	ration of pre	eparer (otne	er than officer) is t	ased on all in	normation of whi	ch preparer na	as any knowled	ge.						
		.		_												
Sign		Mary Beth		sgard									Da	ate		
		Signature of officer														
Here		Mar y Beth		sgard,	Treasure	r										
		Type or print name							Date		1		_	DTTNI		
		Print/Type prepare							Date		Check		⊔ X if	PTIN		
Paid		Melissa G	ilroyN	Meliss	a Gilroy				09-14-2	020	self-empl	oyed		69703		
Prep	arer	Firm's name									Firm's EIN	I				
Use (Melissa 🚱	ilroy,	, CPA							Phone no.					<u></u>
	,	Firm's address											781-	696-4	019	
Mav th	ne JRS	80 Greean discuss this retu	cre Ro rn.with.th	i se prenai	er shown aho	ve? (see ir	nstructions)								Y	es X o
y		Westwood	MA 02(190° - 550°		\UUU II	5 5110)					- •		-		

	1990 (2019) ocrip roundation				83-4658977	Page 2
Part	t IIIStatement of Program Service Accomp					П
1 Drie	Check if Schedule O contains a response o	r note to any line in thi	is Part III		• • • • • • • • •	· <u> </u>
TDHE	efly describe the organization's mission: To find cures and therapies for	neonle around	the world liv	ing with GRIN Di	sorder. To	educate
	the GRIN commununity about the GR					
	-					
2	Did the organization undertake any significant prograprior Form 990 or 990-EZ?			isted on the	Пуре	No No
	If "Yes," describe these new services on Schedule O.				· · · · · · · · · · · · · · · · · · ·	X 110
3	Did the organization cease conducting, or make signiservices?	ficant changes in how	it conducts, any progr	am	Yes	⋉ No
	If "Yes," describe these changes on Schedule O.					
4	Describe the organization's program service accomp expenses. Section 501(c)(3) and 501(c)(4) organiz					
	others, the total expenses, and revenue, if any, for ea			or grants and anocations	10	
	1C9d8:1 (Expenses\$including grants of\$) (Revenue\$					
	Funding foundational research tha					
	directly into research projects to Disorder.	o find therapi	ies and cures.	Building a resea	rch networ	k for GRI
4b	(Code:) (Expenses\$	including gr	ants of \$) (Revenue	\$)
	-					
4c	(Code:) (Expenses\$	including gr	ants of \$) (Revenue	\$)
	-					
4d	Other program services (Describe on Schedule O.)	¢) (Reve	2110 ⁴	1	
4e	(Expenses\$including grants of Total program service expenses	\$ 19,310) (keve	iuep	J	

Form 990 (2019)

CureCrin Foundation

83-4658977

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Part IV **Checklist of Required Schedules** Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 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 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, 8 complete Schedule D, Part III 8 Х 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? If "Yes," complete Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 or in quasi endowments? If "Yes," complete Schedule D, Part V 10 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11a of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 14b for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 15 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 16 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 17 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? • • • 18 If "Yes," complete Schedule G, Part III 19 $\overline{\mathbf{x}}$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H · · · · · · · 19 Х If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or b 20b domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 × 21

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Nο Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the х b organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b а Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods b and services provided to the payor? 7a С If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d required to file Form 8282? Х 7с e If "Yes," indicate the number of Forms 8282 filed during the year7d Did the organization receive any funds, directly or indirectly; to pay premiums on a personal benefit contract? 7e g Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f h 8Sponsoling organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 9SponsDirtha dogania attisas Interiol taia interiologo by this ed funds. 8 sponsoring organization have excess business holdings at any time during the year? b Х 9a 10Sect**្រាំd ដូច្នេះស្រាហ៊ុនorigg ស្ពុះរូវស្រា**ក្នុងtion make any taxable distributions under section 4966? а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 11Sectioniigtion (รับอาการ์ เลยารับอาการ์ เลยาร์ เลยารับอาการ์ Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b а Gross income from members or shareholders11a 12aSeGrossingormation other sources 12aSeGrossingormation other sources 12aSeGrossingormation other sources 12aSeGrossingormation of the source 12aSeGrossi against amounts due or received from them.)11b 13Section 1901 (eq 2) 9 dual filier Form of the line and Farmen 1941 27. If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a а Note: Is the organization licensed to issue qualified health plans in more than one state? b See the instructions for additional information the organization must report on Schedule O. • 13a С Enter the amount of reserves the organization is required to maintain by the states in which 14a the organization is licensed to issue qualified health plans13b b 15 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 14h excess parachute payment(s) during the year? X 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 16

