## FOR TAX YEAR 2020

CUREGRIN FOUNDATION

Melissa Gilroy, CPA 80 Greenacre Rd Westwood, MA 02090 (781)696-4019

Form	99	0		Return	of Organizatio	n Exempt F	rom Inco	ome T	[ax		OMB No. 1545-0047
10111					-	-					2020
-	)o not o	ntor coold of	Under	section 501(c)	, 527, or 4947(a)(1) of	the Internal Reve	enue Code (e	xcept pr	ivate foun	dations)	
Depart	ment	of the the	Curity nu	mbers on this i	orm as it may be made	public.					Open to Public
					and the latest information of the second sec		ď			04	Inspection -30, 2021
_					ationCureGrin Found		5				er identification number
	ddress ch	oplicable:		usiness as						DEmploye	83-4658977
	lame chai	•			.O. box if mail is not delivered t	o street address)		Room/su	uite	F Telen	hone number
	nitial retu	-		Regal Oal				100m/30	inte	- Tetep	(303)881-3425
		n/terminated		-	ovince, country, and ZIP or fore	ign postal code		I		GGross	
Ē	mended		-	er, CO 80					\$		237,373
	pplicatio	n pending	FName	and address of prin	cipal officer:				H(a)Is this a	, group retu	rn for subordinates?Yes X No
_											nates included? <b>Yes No</b>
I T	ax-exem	ot status:	501(c)(3	3)501(c) (	) ┥ (insert no.) 🗌 4	947(a)(1) or	527		If "No,'	" attach a lis	st. See instructions
JV	Vebsite:	-	-	in.org					H(c)Group e	exemption n	umber 🕨
		ganization: 🏌	orporatio	onTrust Ass	sociation 🗌 Other 🕨	1	LYear of formatic	on: <b>20</b> 1	<b>191</b> State	of legal	domicile: <b>CO</b>
Pai		Summary									
	1	Briefly desc	ribe the	organization's	s mission or most sig	nificant ac <u>tivitie</u>	es:CureGR	[N is a	parent-ru	ın publi	c charity
ė					he lives of peo			IN dis	order a	around	the world.
Activities & Governance					ilies, scientis rch that will l			nd ann			
erne											
Ň				-	discontinued its operation	ons or disposed of	more than 2	5% of its	s net assets		-
š		-		-	g body (Part VI, line 1a)	•••	• • • • • • •	••••	•••••	. 3	<u> </u>
ies				-	the governing body (Pa		• • • •	••••	• • • • • •	. 4	0
ivit				(estimate if nec	lendar year 2020 (Part '	v, line za)	• • • • •	••••	• • • • • •	· 5 6	<b>U</b>
Act				-	rt VIII, column (C), line	12	• • • • • • •	• • • •	• • • • • •	• 0 7a	0
					n Form 990-T, Part I, lir		• • • • • • •	• • • •	•••••	· 7	0
	Prior Y				, - ,	• •	• • • • • • •	••••	• • • • • •	• • •	
	8Con	tributions and	grants (P	art VIII, line 1h	)				630	0,838	Current Year 237, 373
e	9Prog	gram service r	evenue (P	art VIII, line 2g	••••••••••••••••••••••••••••••••••••••	••••			030	,050	0
Revenue					, lines 3, 4, and 7d)	••••					0
Šev					s 5, 6d, 8c, 9c, 10c, and	-					0
				-	ust equal Part VIII, colu	mn (A), line 12)			630	0,838	237,373
					column (A), lines 1-3)						89,886
					column (A), line 4)						0
					oenefits (Part IX, columr slumn (A), line 11e)	n (A), lines 5-10)			15	5,000	<del>59,932</del>
Expenses			-		column (D), line 110)	6 709					0-
Den					s 11a-11d, 11f-24e)	10,708					
EXE					ual Part IX, column (A),	line 25)			1	L5,503	57,054
		•		ubtract line 18 f						30,503	206,872
						••			600	0,335	30,501
or	<b>20</b> To	tal assets (Par	t X, line 1	6)				Begi	nning of Curre		End of Year
Net Assets or Fund Balances		tal liabilities (F	-							25,335	643,569
t Ass Id Big	<b>22</b> Ne	t assets or fur	ıd balance	es. Subtract line	.21 from line 20	•••••	• • • •			25,000	12,733
									600	0,335	630,836
	rt II	Signatur									
Unde true,	r penaltie correct, a	s of perjury, I decl nd complete. Decl	are that I ha aration of pr	ve examined this ret eparer (other than o	urn, including accompanying s fficer) is based on all information	chedules and statemen on of which preparer ha	its, and to the be is any knowledge	st of my kn e.	owledge and b	oelief, it is	
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Sigr		Signature			_					Dat	e
Her				-	Treasurer						
е		,	int name and		Duran and a standard		Data			1 2 4 1 6	DTIN
<b>-</b>		Print/Type prep			Preparer's signature		Date	NO 4		ck <b>∦</b> if	PTIN
Paic		Melissa	Gilroy		Melissa Gilroy Gilroy, CPA		08-27-20		el f-em pl oye	ed	P01069703
	parer	Firm's name	<u>*</u>		acre Rd				Firm's EIN 🕨		
Use	Only	Firm's address	•		A 02090			F	hone no.	704	696-4019
	46		hta it			(				/81-	696-4019 . □ Yes X No
					eparer shown above? Notice, see the sep		• • • • • • •		• • • • • •	• • • • •	
	uctions	•	WUIK RE	aaction ACC	woulde, see life sep						Form <b>990</b> (2020)
DEAL		•									

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structions.		

