

FOR TAX YEAR 2019

CUREGRIN FOUNDATION

Melissa Gilroy, CPA

80 Greeancre Rd

Westwood, MA 02090

(781) 696-4019

Return of Organization Exempt From Income Tax

2019

(Rev. January 2020)

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.

Department of the Treasury Internal Revenue Service www.irs.gov/Form 990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning, 2019, and ending 12-31-20, 20

B Check if applicable: Name of organization: CureGrin Foundation; Employer identification number: 84-4658977; Address: 5732 Regal Oak Ln (303) 881-3425; City: Parker, CO 80134-6308

Part I www.curegrin.org (C) Group exemption number: 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)

1 Summary: Briefly describe the organization's mission or most significant activities: To find cures and therapies for people around the world living with GRIN Disorder. To educate the GRIN community about the GRIN Disorder.

Table with 3 columns: Description, Current Year, and Prior Year. Rows include Revenue (Total: 630,838), Expenses (Total: 600,335), and Net Assets or Fund Balances (Total: 625,335).

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.

Sign Here: Mary Beth Skarsgard, Treasurer

Paid Preparer Use Only: Melissa Gilroy, CPA; Date: 09-14-2020; PTIN: P01069703; Phone no.: 781-696-4019

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To find cures and therapies for people around the world living with GRIN Disorder. To educate the GRIN community about the GRIN Disorder.

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

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

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

4a 19,310 Expenses including grants of \$ (Revenue \$ Funding foundational research that will lower the barriers to studying GRIN Disorder. Investing directly into research projects to find therapies and cures. Building a research network for GRIN Disorder.

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

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

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

4e Total program service expenses 19,310

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 contain various organizational questions with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

(continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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. 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 on Schedule O. | 8 | |
| b | Enter the number of voting members included in line 1a, above, who are independent. | 6 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | | |
| b | Each committee with authority to act on behalf of the governing body? | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section 8bA, who cannot be reached at the organization's main address? If yes, describe the names and addresses on Schedule O. | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | |
| b | 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. | | X |
| b | 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 was done. | | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | | |
| b | Other officers or key employees of the organization | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | 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

1 List the states with which a copy of this Form 990 is required to be filed **Colorado**

7 **Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.**

19 Own website Another's website Upon request Other (explain on Schedule O)

20 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

EEA **Mary Beth Skarsgard (303) 881-3425, 5732 Regal Oak Ln, Parker, CO 80134**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 (D), (E), and (F) if no compensation was paid.

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

- 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.

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|-------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Denise Rehner - - - - - | 25.00 | | | | | | | | | |
| President, Communications Lead | | X | | X | | | 0 | 0 | 0 | |
| (2) Keith McArthur - - - - - | 25.00 | | | | | | | | | |
| CEO, Head of Science | | X | | X | | | 0 | 0 | 0 | |
| (3) Lauren Williams - - - - - | 10.00 | | | | | | | | | |
| Donor experience, social media | | X | | | | | 0 | 0 | 0 | |
| (4) Jillian Hastings Ward - - - - - | 2.00 | | | | | | | | | |
| Board member | | X | | | | | 0 | 0 | 0 | |
| (5) Klara Cramer - - - - - | 1.50 | | | | | | | | | |
| Secretary | | X | | X | | | 0 | 0 | 0 | |
| (6) Aukje van Gerven - - - - - | 2.00 | | | | | | | | | |
| Board member, HR Lead | | X | | | | | 0 | 0 | 0 | |
| (7) Paul Wasielewski - - - - - | 2.00 | | | | | | | | | |
| Board Member and Fundraising | | X | | | | | 0 | 0 | 0 | |
| (8) Mary Beth Skarsgard - - - - - | 2.00 | | | | | | | | | |
| Treasurer | | | | X | | | 0 | 0 | 0 | |
| (9) - - - - - | | | | | | | | | | |
| (10) - - - - - | | | | | | | | | | |
| (11) - - - - - | | | | | | | | | | |
| (12) - - - - - | | | | | | | | | | |
| (13) - - - - - | | | | | | | | | | |
| (14) - - - - - | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | ----- | | | | | | | | | |
| (16) ----- | ----- | | | | | | | | | |
| (17) ----- | ----- | | | | | | | | | |
| (18) ----- | ----- | | | | | | | | | |
| (19) ----- | ----- | | | | | | | | | |
| (20) ----- | ----- | | | | | | | | | |
| (21) ----- | ----- | | | | | | | | | |
| (22) ----- | ----- | | | | | | | | | |
| (23) ----- | ----- | | | | | | | | | |
| (24) ----- | ----- | | | | | | | | | |
| (25) ----- | ----- | | | | | | | | | |
| 1b | | | | | | | | | | |
| c | Subtotal | | | | | | | | | |
| d | Total from continuation sheets to Part VII, Section A | | | | | | | | | |
| 2 | Total (add lines 1b and 1c) | | | | | | | 0 | 0 | 0 |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ | | | | | | | | | | |