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Part VIGovernance, 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. Section A. Governing Body and Management Enter the number of voling members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? $\cdots \cdots 7b$ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8а The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Sec 8h A, who cannot be reached at the organization's mailineaddresselde the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the $\frac{1}{2}$ this of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete 400 of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this done Did the organization have a written whistleblower policy? 13 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous sultatantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 16b Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 8 Own websiteAnother's website **X**Upon requestOther (explain on Schedule O) 20 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy

Form 990 (2019) Part VII Compensation of Officers, Dire Independent Contractors	on ctors, Tru	ustees, Key Employee	s, Highest Co	83-4658 ompensated E	Page ' Employees, and
Check if Schedule O contains a response or note to any line	in this Part	VII			
Section A.Officers, Directors, Trustees, Key Employees, and					_
1a Complete this table for all persons required to be listed. organization's tax year.	Report com	pensation for the calendar yea	r ending with or w	ithin the	
 List all of the organization's current officers, directors compensation. Enter -0- in columns (D), (E), and (F) if no columns 	-	•	tions), regardless	of amount of	
List all of the organization's current key employees, if any.	See instructi	ons for definition of "key empl	oyee."		
List the organization's five current highest compensa who received reportable compensation (Box 5 of Form W-2 organization and any related organizations.					
List all of the organization's former officers, key employees \$100,000 of reportable compensation from the organizatio List all of the organization's former directors or trustees the organization, more than \$10,000 of reportable compensations for the order in which to list the persons all the compensations for the order in which to list the persons all the compensations.	on and any re at received, i ion from the pove.	elated organizations. n the capacity as a former dire organization and any related c	ctor or trustee of t	he	
X Check this box if neither the organization nor any	related or	ganization compensated a	iny current offic	er, director, or tr	ustee.
		(C)			
(A)	(B)	(do not check more than one	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, unless person is both an officer and a director/trustee) Highe emplo	Reportable compensation from the organization (W -2/1099-MISC)	Reportable compensation from related organizations (W -2/ 1099-MISC)	Estimated amount of other compensation from the organization and related organizations

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not che unless er and	eck n	son is	han one are both are both are employee)	(D) Reportable compensation from the organization (W -2/1099-MISC)	(E) Reportable compensation from related organizations (W -2/ 1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Denise Rehner President, Communications Lead (2) (2) (2) (3)		×		×				0	0	
GEO, Head of Science Lauren Williams		×		х				0	0	0
Annor experience, social media Jillian Hastings Ward		X.						0	0	0
Board member Klara-Gramer	1-50	×		v				0	0	0
Secretary Aukje-van-Gerven Board member, HR Lead	1	I						0	0	0
Paul-Wasielewski #Ward Member and Fundraising	2-00	x						0	0	0
Mary-Beth-Skarsgard Preasurer				×				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

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Part	VII Section A. Officers, Directors, Trustees, K	(ey Employee 	s, and I	High		Comp (C)	oensat	ed E	mployees	(continued)		
	(A) Name and title	(B) Average hours per week	box,	not ch unles	neck n	nore t	than one both ar /trustee)	ı	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) nated amount of other impensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W -2/1099-MISC)	(W -2/ 1099-MISC)	org	anization and ad organizations
<u>(15)</u>												
(16)												
(17)												
(18) 												
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(20)												
(21)											+	
(22)												
(23)												
(24)												
(25)												
1b								L				
c d	Subtotal Total from continuation sheets to Part VII, Sec		• • • •		•••	• • •		•				
2	Total number of individuals (including but not lim								l o ore than \$100,000	of 0		0
	reportable compensation from the organization											Yes No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedule</i>	e J for such in	dividud	al		_					. 3	х
4	For any individual listed on line 1a, is the sum of organization and related organizations greater th	an \$150,000°	? If "Ye	s," c	omp	lete :	Schedi	ule J				
5	individual • • • • • • • • • • • • • • • • • • •	compensation	n from	any	unr	elate	ed orga	aniza	ation or individual	• • •	4	X
	for services rendered to the organization? If "Yes on B. Independent Contractors	," complete S	chedul	e J fo	or su	ıch p	erson		•••••	• • • • • • • • •	• 5	Х
1	Complete this table for your five highest compen- compensation from the organization. Report com										ır.	
	(A)								(B)		(C)	
	Name and business addre	SS							Description of service	es	Compens	sation
2	Total number of independent contractors (inclu	_				e lis	ted al	oove	·)			