OMB No. 1545-0047

Part III Statement of Program Service Accomplishments <pre>             Check the Sheduk O Contains a response or new only line in this Part III             Service Mich Sheduk O Contains a response or head only line in this Part III             Service Accomplishments             Check the two registrations mission:             Check the service of the world.             We work Closely with Families, scientists, and the medical             community to drive research that will lead to treatments and cures.             Code is provide the medical medic</pre>	For	m 990 (2020) <b>CureGrin Foundation</b>	83-4658977	Page <b>2</b>
Bankey describe the organization's mission: <ul> <li>CureeRLN disorder around the world.</li> <li>We work closely with families, scientists, and the medical community to drive research that will lead to treatments and cures.</li> <li>Did the organization underske any significant program services during the year which were not listed on the prior form 900-627.</li> <li>Did the organization cease concluding, or make significant changes in how it conducts, any program services, as measured by openess. Section 501(c) openations are equivalent to report the amount of gants and allocations to others, the total segmess, and reverus. They, for each program service reported.</li> <li>Use section 512(c) of openations are required to report the amount of gants and allocations to others, the total segmess, and reverus. final, to each program service reported.</li> <li>Use section 512(c) of openations are compliant service at Emory University that will help advance researchers' understanding of rare genetic variants. See statement 0 for more information.</li> <li>Use (Code:</li></ul>	Par	t IIIStatement of Program Service Accomplishments		U
CureeRIN is a parent-run public charity dedicated to improving the lives of people living with dRIN disorder around the world.         Ver work closely with families, scientist, and the medical community to drive research that will lead to treatments and cures.         Id the organization undertals any significant program service during the year which we not listed on the prior form 990 er90-E22         If ''te; 'teache these endses conducing or make significant thanges in how it conducts, any program context of the organization cases conducing. If ''re; 'teache these thanges on Schedule 0.         3       Did the organization cases conducing or make significant thanges in how it conducts, any program context of the organization area compliable to program service accompliable on the organization cases conducing. If ''re; 'teache these thanges on Schedule 0.         4       Describe the organization case accompliablements for each of its three largest program services are required to report the amount of gamts and allocations to other, the trait sequence, and research at Emory University that will help advance		Check if Schedule O contains a response or note to any line in this Part III		🛛
<b>QRIN</b> disorders around the world. <b>Yes</b> work closely with femalities, scientists, and the medical community to drive research that will lead to treatments and curs. <b>2</b> Did the organization undertake any significant program services during the year which were not listed on the prior form were done done done done done done done don	<b>1</b> Brie	efly describe the organization's mission:		
We work closely with families, scientists, and the medical community to drive research that will lead to treatments and cures.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 of 990-t22       Ives E No         11 "Ves," describe these new services on Schedule 0.       Ives," describe these new services as complishments 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 rogina service reported.         4       Type: jogn grant grants of \$       )         14       Ves E No         17/85, "describe these new revenue, it any, for each rogina service reported.		CureGRIN is a parent-run public charity dedicated to improving the lives of	f people livi	ng with
<pre>community to drive research that vill lead to treatments and curres. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900-E27</pre>		GRIN disorder around the world.		
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 of 990-07 900 resords these new services on Schedule 0. 3 Did the organization case conducting or make significant tranges in how it conducts, any program services, as measured by expenses. Section 502(6)3 and 5012(4) organizations are required to report the amount of grants and allocations to others, the transport during grants of s (Revenue 5) (Code:				
pior Form 390 or 990 or 990 cr 220        \res \vec{E} No         11 "Vest," describe these new services on Schedule 0.        \res \vec{E} No         3 Did the organization coase conducting or make significant changes in how it conducts, any program services coase conducting or make significant changes in how it conducts, any 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       [/dge:]/gengessignification figs (Revenues 1           7. CureoRXI has invested in critical research at Emory University that will help advance           7. CureoRXI has invested in critical research at Emory University that will help advance           7. CureoRXI has invested in critical research at Emory University that will help advance           7. CureoRXI has invested in critical research at Emory University (Revenue \$)           8. (Code:      )(Expenses \$ including grants of \$)(Revenue \$)          8. (Code:		community to drive research that will lead to treatments and cures.		
pior Form 390 or 990 or 990 cr 220        \res \vec{E} No         11 "Vest," describe these new services on Schedule 0.        \res \vec{E} No         3 Did the organization coase conducting or make significant changes in how it conducts, any program services coase conducting or make significant changes in how it conducts, any 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       [/dge:]/gengessignification figs (Revenues 1           7. CureoRXI has invested in critical research at Emory University that will help advance           7. CureoRXI has invested in critical research at Emory University that will help advance           7. CureoRXI has invested in critical research at Emory University that will help advance           7. CureoRXI has invested in critical research at Emory University (Revenue \$)           8. (Code:      )(Expenses \$ including grants of \$)(Revenue \$)          8. (Code:	2	Did the organization undertake any significant program services during the year which were not listed on the		
H*Ves," describe these new services on Schedule 0. Bot the organization case conducting, or make significant changes in how it conducts, any program services? H*Ves," describe the organization are conducting. or make significant changes in how it conducts, any program services, as measured by openees. Section 501(.01) and 50			🗌 Yes	X No
<pre>services<sup>1</sup></pre>				
<pre>services?</pre>	3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
If "Yes," describe these changes on Schedule 0.         Describe the cognization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 5010(12) and 5010(14) 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.         If (19) 159 35, 356		services?	Yes	X No
4 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       198, 199, 89, 886       )         CureoRIN has invested in critical research at Emory University that will help advance       )         CureoRIN has invested in critical research at Emory University that will help advance       )         CureoRIN has invested in critical research at Emory University that will help advance       )         CureoRIN has invested in critical research of \$       ) (Revenue \$		If "Yes," describe these changes on Schedule O.		
by expenses. Section 501c()(3) and S01c()(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       1676, 159 35, 866 ding grants of 5) (Revenues 1)       )         CureGRIN has invested in critical research at Emory University that will help advance 1       )         cureGRIN has invested in critical research at Emory University that will help advance 1       )         cureGRIN has invested in critical research at Emory University that will help advance 1       )         db       (Code:) (Expenses \$ including grants of \$) (Revenue \$)         db       (Code:) (Expenses \$ including grants of \$) (Revenue \$)         dc       (Code:) (Expenses \$ including grants of \$) (Revenue \$)         dc       (Code:) (Expenses \$ including grants of \$) (Revenue \$)         dc       (Code:) (Expenses \$ including grants of \$) (Revenue \$)         dc       (Code:) (Expenses \$ including grants of \$) (Revenue \$)         dd       Other program services (Describe on Schedule 0.)         (ExpensesSincluding grants of \$) (Revenue\$)	4			
4a       (Code: ) (Expenses Since of S) (Revenues - )         CurveORT has invested in critical research at Emory University that will help advance researchers' understanding of rare genetic variants. See statement 0 for more information.	•		ns to	
CureCRIN has invested in critical research at Emory University that will help advance       ^^         researchers' understanding of rare genetic variants. See statement 0 for more information.		others, the total expenses, and revenue, if any, for each program service reported.		
CureCRIN has invested in critical research at Emory University that will help advance       ^^         researchers' understanding of rare genetic variants. See statement 0 for more information.				
CureCRIN has invested in critical research at Emory University that will help advance       ^^         researchers' understanding of rare genetic variants. See statement 0 for more information.	42	Code:) (Expenses\$including grants of\$) (Revenue\$ 178 , 199   89 , 886		)
<pre>researchers' understanding of rare genetic variants. See statement 0 for more information.</pre>	τu		elp advance	/
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4d       Other program services (Describe on Schedule 0.) (Expenses\$including grants of \$ ) (Revenue\$ )	40		Φ	)
4d       Other program services (Describe on Schedule 0.) (Expenses\$including grants of \$ ) (Revenue\$ )				
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(Expenses\$including grants of \$ ) (Revenue\$ )				
(Expenses\$including grants of \$ ) (Revenue\$ )				
	4d			
4e     Total program service expenses     178,199	-		)	
	4e	Total program service expenses <b>b</b> 178,199		