| | | Yes | No |
|---|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--|---------------------|
| | | |
| | | |
| | | |
| | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) | (B) | (C) | (D) | |
|---|--|---------------|------------------------|---------------------|----------------------------|--|
| | | Total revenue | Related exempt revenue | or function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a | | | | | |
| | b Membership dues 1b | | | | | |
| | c Fundraising events 1c | | | | | |
| | d Related organizations 1d | | | | | |
| | e Government grants (Contributions) | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 630,838 | | | | |
| | g Noncash contributions included in 1g | | | | | |
| | h Total 1a-1f | 630,838 | | | | |
| Program Service Revenue | Add lines 1a-1f | | | | | |
| | 2a Business Code | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a (i) Real Gross rents | | | | | |
| | 6b Less: rental expenses | | | | | |
| | 6c Rental income or (loss) | | | | | |
| | 6d Net rental income or (loss) | | | | | |
| | 7a (ii) Securities sales of assets other than inventory | | | | | |
| | 7b Less: cost or other basis and sales expenses | | | | | |
| | 7c Gain or (loss) | | | | | |
| | 8a Net gain or (loss) | | | | | |
| | 8b Gross income from fundraising events (not including of contributions reported on line 1c). See Part IV, line 188a | | | | | |
| | 8c Less: direct expenses | | | | | |
| | 8d Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities, See Part IV, line 199a | | | | | |
| | 9b Less: direct expenses | | | | | |
| | 9c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | |
| 10b Less: cost of goods sold | | | | | | |
| 10c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a | | | | | |
| | b | | | | | |
| | c Business Code | | | | | |
| | d | | | | | |
| | e Total | | | | | |
| 12 Total revenue | 630,838 | 0 | 0 | 0 | 0 | |

See instructions

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) (C) (D) Program service expenses | Management and general expenses | Fundraising expenses |
|--|-----------------------|--|------------------------------------|-------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 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 individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, 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(d)(3)(B). | | | | |
| 7 Other salaries and wages. | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | | | | |
| 10 Payroll taxes. | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion. | 945 | 945 | | |
| 13 Office expenses. | 1,345 | 495 | | 850 |
| 14 Information technology. | 1,065 | | 1,065 | |
| 15 Royalties. | 4,748 | 370 | 517 | 3,861 |
| 16 Occupancy. | | | | |
| 17 Travel. | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | 2,500 | 2,500 | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 24 Insurance. | 671 | | 671 | |
| Other expenses. Itemize expenses not covered 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 | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 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 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720) <input type="checkbox"/> | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | (B) | |
|-----------------------------|---|---|---------------|---------|
| | | Beginning of year | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 1 387,497 | |
| | 2 | Savings and temporary cash investments | 2 | |
| | 3 | Pledges and grants receivable, net | 3 | |
| | 4 | Accounts receivable, net | 4 227,838 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3) | 6 | |
| | 7 | (B) Notes and loans receivable, net | 7 | |
| | 8 | Inventories for sale or use | 8 | |
| | 9 | Prepaid expenses and deferred charges | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a | 10a | |
| | b | Less: accumulated depreciation | 10b | |
| | 10c | | 10c | |
| | 11 | Investments - publicly-traded securities | 11 | |
| | 12 | Investments - other securities. See Part IV, line 13 | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | 13 | |
| | 14 | Intangible assets | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 16 | 625,335 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 17 25,000 | |
| | 18 | Grants payable | 18 | |
| | 19 | Deferred revenue | 19 | |
| | 20 | Tax-exempt bond liabilities | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 22 | |
| | 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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 25 | | |
| 26 | Total liabilities. Add lines 17 through 25 | 26 | 25,000 | |
| Net Assets or Fund Balances | 27 | Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input type="checkbox"/> | 27 147,404 | |
| | 28 | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | 28 452,931 | |
| | 29 | Capital stock or trust principal, or current funds | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | 31 | |
| | 32 | Total net assets or fund balances | 32 | 600,335 |
| | 33 | Total liabilities and net assets/fund balances | 33 | 625,335 |