Page 9

Total revenue Related or Unrelated F exempt function business revenue		Check if Schedule O con	ntains a response or n	ote to any line in this				<u>, [</u>
b Membership dues			·	·	(A) (B) (C Total revenue	Related or exempt function		Revenue excluded from tax under sections 512–514
b Membership dues	1a F	ederated campaigns • •	. 1a					
C Fundraising events	h N	Membership dues • • • •	1b					
Add lines 1a-1f Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f All other program service revenue Subtilines 2a-2f All other program service revenue Add lines 1a-1f All other program service revenue Add lines 1a-1f Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f Add lines lin	ន្ឌ c F	Fundraising events • • • •	1C					
Add lines 1a-1f Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f All other program service revenue Subtilines 2a-2f All other program service revenue Add lines 1a-1f All other program service revenue Add lines 1a-1f Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f Add lines lin	g d R	Related organizations • •	.1d					
Add lines 1a-1f Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f All other program service revenue Subtilines 2a-2f All other program service revenue Add lines 1a-1f All other program service revenue Add lines 1a-1f Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f Business Code Add lines 1a-1f Add lines lin	₹ e G	Government gran t C ontri	butions)					
Add lines 1-1f Add lines 1-1f Business Code Add lines 1-1f Add lines 1-1f Business Code Add lines 1-1f All other program service revenue Skill these 2-a-2f All other program service revenue Skill these 2-a-2f All other program service revenue All other program service revenue Skill these 2-a-2f All other program service revenue Add lines 1-1f All other program service revenue Skill these 2-a-2f All other program service revenue All other program service revenue Skill these 2-a-2f All other program service revenue All ot	f A							
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22 b b c c d d c c d d d d d d d d d d d d	h [i]			· · · · · · · · · · · · · · · · · · ·	630,838			
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Description								
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b c Business Code e Totalli other revenue		•••••						
C d Business Code e Totalli other revenue	1.	• • • • • • •						
Business Code d e Totalli other revenue 12Total revealde lines 11a-11d	, ^D -	• • • • • • • • • • • • • • • • • • • •						
e Totalli other revenue	c -			Business Code				
12Total revende lines 11a-11d	e Totalii	I other revenue						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12Total							
See instructions 630, 838	1		ions		630 033	^	_	_

O19) <u>CureGrin Foundati</u> Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organi	zations must complete o	column (A).	
	Check if Schedule O contains a response or note to a	T .			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) (C) (D) Program service	Management and	Fundraising
<u>8b, 9</u>	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	T) / 1: 21			
2	and domestic governments. See Par	11v, line 21	•		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV lines	15 and 16			
	foreign individuals. See Part IV, lines Benefits paid to or for members	13 and 10	•		
4	Compensation of current officers, directors,	• • • • • • •			
5					
	trustees, and key employees	15,000	15,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
	Other salaries and wages	7(0)(2)			
7	Pension plan accruals and contributions (include	· · · ·			
8	section 401(k) and 403(h) employer	contributions	<u> </u>		
•	Other employee henefits	CONTINUETIONS	V · ·		
9 10	section 401(k) and 403(b) employer Other employee benefits Payroll taxes	· · · · ·			
11	Fees for services (nonemployees):				
а	Management				
b	l egal				
С	LegalAccounting				
d	Lobhving				
е	Lobbying	e Part IV. line	17.		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses of	h Schedule O.))		
12	(A) amount, list line 11g expenses of Advertising and promotion	945	945		
13	Office expenses	1,345	495		850
14	Information technology	1,065		1,065 517	3,861
15	Rovaities	4,748	370	21/	3,861
16 17	Occupancy				
18	Travel				
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public	officials			
20	Conferences, conventions, and meet	tings	2.500		
21	Interest	_,	2,500		
22	Payments to affiliates Depreciation, depletion, and amortize				
23	Depreciation, depletion, and amortiz	ation			
24	Insurance	671		671	
	Other expenses. Itemize expenses not covered	0/1		0/1	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Fees	4.229		918	3,311
b		-1,223			3,322
С					
d					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e • • •	30,503	19,310	3,171	8,022
26	Joint costs. Complete this line only if the			2,2.2	-,
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check hereif				
	following SOP 98-2 (ASC 958-720)	i	1		