		Yes	N
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes, "	. 1	x	
In the endering the second te complete Schedule of Contributors Second instructions?	2	x	
s the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	~		
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Andidates for public office? If "Yes," complete Schedule C, Part I	3		3
			-
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		2
ection in effect during the tax year? If "Yes," complete Schedule C, Part II			
is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		2
sessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>			
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors ave the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
es," complete Schedule D, Part I			
Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
mplete Schedule D, Part III	8		
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
bt negotiation services? If "Yes," complete Schedule D, Part IV	_		
Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		-
in quasi endowments? If "Yes," complete Schedule D, Part V	10		
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
I, VIII, IX, or X as applicable.			
bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
mplete Schedule D, Part VI			
id the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	<b>11</b> a		
its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		
id the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	11b		
its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
id the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
ported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
fDid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
aDid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
hedule D, Parts XI and XII	12a		
Vas the organization included in consolidated, independent audited financial statements for the tax year? If ••••••••••			
es," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E •••••••	13		
aDid the organization maintain an office, employees, or agents outside of the United States?	14a		
id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, •••••••••••••••••••••••		х	
ndraising, business, investment, and program service activities outside the United States, or aggregate			
eign 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		14	łŁ
any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		-	15
sistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	16
rt IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions			
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		-	17
rt VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		'	18
"Yes," complete Schedule G, Part III			
a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19
"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20aX		
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
mestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24.		-
	21X		

Form 990 (2020) CureGrin Foundation	83-4658977	Pa	ge <b>4</b>
Part IV Checklist of Required Schedules (continued)			
		Yes	No
22Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Х
23Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
organization's current and former officers, directors, trustees, key employees, and highest compensated			
employees? If "Yes," complete Schedule J			X
24aDid the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
through 24d and complete Schedule K. If "No," go to line 25a •••••••••••••••••••••••••••••••••••			X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	a		
${f c}$ Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24		
to defease any tax-exempt bonds?	b		
dDid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25aSection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	d		
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25		
If "Yes," complete Schedule L, Part I	25 25 25b		Х
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	a		
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>			х
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
persons? If "Yes," complete Schedule L, Part III 2014 - the angle institute a particle is business the participation with a participation of the following			х
28Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part ••••			
IV instructions, for applicable filing thresholds, conditions, and exceptions): <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
"Yes," complete Schedule L, Part IV			
			х
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part.IV</i>			X
cA 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If • • • • • • "Yes," complete Schedule L, Part IV	28		
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	b		х
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	••••••		x
conservation contributions? If "Yes," complete Schedule M	28c		
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29		х
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	•••••		x
complete Schedule N, Part II	· · · · · · · · · · · · · · · 30		
33Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	31		v
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	•••••		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	32		
or IV, and Part V, line 1	•••••		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33		
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	•••••		X X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•••••• 34		Λ
<b>36Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable	35		
related organization?If "Yes," complete Schedule R, Part V, line 2	a		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	b		
19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.			X
	36		
X	37		
Part V Statements Regarding Other IRS Filings and Tax Compliance	57		,
Check if Schedule O contains a response or note to any line in this Part V		•••	
		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
<b>b</b> Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable $\dots \dots 1b0$			
${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and			
reportable gaming (gambling) winnings to prize winners?	1cX		

Form 990 (2	D20) CureGrin Foundation	83-46589	77	Page	5
(c <b>₽/art</b> u¥d)	Statements Regarding Other IRS Filings and Tax Compliance				_
11			Y	es No	,
2aEnter the r	umber of employees reported on Form W-3, Transmittal of Wage and Tax		-		
Statements,	iled for the calendar year ending with or within the year covered by this return <b>2a</b>	0			
	ne is reported on line 2a, did the organization file all required federal employment tax returns?	U	-		
	um of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		2 <sup>3</sup>	<u>د</u>	_
			b		
	anization have unrelated business gross income of \$1,000 or more during the year?			x	
<b>b</b> If "Yes," has	it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3a		_
4aAt any tim	e during the calendar year, did the organization have an interest in, or a signature or other authority over, $$	•••••	3		—
a financial ac	count in a foreign country (such as a bank account, securities account, or other financial account)?		b		
<b>b</b> If "Yes." en	er the name of the foreign country	• • • • • • • • • •		X	_
	ons for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		4.		
	ganization a party to a prohibited tax shelter transaction at any time during the tax year?		4a		
			5a	x	
	ble party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5	x	-
<b>c</b> If "Yes" to li	ne 5a or 5b, did the organization file Form 8886-T? •••	•••••	b		—
6aDoes the c	rganization have annual gross receipts that are normally greate <del>r than \$100,000, and did the ••••••</del> •	•••••			
organization	solicit any contributions that were not tax deductible as charitable contributions?		5c		
<b>b</b> If "Yes." dic	the organization include with every solicitation an express statement that such contributions or • • • • •			x	
	tax deductible?		6a		
-					
-	ns that may receive deductible contributions under section 170(c)	•••••	6		_
-	nization receive a payment in excess of \$75 made partly as a contribution and partly for goods		b		
and services	provided to the payor?		-		
<b>b</b> If "Yes," dic	the organization notify the donor of the value of the goods or services provided?		7a	x	
	nization sell, exchange, or otherwise dispose of tangible personal property for which it was		7		_
-	e Form 8282?		b		-
required to it				v	
	dIf "Yeş," indicate the number of Forms 8282 filed during the year 7d	••••	8-	X	_
	nization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7c		
<b>f</b> Did the orga	nization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x	
<b>g</b> If the orga	nization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	quired?	7e	X	_
<b>h</b> If the organ	zation received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7f	x	—
-	organizations maintaining donor advised funds. Did a donor advised fund maintained by the		7g	x	
		•••••	-7		_
	ganization have excess business holdings at any time during the year?		h		
	organizations maintaining donor advised funds.			x	
<b>a</b> Did the spor	nsoring organization make any taxable distributions under section 4966?		8		
<b>b</b> Did the spo	nsoring organization make a distribution to a donor, donor advisor, or related person?		•	x	1
10Section 5	D1(c)(7) organizations. Enter:			X	
	aInitiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>	•••••	9a	-	_
	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		9		
			b		
11Section 5	D1(c)(12) organizations. Enter:				
	a Gross income from members or shareholders <b>11a</b>				
<b>b</b> Gross incon	ne from other sources (Do not net amounts due or paid to other sources				
against amou	nts due or received from them.) <b>11b</b>				
12aSection 4	947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
	bIf "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
12 Section 5	p1(c)(29) qualified nonprofit health insurance issuers.		12a		
-	ization licensed to issue qualified health plans in more than one state?				
Note: See the	e instructions for additional information the organization must report on Schedule O.				
<b>b</b> Enter the ar	nount of reserves the organization is required to maintain by the states in which	•••••	13a	_	_
the organizat	ion is licensed to issue qualified health plans <b>13b</b>				
	cEnter the amount of reserves on hand <b>13c</b>				
142Did the o	ganization receive any payments for indoor tanning services during the tax year?				
	it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14-1		_
-	nization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or • • •	•••••	14aX		
	hute payment(s) during the year?		14b		
If "Yes," see	nstructions and file Form 4720, Schedule N.				
	nization an educational institution subject to the section 4968 excise tax on net investment income?		15X 16	X	
	plete Form 4720, Schedule O.				
, com			Form <b>99</b>	0	
		•••••			_
			(2020)		