EEA 1 032
3 033

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | |
|----|--|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 630,838 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 30,503 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 600,335 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | |
| 5 | Net unrealized gains (losses) on investments | |
| 6 | Donated services and use of facilities | |
| 7 | Investment expenses | |
| 8 | Prior period adjustments | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 600,335 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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 basis Consolidated basis Both consolidated and separate basis

b Were 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 basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | | |
|----|--|----|
| | | No |
| 2a | | x |
| 2b | | x |
| 2c | | |
| 3a | | x |
| 3b | | |

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.

2019

Open to Public
Inspection

Name of the organization

CureCrin Foundation

Employer identification number

83-4658977

Part I 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.)

1A church, convention of churches, or association of churches described in section 170(b)(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 organization described in section 170(b)(1)(A)(iii).

4A 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: _____

5 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.)

6A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 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)(vi). (Complete Part II.)

8A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 An organization 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 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.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 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.

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.

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.

c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. 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, Type III 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 organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: Calendar year, Total, Gifts, grants, contributions, and membership fees received, Tax revenues levied for the organization's benefit, The value of services or facilities furnished by a governmental unit, Total, and Public support. Includes rows 1-6.

Section B. Total Support

Table with 6 columns: Calendar year, Total, Amounts from line 4, Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, Net income from unrelated business activities, whether or not the business is regularly carried on, Other income, Total, and First five years. Includes rows 7-13.

Gross receipts from related activities, etc. (see instructions) 12

Section C. Compilation of Public Support Percentage

Form with rows 14-18 for public support percentage calculations and tests. Includes fields for 2019 and 2018 percentages and checkboxes for various tests.

supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Calendar year, 2 Gifts, grants, contributions, and membership fees received, 3 Gross receipts from admissions, merchandise sold or services performed, 4 Gross receipts from activities that are not an unrelated trade or business, 5 Tax revenues levied for the organization's benefit, 6 Total, 7a Add lines 1 through 5, 7b Amounts included on lines 1, 2, and 3 received from disqualified persons, 7c Amounts included on lines 2 and 3 received from other than disqualified persons, 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources, 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, 10c Add lines 10a and 10b, 11 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, 13 Total support (Explain in Part VI. Add lines 9, 10c, 11, and 12.), 14 First five years.

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

Section C. Computation of Public Support Percentage

16 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))..... 15%
Public support percentage from 2018 Schedule A, Part III, line 15..... 16%

Section D. Computation of Investment Income Percentage

18 Investment income percentage for (line 10c, column (f), divided by line 13, column (f))..... 17%

19a 33 1/3% support tests - 2019. Investment income percentage from Schedule A, Part III, line 17..... 18%

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10 regarding supported organizations, including designations, IRS status, foreign organizations, and excess business holdings.

| Part IV Supporting Organizations (continued) | | Yes | No |
|--|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | 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? | | |
| b | A family member of a person described in (a) above? | | |
| 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. | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|-----|----|
| 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? <i>If "Yes," describe 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.</i> | | |
| 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? <i>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.</i> | | |