orm	990 (20)10) Foundation	83-4658977 Page 11
art	XBala	nce Sheet	П
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>
		(A) (B)	
		Beginning of yearEnd of year	
	1 2	Cash - non-interest-bearing	387,497
	3	Pledges and grants receivable; net · · · · · · ·	
	4	Accounts receivable, net	227,838
	5	Loans and other receivables from any current or former officer, director,	
		trustee, key employee, creator or found <u>e</u> r, substantial contributor, or	
		35% controlled entity or family member of any of these persons	
	6	Loans and other receivables from other disqualified persons (as defined	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	
	7	(B) Notes and loans receivable, het · · · · · · · · · · · · /	
Assets	8	Inventories for sale or use.	
As	9 10a	Prepaid expenses and deferred charges9	10,000
	10a	Land, buildings, and equipment: cost or other	
	b	basis. Complete Part VI of Schedule D10a	
	11	Less: accumulated-depreciation 1.9 b 10 c	
	12	Tilvestifients - publicty-traded securities	
	13	Investments - other securities. See Part IV, line 14	
	14	Investments - program-related. See Part IV, kind 11 Intangible assets	
	15 16	Other assets. See Part IV, time 11 · · · · · · · 15	
	17	Total assets. Ad differ 1 through 15 (must equal line 33)	
	18	Accounts payable and accrued expenses	625,335
	19	Grants payable	25,000
	20	Deferred revenue · · · · · · · · · · · · · · · · · · ·	
	21	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·	
	22	Escrow or custodial account liability. Complete Part IV of Schedule D	
S		Loans and other payables to any current or former officer, director,	
ilitie		trustee, key employee, creator or founder, substantial contributor, or	
Liabilities		35% controlled entity or family member of any of these persons	
7	2	Secured mortgages and notes payable to unrelated third parties	
	3	Unsecured notes and loans payable to முrelated third parties	
	2	Other liabilities (including federal income tax, payables to related third	
	4	parties, and other liabilities not included on lines 17-24). Complete Part	
	2	X of Schedule D	
	3 6	Taddllinatsilt/Eshrough 25 Strganizations that foxlow FASB ASC 958, check here and ▶	25,000
		Ørganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	
S	_	Net assets without donor	147,404
исе	2	restrictions Net assets with donor	27 452,931
Net Assets or Fund Balances	2	Constitutions that do not follow FASB ASC 958, check here and	28
nd t	8	complete lines 29 through 33.	20
r Fu	2	Capital stock or trust principal, or current funds	
ts o	9	Paid-in or capital surplus, or land, building, or equipment fund	
Isse	3	Retained earnings, endowment, acc (30) lated income, or other funds	
et 7	0	Total net assets or fund balan 3 1	600,335
<	1		1 1 230,000

(2019)

Total liabilities and net assets/fund balances EEA **0**33····· 1 3 Form 990 2

3 3

Form 990 (2019) Foundation	83-4658977 Page 12
Part XIReconciliation of Net Assets	
Check if Schedule O contains a response or note to any line in this Part XI	
1Total revenue (must equal Part VIII, column (A), line 12)	630,838
2Total expenses (must equal Part IX; column (A), tine 25) · · · · · · · · · · · 2	30,503
3Revenue less expenses. Subtract line 2 from line 2 from line 3	600,335
4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))_	
5Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	
6Donated services and use of facilities	6
7Investment expenses	
8Prior period adjustments · · · · · · · · · · · · · · · · · · ·	
90ther changes in net assets of fund balances (explain on Schedule O)	•
10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
عدر column (ه))	600,335
Part XIIFihancial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1Accounting method used to prepare the Form 990:Cash \Box \Box \Box \Box \Box \Box	
X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in	
Schedule O. •••	2a x
2aWere the organization's financial statements compiled or reviewed by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
reviewed on a separate basis, consolidated basis, or both:	
Separate basisConsolidated basisBoth consolidated and separate basis	2b x
bWere the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
separate basis, consolidated basis, or both:	
Separate basisConsolidated basisBoth consolidated and separate basis	
cIf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c
the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on	
Schedule O.	
3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a x
Single Audit Act and OMB Circular A-133?	
bIf "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b

SCHEDULE A

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Service Name of the organization