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Part VIGovernance, Management, and DisclosureFor each "Yes" res	ponse to lines 2 through 7b below, and	l for a	"No"	
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n Schedule O. See instructions.			
Check if Schedule O contains a response or note to any line in this Part VI				Х
Section A. Governing Body and Management				
	Yes			No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	、 <b>8</b>			
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.				
${\bf b} {\sf E} {\sf n} {\sf t} {\sf r} {\sf t} {\sf h} {\sf e} {\sf n} {\sf m} {\sf m} {\sf b} {\sf e} {\sf r} {\sf s} {\sf included} {\sf in line 1} {\sf a}, {\sf above, who are independent} {\bf 1} {\sf b}$				
2Did any officer, director, trustee, or key employee have a family relationship or a busines	s relationship with	-		
any other officer, director, trustee, or key employee?		2		х
3Did the organization delegate control over management duties customarily performed by	y or under the direct			
supervision of officers, directors, or trustees, or key employees to a management compan		3		х
4Did the organization make any significant changes to its governing documents since the p		4		х
<b>5</b> Did the organization become aware during the year of a significant diversion of the organ	ization's assets?	5		x
<b>6</b> Did the organization have members or stockholders?		6		x
7aDid the organization have members, stockholders, or other persons who had the power	to elect or appoint	' <u> </u>		
one or more members of the governing body?		7a		x
bAre any governance decisions of the organization reserved to (or subject to approval by)-	members, •••••••••••••••	•		•
stockholders, or persons other than the governing body?		7		
8Did the organization contemporaneously document the meetings held or written actions	undertaken during	b		x
the year by the following:				
aThe governing body?				
<b>b</b> Each committee with authority to act on behalf of the governing body?	• • • • • • • • • • • • • • • • • • • •	. 8a	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who c		8	х	
the organization's mailing address? If "Yes," provide the names and addresses on Schedule Section B. Policies(This Section B requests information about policies		b		
Section B. Policies (This Section B requests information about policies	not required by the Internat Revenue of	•		X
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		9		
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activitie	as of such chanters		Yes	No
affiliates, and branches to ensure their operations are consistent with the organization's e		<b>10</b> a		Х
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its				
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form		10b		
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	••••	<b>11</b> a	Х	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually	v interests that could give rise to conflicts?			
cDid the organization regularly and consistently monitor and enforce compliance with the	-	12a	х	
describe in Schedule O how this was done	••	12b		х
<b>13</b> Did the organization have a written whistleblower policy?				
<b>14</b> Did the organization have a written document retention and destruction policy? • • • •		12c		х
<b>15</b> Did the process for determining compensation of the following persons include a review		13		x
independent persons, comparability data, and contemporaneous substantiation of the del		14		х
aThe organization's CEO, Executive Director, or top management official				
bOther officers or key employees of the organization				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15	х	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or a		a	x	
with a taxable entity during the year?		15		
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organizati	ion to evaluate its	b		
participation in joint venture arrangements under applicable federal tax law, and take ster		16a		x
organization's exempt status with respect to such arrangements?		10a		
Section C. Disclosure				
<b>17</b> List the states with which a copy of this Form 990 is required to be filed <b>Ca</b>	lifornia Colorado Elorida	16b		
<b>18</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if appl		TOD		L
(3)s only) available for public inspection. Indicate how you made these available. Check all				
XOwn websiteAnother's websiteXUpon requestOther ( <i>explain on Schedule O</i> ,				
<b>19</b> Describe on Schedule O whether (and if so, how) the organization made its governing do and financial statements available to the public during the tax war.	ocuments, conflict of interest policy,			
any milancial statements available to the public during the tax veat.				

20State the name, address, and telephone number of the person who possesses the organization's books and records

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

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated Employee	es, and
	Independent Contractors		
Check if Sched	ule O contains a response or note to any line in this Part VII		
Section A.Offi	cers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>la</b> Complete th organization's t	nis table for all persons required to be listed. Report compensation for the calendar year ending tax year.	g with or within the	
	organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regar Enter -0- in columns (D), (E), and (F) if no compensation was paid.	dless of amount of	
istall of the o	rganization's <b>current</b> 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.

Listall 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.

		(C)								
(A)	(B)	Posi						(D)	(E)	(F)
Name and title	Average					han one		Reportable	Reportable	Estimated amoun
Name and title	hours					both an /trustee)		c om pens ati on	compensation	of other
	per week			i a an	00101	,	´	from the	from related	c om pens ati o
	(list any			_	_			organization	organi za ti o ns	from the
	hours for	Individual trustee director	Insti	Officer	۲ey	emp High	Former	(W -2/109 9-MISC)	(W -2/109 9-MISC)	organization and related organizatio
	related	tee	tuti	ĕr	emp	loye	ner			related organization
	organi za ti o ne	a a	onal		oloy	Highest compensated employee				
	bel ow dotted line)	9	Institutional trustee		ee	ă				
	dotted line)	-	stee							
K <del>g</del> ith McArthur	25.00									
CÉO, Head of Science		x		х				25,000	0	
Denise Rehner	25.00									
President, Communications Lead		x		x				25,000	0	
®)kje van Gerven Board member, HR Lead	2.00	x								
Board member, nk Lead Papul Wasielewski	2.00							0	0	(
Board Member and Fundraising		x								
Æjllian Hastings Ward	2.00							0	0	
Board-member		x								
Hauren Williams	10.00							0	0	
Donor_experience,_social media		x						-		
Klara Cramer	1.50							0	0	
Sécretary		x								
Mary Beth Skarsgard				X				0	0	
Treasurer										
(9)				X				0	0	
(10)										
(11)										
(12)										
(13)										
(14)										
		I							1	E a mar 000 (202