Section 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)? <i>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).</i> | | |

Section 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 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? | | |
| 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? <i>Part VI If "Yes," describe in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>Part VI supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | Yes | No |
|---|---|-----|----|
| Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| 1 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| a | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| b | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| c | <input type="checkbox"/> Activities Test. Answer (a) and (b) below. | | |
| 2 | 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? <i>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.</i> 2a | | |
| a | 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? <i>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.</i> 2b | | |
| b | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| 3 | 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? <i>Provide details in Part VI.</i> 3a | | |
| a | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> 3b | | |
| b | | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | (B) Current Year |
|--|--|------------------|
| 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. | | |
| Section A - Adjusted Net Income (optional) | | (B) Current Year |
| 1 | Net short-term capital gain | |
| 2 | Recoveries of prior-year distributions | |
| 3 | Other gross income (see instructions) | |
| 4 | Add lines 1 through 3 | |
| 5 | Depreciation and depletion | |
| 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) | |
| 7 | Other expenses (see instructions) | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | |
| Section B - Minimum Asset Amount (A) Prior Year (optional) | | (B) Current Year |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | |
| a | Average monthly value of securities | |
| b | Average monthly cash balances | |
| c | Fair market value of other non-exempt-use assets | |
| d | Total (add lines 1a, 1b, and 1c) | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | |
| 3 | Subtract line 2 from line 1d | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | |
| 6 | Multiply line 5 by .035 | |
| 7 | Recoveries of prior-year distributions | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | |
| Section C - Distributable Amount Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | |
| 2 | Enter 85% of line 1 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | |
| 4 | Enter greater of line 2 or line 3 | |
| 5 | Income tax imposed in prior year | |
| 6 | Distributable Amount (subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)) | |
| 7 | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | Current Year | |
|--|--|--------------------|-----------------|
| Section D - Distributions | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported | | |
| 4 | organizations Amounts paid to acquire exempt-use assets | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | |
| 6 | Other distributions (describe in). See instructions. | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in). See instructions. | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | |
| 10 | Line 8 amount divided by line 9 amount | | |
| Section E - Distribution Allocations | | (ii) | (iii) |
| | | Underdistributions | Distributable |
| | | Pre-2019 | Amount for 2019 |
| 1 | Excess Distributions (see instructions) | | |
| 2 | Distributable amount for 2019 from Section C, line 6 | | |
| 3 | Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in). See instructions. | | |
| a. | Excess distributions carryover, if any, to 2019 | | |
| b. | From 2014 | | |
| c. | From 2015 | | |
| d. | From 2016 | | |
| e. | From 2017 | | |
| f. | From 2018 | | |
| g. | of lines 3a through e | | |
| h. | Applied to underdistributions of prior years | | |
| i. | Applied to 2019 distributable amount | | |
| j. | Carryover from 2014 not applied (see instructions) | | |
| 4 | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | |
| a | Distributions for 2019 from Section D, line 7:\$ | | |
| b | Applied to underdistributions of prior years | | |
| c | Applied to 2019 distributable amount | | |
| 5 | Remainder. Subtract lines 4a and 4b from 4. | | |
| 6 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in . See instructions. | | |
| 7 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in . See instructions. | | |
| 8 | Excess distributions carryover to 2020. Add lines 3j and 4c. | | |
| a. | Breakdown of line 7: | | |
| b. | Excess from 2015 | | |
| c. | Excess from 2016 | | |
| d. | Excess from 2017 | | |
| e. | Excess from 2018 | | |
| | Excess from 2019 | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the
Treasury Internal Revenue
Service

Name of the organization

~~CureCrin Foundation~~

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

2019

Open to Public
Inspection

Employer identification number

~~83-4658977~~

~~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 before 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 board of
directors does a review using comparative data with other non profit organizations. The
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 request and are
also available on the Attorney General's Public Charities Division website.~~