(Form 990 or 990-EZ)

Department of the

Treasury Internal Revenue

Employer identification number

CureCrin Foundation					83-465897	<u> 7 </u>	
Part I Reason for Public Charity S	tatus (All or	ganizations must c	omplete	this part			
The organization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	y one box.)				
1A church, convention of churches, or association	on of churches desc	cribed in section 170(b)(2	1)(A)(i).				
2A school described in section 170(b)(1)(A)(ii).	(Attach Schedule E	(Form 990 or 990-EZ).)					
3A hospital or a cooperative hospital service org	anization describe	d in section 170(b)(1)(A)	(iii).				
4A medical research organization operated in co				1)(A)(iii). Er	nter the		
hospital's name, city, and state:	-	•					
5An organization operated for the benefit of a co	ollege or university	owned or operated by a	governmen	tal unit des	scribed 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).						
7 X An organization that normally receives a				nental uni	t or from the genera	al public	
described in section 170(b)(1)(A)(vi). (Complete	=	• •	Ü		J	•	
8A community trust described in section 170(b)		te Part II.)					
9An agricultural research organization described			junction wi	th a land-g	rant college		
or university or a non-land-grant college of agric				_	_		
university:		· · · · · · · · · · · · · · · · · · ·					
10An organization that normally receives: (1) me	ore than 33 1/3% c	of its support from contrib	outions, me	embership	fees, and gross		
receipts from activities related to its exempt fun					_		
support from gross investment incom-							
acquired by the organization after June 30, 197		· · · · · · · · · · · · · · · · · · ·		•			
11An erganization organized and operated exclu							
12An organization organized and operated exclu	usively for the bene	fit of, to perform the fund	ctions of, o	r to carry o	ut the purposes		
of one or more publicly supported organizations							
Check the box in lines 12a through 12	d that describes th	e type of supporting orga	anization ar	nd complet	e lines 12e, 12f, and 12	<u>2g.</u>	
aType I. A supporting organization operated, sup	pervised, or control	led by its supported orga	anization(s)	, typically I	oy giving		
the supported organization(s) the power to regu	larly appoint or ele	ct a majority of the direct	tors or trust	tees of the			
supporting organization. You must complete Par	t IV, Sections A and	IB.					
bIl/pe II. A supporting organization su	pervised or control	led in connection with its	supported	l organizati	on(s), by having		
control or management of the supporting organi	zation vested in the	e same persons that cont	trol or mana	age the sup	ported		
organization(s). You must complete Part IV, Sect	tions A and C.						
cType III functionally integrated. A supporting o	organization operate	ed in connection with, an	d functiona	ally integra	ted with,		
its supported organization(s) (see instructions).	You must complete	e Part IV, Sections A, D, a	ınd E.				
dType III non-functionally integrated. A support	ting organization op	erated in connection wit	h its suppo	rted organ	ization(s)		
that is not functionally integrated. The organizat							
requirement (see instructions). You must comple	ete Part IV, Section	s A and D, and Part V.					
eCheck this box if the organization received a wi	ritten determinatio	n from the IRS that it is a	Type I, Typ	oe II, Type	III		
functionally integrated, or Type III non-function	ally integrated sup	porting organization.					
fEnter the number of supported organizations							
gProvide the following information about the su	pported organizatio	n(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of	
		(described on lines 1-10		in your	support (see	other support (see	
		above (see instructions))	governing document?		instructions)	instructions)	
			Yes	No			
			100	110			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							
For Paperwork Reduction Act Notice, see the Ins	structions for Form	990 or 990-EZ.			Schedule /	L (Form 990 or 990-F7) 2019	