## Form 990 (2020)CureGrin Foundation

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Part	VIISection A. Officers, Directors, Trust	tees, Key	Emp	loye	ees	, ar	nd Hi	ghe	est Compensat	ted Empl	oyees	(conti	inued	)
	(A) Name and title	(B) Average hours per week	box,	not ch unles	s per	son is	han one both ar /trustee	n	(D) Reportable c om pens ati on from the organization	(E) Reportable compensa from relate organi za ti o	ed		ated amo of other n pens a	
		(list any hours for related organi za ti o n bel ow dotted line)	Individual trustee or director o	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W -2/109 9-		orga	anization d organiz	
(15) (16)														
(17)														
(18)														
(19) 														
<del>(20)</del>														
(21)  (22)														
(22)														
(24)														
(25)														
1b														
c d 2	Subtotal Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)50,000	ion A	••••	•••	•••	•••	••••				0			0
	Total number of individuals (including but not limi reportable compensation from the organization	ited to those							ore than \$100,000	of				0
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedule</i>			-	ee, o	-	-		oensated			3	Yes	No X
4	For any individual listed on line 1a, is the sum of roorganization and related organizations greater the	an \$150,000	? If "Ye	s," c	отр	d otl o <i>lete</i>	her co Schec	mpe lule 、	nsation from the J for such					
5	individual	compensatio	on from	n any	/ unr	elat	ed org	aniz		• • • •		4		x
	for services rendered to the organization? <i>If "Yes,</i> <b>ion B. Independent Contractors</b> Complete this table for your five highest compens			-		-			ed more than \$100.	.000 of	••••	5		X
1	compensation from the organization. Report com								h or within the orga		ax year.			
	(A) Name and business addres	55							<b>(B)</b> Description of servic	es		(C) Compens		

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

## Form 990 (2020)CureGrin Foundation Part VIIIStatement of Revenue

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	Check if Schedule O contains a response or note to any line in th	is Part VIII			
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1aFederated campaigns1a         bMembership dues1b         cFundraising events1c         dRelated organizations1d         eGovernment grants (contributions)1e         fAll other contributions, gifts, grants, and similar amounts not included above1f         gNoncash contributions included in lines 1a-1f         Innes 1a-1f	3 237, 373			
Program Service Revenue	Business Code 2a b c d fAll other program service revenue gTotal. Add lines 2a-2f	•			
Other Revenue	3 investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt b 5 Royalties. (i) Real(ii) Personal 6 a Gross rents. b Less: rental expenses. CRental income or (loss) c d Net rental income or (loss). 7 a Gross amount from (i) Securities(ii) Other sales of assets other than inventory7 a b Less: cost or other basis and sales expenses. CGain or (loss). b Less: cost or other basis and sales expenses. CGain or (loss). b Less: direct expenses. cNet income or (loss) from fundraising even 9 a Gross income from gaming activities, See Part IV, line 18. b Less: direct expenses. cNet income or (loss) from garning activitie 10 a Gross sales of inventory, less returns and allowances. cNet income or (loss) from sales of invento Business Cop	ond proceed	S		
Miscellanous Revenue	11a     b     c     dAll other revenue     eTotal. Add lines 11a-11d     12Total revenue. See instructions				
	· · · · · · · · · · · · · · · · · · ·	237,373	0	0	0

art instatement of Functional Expenses				
ection 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organi	zations must complete co	olumn (A).	
check if Schedule O contains a response or note to any line in this	Part IX			
o not include amounts reported on lines 6b, 7b,(A)(B)			(C) Management and	<b>(D)</b> Fundraising
otal expensesProgram service B <b>b, 9b, and 10b of Part VIII.</b> expenses			general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV	′ <u>, line 21 <b>75</b></u>	,000 75,000		
Grants and other assistance to domestic				
ndividuals. See Part IV, line 22	<b>10,000 1</b>	10,000		
Grants and other assistance to foreign				
rganizations, foreign governments, and				
oreign individuals. See Part IV, lines 15 Benefits paid to or for members	and 16 <b>4</b>	,886 4,886		
	••••			
Compensation of current officers, directors,	E0 020 40			
rustees, and key employees	59,932 48	3,257	6,350	5,32
Compensation not included above, to disqualified				
ersons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3				
Other salaries and wages	(О)			
Pension plan accruals and contributions (include	• •			
$\frac{1}{1000}$	ntributiona)			
section 401(k) and 403(b) employer co				
Other employee benefits	• • •			
<b>1</b> Fees for services (nonemployees):				
Manadamant				
Management Legal	250		2,259	
	237		4,459	
Lobbying Professional fundraising services. See	Part IV line 1	7		
Investment management fees	i uri iv, une i			
Other (If line 11g amount exceeds 10% of line 25, column				
A) amount list line 11g expenses on So	hedule ()	26.790 26.790		
A) amount, list line 11g expenses on So <b>12</b> Advertising and promotion <b>13</b> Office expenses	5.080 3	.855		1,22
<b>I3</b> Office expenses.	916	,	916	
<b>4</b> Information technology	7.704 1.	593	1,842	4,26
<b>L5</b> Royalties	, ,			
<b>L6</b> Occupancy				
<b>L7</b> Travel	34			
<b>8</b> Payments of travel or entertainment expenses				
or any federal, state, or local public off	icials			
<b>L9</b> Conferences, conventions, and meet	ings <b>7</b> .	784 7.784		
<b>20</b> Interest	-	· ,· · ·		
<b>21</b> Payments to affiliates <b>22</b> Depreciation, depletion, and amortiz				
2Depreciation, depletion, and amortiz	ation			
<b>23</b> Insurance				
<b>4</b> Other expenses. Itemize expenses not covered				
bove (List miscellaneous expenses on line 24e. If				
ne 24e amount exceeds 10% of line 25, column				
A) amount, list line 24e expenses on Schedule O.)				
a Fees	6,487		598	5,88
b				
c				
d				
e All other expenses				
<b>5</b> Total functional expenses. Add lines 1 through 24e	206,872	178,199	11,965	16,70
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check hereif 🕨 🗌				
following SOP 98-2 (ASC 958-720)				