Par	t IISupport Schedule for Organizations D (Complete only if you checked th Part III. If the organization fails						lify under	
Sec	ction A. Public Support							
Cal	e (ma) a2 0) 4 5 (kb) 2 10 5 ccs (lc) e2 01 15 2 (gl) h 2 10 12 8 (r)) 12 0 19 () Total						
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
2	include any "unusual grants.").					630	,838 630,838	
	Tax revenues levied for the						7000 000,000	
	organization's benefit and either paid							
3	to or expended on its behalf							
5	The value of services or facilities	 · · · ·						
	furnished by a governmental unit to the							
<i>1</i> T	oarganization without charge							
	Add lines 1 through 3	• • • •						
5	Add lines I tillough 5					630	838 630,838	
	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							
/ D.	shown on line 11, column (f)	• • • • •					452,383	
6PL	ાર્કા કારણાવાનું 5 from line 4 ction B. Total Support							
		_	1	T	T		178,455	
Cai	endar year (or fiscal year beginning in) (a) 2015(b) 2016(c) 2017(d) 2018(e) 2019(t) Lotal						
•								
8	Amounts from line 4					630	,838 630,838	
	Gross income from interest, dividends,					030	,030 030,030	
	payments received on securities loans,							
	rents, royalties and income from							
9								
,	similar sources							
	Net income from unrelated business							
10	activities, whether or not the business							
	is regularly carried on							
	Other income. Do not include gain or							
117	onessirppothe sale of capital assets							
	(Explain in Part VI.)							
12	iAdd lines 7 through 10	• •						
13F	-				'		630,838	
	Gross receipts from related hate	tivities, et	c. (see inst	ructions).			12 ▶□	
<u> </u>	cilithe form 820 in the presence this box an	trsecond third	d, fourth, or fifth	n tax year as a	section 501(c)	(3)		
<u>⊅€</u> (Organization, check this box an	10	'					
15	x. Same and the second and the second and						· ·	
16a	331/3% support test - 2019. Public support percentage for 1	2019 (line	6 column	(f) divide	d by line 1	1 column	(f))	1/
sto	phere.	2017 (till)	o, coluini	i (i) divide	a by tille I	±, coluiiii	(1//	т-
b33	Pមិស់ចំចេនបេក្ខសកម្មិ©rcentage fror	n 2018 Sc	chedule A.	Part II. lin	e 14		15%	
sto	D Metles arganization did not chack the hav an	line 13 and li	na 1/1 is 33 1/3	% or more che	ack this			
17a	100x facts and recomptante at the box of the	:f: 00 00 0 10		on out od ou	ani-ation		>	
	box and the organization quali	mes as a p	oublicty Sup	pported or	ganization		• • • • • • • • • •	• • • •
	If the organization did not check a box on lin	ıe 13 or 16a, a	nd line 15 is 33	1/3% or more	e, check			
	this box and The organization of	gualifies a	s a publich	/ supporte	ed organiza	ation		
	If the organization did not check a box on lin						▶ □	
	10% promosa capriditherar sasization 20 sets				thic boy and eta	n horo Evolai		
ľ								
	Part VI how the organization meets the "fact						ortea	
	organization							
	If the organization did not check a box on lin	ie 13, 16a, 16k	o, or 17a, and li	ne			▶ □	
18F	Pr luate 10% datino re, and if the organization m						_	
	Explain in Part VI how the organization meet						olicly ▶ □	
FFΔ	supported organization						51.0ty	
	If the organization did not check a box on lin					Scriedate A (I OIIII	,,,, oi ,,,, rr) 7013	

instructions.....

Part IIIS upport 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						
Cal	endar year (or fiscal year beginning in) 1	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership						
2	fees received. (Do not include any "unusual						
	grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities						
3	furnished in any activity that is related to the • •						
	organization's tax-exempt purpose						
4	Gross receipts from activities that are not an						
	प्राकृतिक्षिक्षिक्षित्र किर्पाक्षित्र स्थितिक्षित्र प्राकृतिक्षित्र प्राकृतिक्षित्र प्राकृतिक्षित्र प्राकृतिक						
_	organization's benefit and either paid to						
5	or expended on its behalf						
	The value of services or facilities						
<i>,</i> т	furnished by a governmental unit to the						
0 1	of ganization without charge · · · · · ·						
'/a	Add lines 1 through 5						
b	Amounts included on lines 1, 2, and 3						
	received from disqualified persons · · ·						
	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						
С	Add lines 7a and 7b						
	ub(Soustippedratine 7c from						
Ser	line 6.)						
	endar year (or fiscal year beginning in)		(1) 2047	() 2047	(1) 2040	() 2040	(0 T-+-1
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	aGross income from interest, dividends,						
100	payments received on securities loans, rents,						
rova	alties, and income from similar sources • •						
b							
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
С	acquired after June 30, 1975 Add lines 10a and 10b						
11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b, whether						
	*						
12	or not the business is regularly carried on	-					
	Other income. Do not include gain or loss from the sale of capital assets						
137	rofa(Raippin Part VI.) (Add lines 9, 10c, 11,						
4 4-							
141	ांक्षर्पांगेट)ears. If the Form 990 is for the organization sfirst	t second thire	l I fourth or fift!	l n tay year as a	section 501(c)	(3)	<u> </u>
	organization, check this box an	., second, mild	a, TOULTH, OF HILL	i ian yeai as a	Section SOT(C)	(3)	▶ □
<u>45</u> ,			<u></u>	<u> </u>	<u></u>	<u> </u>	·· <u> </u>
380	ction C. Computation of Public Support Pe Public support percentage for 2	2ԾΊቻʹ(line	: 8, columr	ı (f), divide	ed by line 1	L3, columr	າ (f)) 1
							16%
50 0	<u> "Public support percentage fron</u>	Hefertentag	<u> jedule A,</u>	Pairiii, ii	пе тэ	<u> </u>	10%
18	2Investment income percentage	e for (line	10c. colun	nn (f), divid	ded by line	13. colun	nn (f)) . 17 ⁴
198	33 1/3% support tests - 2019.	- (,	\	- 40	-,	
	33 1/3% support tests - 2019. Investment income percentage	e from Scr	neaule A, F	art III, lin	e 17		18%—
b33	3 1/3he suppoizations did or scheck the box on						▶ □ .
	17 iş not more than 33 1/3%, c	check this	box and s	top here. 🛚	Γhe organi:	zation qua	llifies as a public
20F	ਾਂ ਮੁੱਜੀ ਰਿਪ੍ਰੇਕੀ ਸ਼ੁਰੂਸ਼ੀ ਹੈ। did not check a box on lin					-	▶ □
	line 18 is not more than 33 1/3%, check this						
EEA	If the organization did not che	ck a box o	n line 14,	19a, or 19	b, check t l	nis box and	d see instru ctio

Page 4

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	
	All Jupporting Organizations	

ecti	on A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	ifold wanted by	1		
2	class or purpose, describe the designation. If historic and continuing relationship, explain.			
	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? Part VI If "Yes," explain in how the organization determined that the supported	2		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
		3a		
	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b	\$6t'listic d'alsopilitation supero tartes to writter section 509(a)(2)? Part VI			
		3b		
	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
С	ந்பிழ்கள்க இதியர் Min what controls the organization put in place to ensure such use.	3c		
4	🎢 as any supported organization not organized in the United States ("foreign supported organization")?	4a		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
h				
b	Surprested to the Interbyganization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations determination			
С	Understerions/5011(a)(3) cond 509(a) (argan(2)?iBartsEd			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	Building organization add, substitute, or remove any supported organizations during the tax year?			
	If "Yes,"	4c		
5a	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).			
		5a		
	bNyseahyaatyleel Brosulpstituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
	biviantibes obstitution the result of an event beyond the organization's control?	5c		
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.			
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	6		
/	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	7		
3	990-EZ).			
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
9a	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0-		
h	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.	9a		
Ŋ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
C	the supporting organization had an interest? If "Yes," provide detail in Part VI.	7.0		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		
L0a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
	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	10a		

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.)

b stuthesations surganized ibelsow.

10

	ule A (Form 990 or 990-EZ) 2019 CureGrin Foundation 83-465897 † IV Supporting Organizations (continued)	17	P	age 5
Ιαι	11V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
<u>Sec</u>	tion B. Type I Supporting Organizations		Yes	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	፤ሲሂ Ne ፈተ đe aribe in 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			l .
	The state of the s		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)? Part VI If "No," describe in how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
4	Did the engagination musciple to each of its supported angularities of his location, of the fifth mouth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	,		
	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			
_	If gain take organization of the governing body of a supported organization? Part VI			
_	the organization maintained a close and continuous working relationship with the supported organization(s).			
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			
	Th "Orse" of easting in the Inlest bunker the editory ear? Part VI			
	supported organizations played in this regard.3			
Sec	tion E. Type III Functionally Integrated Supporting Organizations Check the Box next to the method that the organization used to suitsfy the Integral Part Test during the year (see in	structio	ns)	
1	The organization satisfied the Activities Test. Complete line 2 below.	.or, aorro	,.	
а	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	v (see ir	struci	tions).
С	Activities Test. Answer (a) and (b) below. Yes No	, ,		
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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			
	that these activities constituted substantially all of its activities.2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
S	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			

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

activities but for the organization's involvement.2b

Parent of Supported Organizations. *Answer* (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.3a