## Form 990 (2020)CureGrin Foundation

## Part XBalance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	
	(A) (B)	
	Beginning of yearEnd of year	
	1Cash - non-interest-bearing	629,527
	2 Savings and temporary cash investments	
	3Pledges and grants receivable, net	
	4Accounts receivable, net	1,542
	5Loans 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	
	6Loans and other receivables from other disqualified persons (as defined	
	under section 4958(f)(1)), <b>a</b> d persons described in section 4958(c)(3)(B)	
	7Notes and loans receivable, net 7	
siass	8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10,000 9	
	9Prepaid expenses and deferred charges 10aLand, buildings, and equipment: cost or other basis Complete Part VI of Schedule D10a	12,500
۲	Totaland, buildings, and equipment. cost of other	12,500
	basis. Complete Part vi of Schedule Diba	
	bLess: accumulated depreciation 10b	
	11Investments - publicly traded securities 10c	
	12Investments - other securities. See Part IV, line 11 11	
	13Investments - program-related. See Part IV, line 112	
	14Intangible assets	
	15Other assets. See Part IV, line 11       14         16Total assets. Add lines 1 through 15 (must equal line 33)       15         17Accounts payable and accrued expanses       15	
	16Total assets. Add lines 1 through 15 (must equal line 33) 15	
	17Accounts payable and accided expenses 625.335 16	643,56
	<b>13</b> Grants payable	12,733
	19Deferred revenue 18	
	19Deferred revenue   18     20Tax-exempt bond liabilities   19	
	21Escrow or custodial account liability. Complete Part IV of Schedule D 20	
	22Loans and other payables to any ograph or former officer, director,	
es	trustee, key employee, creator or founder, substantial contributor, or 35%	
Ξ	controlled entity or family member of any of these persons	
abi l it ies	23Secured mortgages and notes payable to uprelated third parties	
3	24Unsecured notes and loans payable to unrelated third parties	
	250ther liabilities (including federal inco23 tax, payables to related third	
	parties, and other liabilities not included on 24 17-24). Complete Part X	
	of Schedule D	
	26Total liabilities. Add lines 17 through 25	
	Organizations that follow FASB ASC 958, check here X	
		12,733
	27Net assets without donor restrictions	
ŝ	28Net assets with donor restrictions	
Net Assets of Fund Balances	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	376,323
		254,513
2	29Capital stock or trust principal, or current funds	
2	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund	
5	31Retained earnings, endowment, accumulated income, 29ther funds	
els	32Total net assets or fund balances	
	33Total liabilities and net assets/fund balaos	
		630,836
		643,569

Form 990 (2020)CureGrin Foundation	83-4658977	Pa	age <b>12</b>
Part XIReconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \Box$
1 Total revenue (must equal Part VIII, column (A), line 12) 1			,373
2 Total expenses (must equal Part IX, column (A), line 25)			,872
3Revenue less expenses. Subtract line 2 from line 1			,501
4Net assets or fund balances at beginning of year (raust equal Part X, line 32, column (A))		600,	335
5Net unrealized gains (losses) on investments			
6Donated services and use of facilities 6			
7Investment expenses			
8Prior period adjustments 8			
90ther changes in net assets or fund balances (explain on Schedule 9)			0
10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
32, column (B))		630,	836
Part XIIFinancial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 Cash <b>X</b> AccrualOther $\Box$		Tes	NU
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O.			
2aWere the organization's financial statements compiled or reviewed by an independent accountant?			x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	•••••	2a	~
reviewed on a separate basis, consolidated basis, or both:			
Separate basisConsolidated basisBoth consolidated and separate basis			
<b>b</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	2	2b	х
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			
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 ••••••		2c	1
Schedule O.			
<b>3a</b> 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?			
bIf "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		aX	1
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	I		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	31	b	

SCHEDULE A (Form 990 or 990-EZ)	P	ublic Charity	/ Status and Pu	blic Sup	port		OMB No. 1545-0047
(	Complete if the organiza	tion is a section 501	(c)(3) organization or a sec	ction 4947(a)(1	) nonexem	pt charitable trust.	2020
Department of the			ch to Form 990 or Form				Open to Public
Treasury Internal Revenue	► Go to	o www.irs.gov/For	m990 for instructions a	nd the latest	informati		Inspection
Name of the organization CureGrin Foundat	ion					Employer identification 83-46589	
Part I Reason	or Public Charity	Status. (All or	ganizations must co	omplete thi	is part.)	See instruction	NS.
The organization is not a							
<b>1</b> A church, convention of	churches, or associatio	on of churches desc	ribed in section 170(b)(	1)(A)(i).			
2A school described in s							
<b>3</b> A hospital or a cooperat	-					4 4h -	
<b>4</b> A medical research organosital's name, city, and		njunction with a ho	spital described in <b>secti</b>	ion 170(b)(1)(	(A)(III). En	ter the	
5An organization operate		llege or university	owned or operated by a	governmental	l unit desc	cribed in	
section 170(b)(1)(A)(iv).	(Complete Part II.)						
6A federal, state, or local 7XAn-organization the					ontal uni	t or from the gen	eral public
described in section 170			at of its support from	i a governine	entatum	t of from the gen	
8A community trust desc			te Part II.)				
9An agricultural research				njunction with	n a land-gr	ant college	
or university or a non-lan	d-grant college of agric	ulture (see instruct	ions). Enter the name, ci	ity, and state o	of the coll	ege or	
university:							
<b>10</b> An organization that n						-	
receip <del>ts</del> from activities re			ness taxable income (le				
acquired by the organiza						i busiliesses	
<b>11</b> An <u>organization organ</u>							
12An organization organ	ized and operated exclu	isively for the bene	fit of, to perform the fun	ctions of, or to	o carry out	t the purposes	
of one of more publicly s							
			ype of supporting organ				<u>2g.</u>
the supported organization			controlled by its suppor			ically by giving	
supporting organization.							
<b>bType II.</b> A supporting o				ed organizatio	on(s), by h	aving	
control or management of				-		-	
organization(s). You mus							
cType III functionally in					lly integra	ted with,	
its supported organizatio					rtad argan	vization(c)	
that is not functionally in			•		-		
requirement (see instruc					anation		
eCheck this box if the org					II, Type II	II	
functional yintegrated, o	r Type III non-function	ally integrated sup	porting organization.				
fEnter the number of sup							
<b>g</b> Provide the following in	formation about the su	oported organizatio	n(s).	• • • • • • •			•
				1			
(i) Name of supported	lorganization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organ listed in your go		(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	doc um ent?		i ns truc ti ons )	i ns truc ti ons )
				Yes	No		
(A)							
(B)							
(C)							
(D)							

(E) <del>Total</del>

## Schedule A (Form 990 or 990-EZ) 2020CureGrin Foundation83-4658977 Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)(a) 2016(b) 2017(c) 2018(d) 2019(e) 2020(f) Total **1**Gifts, grants, contributions, and membership fees received. (Do not 2Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....

**3**The value of services or facilities furnished by a governmental unit to the

organization without charge.....

<b>5</b> The portion of total contributions by	,	,				
each person (other than a						
governmental unit or publicly						
supported organization) included on						
line 1 that exceeds 2% of the amount						
		sho	wn on line	11. colun	nn (f)	447,636
6Public support. Subtract line 5 from line 4420	575			,		
Section B. Total Support	,575					
Calendar year (or fiscal year beginning in)(a) 2	016 <b>(b)</b> 2017 <b>(c</b> )	) 2018 <b>(d)</b> 201	9 <b>(e)</b> 2020 <b>(f)</b> To	otal		
<b>7</b> Amounts from line 4	630,838					
<b>8</b> Gross income from interest, dividends.	030,030	237,373	000,211			
payments received on securities loans,						
rents, royalties, and income from						
-						
similar sources						
<b>9</b> Net income from unrelated business						
activities, whether or not the business						
is regularly carried on	•					
<b>10</b> Other income. Do not include gain or						
loss from the sale of capital assets						
(Explain in Part VI.)						
<b>11Total support.</b> Add lines 7 thro	ugh 10 <b>(</b>	8 <del>68,211</del>				<u> </u>
<b>12</b> Gross receipts from related act	<del>ivities, etc</del>	<del>. (sée inst</del>	ructions).	••••		<del> <b>12</b></del>
13First five years. If the Form 990 is for the org	anization's firs	t, second, third	l, fourth, or fift	h tax year as a	section 501(c)	(3)
organization, check this box and						
Section C. Computation of Public Support	Percentage					
<b>14</b> Public support percentage for 2 <b>15</b> Public support percentage from	2020 (line	6 columr	(f) divide	d by line 1	1 column	(f))
<b>15</b> Public support percentage from	n 2019 Scl	hedule A	Part II lin	e 14	. <b>.</b>	15%
16a33 1/3% support test - 2020. If the organiz	ation did not ch	heck the box o	n line 13 and l	ino 1/1 is 33 1/	3% or more ch	
box and <b>stop here.</b> The organization	ion qualifie		nlicly supp	orted orga	nization	
b33 1/3% support test - 2019. If the organization	on did not chec	ck a box on line	13 or 16a an	d line 15 is 33	1/3% or more	check
this box and <b>stop here.</b> The organ						
17a10%-facts-and-circumstances test - 2020.	-					_4 IS
10% or more, and if the organization meets the f						
Part VI how the organization meets the facts-an						
organization						
b10%-facts-and-circumstances test - 2019. If						е
15 is 10% or more, and if the organization meets	the facts-and-	-circumstance	s test, check th	nis box and <b>sto</b>	<b>p here.</b> Explain	I
in Part VI how the organization meets the facts-						
organization.				•		
<b>18Private foundation.</b> If the organization did no	t check a hox c	on line 13 16a	16h 17a or 1	7h check this	box and see	
					Sox and See	▶ □
instructions		• • • • • • • • •	• • • • • • • • • •	••••	Schedule A (For	m 990 or 990-EZ) 2020

14%

# Schedule A (Form 990 or 990-EZ) 2020CureGrin Foundation83-4658977 Part IIISupport 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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	<b>(f)</b> Total
<b>1</b> Gifts, grants, contributions, and membership						
fees received. (Do not include any "unusual						
2 grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3 organization's tax-exempt purpose						
Gross receipts from activities that are not an						
Tax revenues reveal for the stress under section 513						
organization's benefit and either paid to						
or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to the						
organization without charge						
6Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3						
received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3						
received from other than disqualified						
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	<u> </u>					
<b>8Public support.</b> (Subtract line 7c from line 6.)						
Section B. Tóťal Súppórt	<u> </u>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
<b>9</b> Amounts from line 6	(a) 2010	(b) 2017	(0) 2010	(u) 2017	(e) 2020	(1) 10141
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less	<u> </u>					
section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	L					
<b>11</b> Net income from unrelated business						
activities not included in line 10b, whether						
or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or						
loss from the sale of capital assets (Explain in Part VI.)						
<b>13Total support.</b> (Add lines 9, 10c, 11,						
and 12.)						
<b>14First 5 years.</b> If the Form 990 is for the organi	ization's first s	econd third f	ourth or fifth t	ay year as a se	ction 501(c)(3)	
organization, check this box and <b>s</b>						<u> </u>
Section C. Computation of Public Support	Percentage					
<b>15</b> Public support percentage for 2	2020 (line	8, columr	۱ (f), divide	ed by line 1	L <del>3, colum</del> n	<del>(f))</del>
<b>16</b> Public support percentage from	0 2010 Sc		Part III li	no 15		<b>16</b> %
Section D. Computation of Investment Ind	1201930	neuule A,	rai i 111, ili	Te 15	• • • • • • • • • • • •	· · · · · <b>10</b> 70
(f)) <b>17% 18</b> Investment incore <b>18</b> %	e for <b>202</b> 0	<b>0</b> (line 10	c, column <b>2019</b> Scł	(f), divide nedule A, F	d by line 1 Part III, lin	<u>L3, column</u> e 17 ▶ □
19a33 1/3% support tests - 2020. If the organiz	zation did not o	check the box	on line 14, and	l line 15 is mor	e than 33 1/3%	, and line
17 is not more than 33 1/3%, c	breck this b	pox and <b>st</b>	<b>op here</b> , <sup>7</sup> amization.	he organiz	zation qual	ifies as <b>•</b> a □
EEE <b>33 1/3% support tests - 2019.</b> If the organiz line 18 is not more than 33 1/3%, check this box	ation did not c	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3%+e2)2020
<b>20Private foundation.</b> If the orga	inization d	lid not che	ck a box c	on line 14.	19a. or 19	b. check

### Schedule A (Form 990 or 990-EZ) 2020CureGrin Foundation83-4658977 Part IVSupporting Organizations

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

	<b>Y</b> (	es No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing		
documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status		
under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported		
organization was described in section 509(a)(1) or (2).	2	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		
lines 3b and 3c below.	3a	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the		
organization made the determination.	3	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_	
purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	b	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If	2.	
"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	3c	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a	
supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion		
despite being controlled or supervised by or in connection with its supported organizations.	4b	
cDid the organization support any foreign supported organization that does not have an IRS determination		
under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used		
to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
purposes.	4c	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>		
answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	_
<b>bType I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	_	
<b>cSubstitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	b	
anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	5c	
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 <b>Part VI.</b>	6	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0	_
(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	/	
If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9aWas the organization controlled directly or indirectly at any time during the tax year by one or more		
disqualified persons, as defined in section 4946 (other than foundation managers and organizations		
described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	74	
the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9	
cDid a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		
from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	b	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 (f) (regarding contain Type II supporting organizations, and all Type III pop-functionally integrated		
4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	9c	
supporting organizations)? <i>If "Yes," answer 10b below.</i> <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10	
determine whether the organization had excess business holdings.)		
actornate methol ne organization nad oxocos business notaings.	a	
ESA Sebadula A /E		0. 57) 2020