Schedule A (Form 990 or 990-EZ) 2019 Page 6 83-4658977 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 instituethers Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year SeAtioni Ar-Vadijusted Net Income (optional) 1 Net short-term capital gain1 2 Recoveries of prior-year distributions2 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 AGUSTAC NET Some and 7 from line 4)8 Section B - Minimum Asset Amount (A) Prior Year (optional) (B) Current Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities1a b Average monthly cash balances1b Fair market value of other non-exempt-use assets1c d (and lines 1a, 1b, and 1c)1d e Discount for blockage or other Part VI factors (explain in detail in): ² Acquisition indebtedness applicable to non-exempt-use assets2 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, 5 see instructions).4 Net value of non-exempt-use assets (subtract line 4 from line 3)5 6 Multiply line 5 by .035.6 Recoveries of prior-year distributions7
8 Minimum Asset Amount (add line 7 to line 6)8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A)1 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

7 emergency temporary reduction (see instructions).6

Income tax imposed in prior year5
6Distributable Amount.
Subtract line 5 from line 4, unless subject to

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

instructions).

EEA Schedule A (Form 990 or 990-EZ) 2019

Part '	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organization	ons (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exem	npt purposes		
	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	t purposes of supported	d	
	•	purposes of suppo	ortod	
	organizations Amounts paid to accomplish exemptors	purposes or suppo	Ji teu	
	Qualified set-aside amounts (prior IRS approval required)			
ς,	ther distributions (describe in). See instructions.			
710ta	Hannial distributions.			
8 [Part \	Distributions to attentive supported organizations to which the provide details in). See instructions.	e organization is respor	nsive	
9 7	Distributable amount for 2019 from Section C, line 6			
40-	ine 8 amount divided by line 9 amount			
	·		(ii)	(iii)
Section	pn E - Distribution Allocations		Underdistributions	Distributable
a [(see instructions)			
	excess Distributions (655 mon deficitor)		Pre-2019	Amount for 2019
2 [Distributable amount for 2019 from Section C, line 6			
l	Inderdistributions, if any, for years prior 🗗 🗗 💆 🗓 9			
(reasonable cause required - explain in). See			
	nstructions.			
ағ	xcess distributions carryover, if any, to 2019			
	rom 2014			
<u>_C,</u>	rom.2015			
_dE	rom 2016			
e	rom.2017			
_f Tota	rom 2018			
<u>g</u> (of lines 3a through e			
<u>h /</u>	applied to underdistributions of prior years			
	applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
$\overline{}$	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from			
a g	Section D, line 7:\$			
b /	applied to underdistributions of prior years			
C A	Applied to 2019 distributable amount			
5 F	Remainder. Subtract lines 4a and 4b from 4.			
F	gemaining underdistributions for years prior to 2019, if			
Part)	ny. Subtract lines 3g and 4a from line 2. For result			
6 g	reater than zero explain in See instructions			
Dor# (Remaining underdistributions for 2019. Subtract lines 3h			
7Exce	and 4b from line 1. For result greater than zero, explain in ess distributions carryover to 2020 See instructions.			
•	Add lines 3j			
a	and 4c.			
b	Breakdown of line 7:			
E	xcess from 2015			
<u>۲</u> _E	xcess from 2016			
e	xcess from 2017			
E	xcess from 2018			
E	excess from 2019			

EEA Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VI Supplemental Information Provide the explanations required by Part II line 10: Part II line 17a or 17b: Part

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O

Department

Service

(Form 990 or 990-EZ)

Name of the organization

of Treasury Internal Revenue

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. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CureGrin Foundation e.)=40309//
01. Governing body meeting documentation (Part VI, line 8a)	
Board meetings minutes are approved and available to public upon request.	
02. Form 990 governing body review (Part VI, line 11)	
The organization's Board Treasurer and President review the 990 for accuracy k	pefore the
return is signed and filed.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
When hiring a new executive director or manager, it is company policy that the	e hoard of
directors does a review using comparative data with other non profit organiz	
Board sets compensation for existing management and those hired.	
04. Other officer or key employee compensation (Part VI, line 15b	
Key employee compensation is set by the Board of Directors.	_
05. Governing documents, etc, available to public (Part VI, line 19)	
The Organization's governing documents are available to the public upon reques	st and are
also available on the Attorney General's Public Charities Division website.	