<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
11c below, the governing body of a supported organization?	11a	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
cA 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
letail in <b>Part VI.</b>	<b>11c</b>	
ection B. Type I Supporting Organizations		Yes N
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,		
supervised, or controlled the supporting organization.	2	
ection C. Type II Supporting Organizations	T	Yes No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
Section D. All Type III Supporting Organizations		
		Yes I
<b>1</b> 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?		
2Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
the organization maintained a close and continuous working relationship with the supported organization(s).		
By reason of the relationship described in line 2, above, 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>If "Yes," describe in <b>Part VI</b> the role the organization's</i>		
supported organizations played in this regard.3 ection E. Type III Functionally Integrated Supporting Organizations		
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	uctions)	
aTheorganization satisfied the Activities Test. <i>Complete line 2 below.</i> bTheorganization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> cTheorganization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see ir</i>		
2Activities Test. Answer lines 2a and 2b below. YesNo		
<b>a</b> 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</i> 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. <b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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</i>		
<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. <b>2b</b>		
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		

#### **CureGrin Foundation** Schedule A (Form 990 or 990-EZ) 2020

#### 83-4658977 Part IV **Supporting Organizations** (continued)

**11**Has the organization accepted a gift or contribution from any of the following persons?

Page 5

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			<u> </u>
1Check here if the organization satisfied the Integral Part Test as a qualifying trus			
instructions. All other Type III non-functionally integrated supporting organization	ons must	complete Sections A	through E.
<b>Section A - Adjusted Net Income</b> (A) Prior Year ( opt i onal )			(B) Current Year
1Net short-term capital gain1			
2Recoveries of prior-year distributions2			
<b>3</b> Other gross income (see instructions) <b>3</b>			
4Add lines 1 through 3.4			
5Depreciation and depletion5			
6Portion 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			
70ther expenses (see instructions)7			
8Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8			
orajusteu Net Income (subtract times 5, 6, and 7 from time 4)o			(B) Current Year
<b>Section B - Minimum Asset Amount</b> (A) Prior Year ( opt i onal )			(b) current real
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities <b>1a</b>			
<b>b</b> Average monthly cash balances <b>1b</b>			
<b>c</b> Fair market value of other non-exempt-use assets <b>1c</b>			
dTotal (add lines 1a, 1b, and 1c)1d			
eDiscount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2Acquisition indebtedness applicable to non-exempt-use assets2			
-3Subtract line 2 from line 1d.3			
-4Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).4			
-5Net value of non-exempt-use assets (subtract line 4 from line 3)5			
-6Multiply line 5 by 0.035.6			
-7Recoveries of prior-year distributions7			
-8Minimum Asset Amount (add line 7 to line 6)8			
Section C - Distributable AmountCurrent Year			
A diverse dense in a serie series of the second series of the second second second second second second second			
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A) <b>1</b>			
2Enter 0.85 of line 1.2			
<u>3Minimum asset amount for prior year (from Section B, line 8, Column A)</u>			
4Enter greater of line 2 or line 3.4			
6Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).6			
7Check here if the current year is the organization's first as a non-functionally int	egrated	lype III supporting or	ganization
(see instructions).			

**CureGrin Foundation** 

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

83-4658977

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Schedule A (Form 990 or 990-EZ) 2020 CureGrin Foundation		83-4658	<b>3977</b> Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Org	anizations (continued)	
Section D - Distributions			<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exer	npt purposes <b>1</b>		
2Amounts paid to perform activity that directly furthers exemp		ed	
		s of income from activity <b>2</b>	
<sup>3</sup> Administrative expenses paid to accomplish exempt purpose			
4Amounts paid to acquire exempt-use assets4			
-5Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b>	)5	
-6Other distributions (describe in Part VI). See instructions.6			
<b>7Total annual distributions.</b> Add lines 1 through 6. <b>7</b>			
-8Distributions to attentive supported organizations to which the			
	(provide details in <b>I</b>	Part VI). See instructions.8	
<b>9</b> Distributable amount for 2020 from Section C, line 6 <b>9</b>			
<b>10</b> Line 8 amount divided by line 9 amount <b>10</b>			
_( <u>ii)</u>			(:::)
(i) Section E - Distribution Allocations (see instructions)Underdiverses Distributions Pre-2020	istributions		(iii) Di st r i but abl e
<b>1</b> Distributable amount for 2020 from Section C, line 6			Amount for 2020
<b>2</b> Underdistributions, if any, for years prior to 2020			
(reasonable cause required - <i>explain in <b>Part VI</b></i> ). See			
instructions.			
<b>B</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
- <b>d</b> From 2018			
<b>e</b> From 2019			
-fTotal of lines 3a through 3e			
gApplied to underdistributions of prior years			
hApplied to 2020 distributable amount			
-iCarryover from 2015 not applied (see instructions)			
-jRemainder. Subtract lines 3g, 3h, and 3i from line 3f.			
-4Distributions for 2020 from			
Section D, line 7:\$			
-aApplied to underdistributions of prior years			
-bApplied to 2020 distributable amount			
<b>-c</b> Remainder. Subtract lines 4a and 4b from line 4.			
-5Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, <i>explain in</i>			
<i>Part VI.</i> See instructions.			
<b>7Excess distributions carryover to 2021</b> . Add lines 3j			
and 4c.			
8Breakdown of line 7:			
aExcess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
dExcess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020	
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 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 I	C C C	Grants and Other Assistance to Organizations,	Assistance to	Organizations,			OMB No. 1545-0047
(Form 990)	Complete	rnmenus, and 1 e if the organization an	ndividuals in t swered "Yes" on Form	<b>16 United Stat</b> 990, Part IV, line 21 o	es r 22.		2020
Department of the Treasury Internal Revenue	Attach to Go to ww	Attach to Form 990. ► Go to www.♣s.gov/Form990 for the latest information.	0. ► <i>Form990</i> for the latest information.				Open to Public Inspection
Service						Employer identification number	number
Name of the organization CureGrin Foundation						83-4658977	
Part IGeneral Information on Grants and Assistance	ts and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate the amount	of the grants or assista	nce, the grantees' eligit	ility for the grants or as	sistance, and		
the selection criteria used to award the grants or assistance? <b>2</b> Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s or assistance? dures for monitoring the	• • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••••••••••••••••	· · · ·	· · · ·	•	XYes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ce to Domestic Organisation of the second of	inizations and Dome	estic Governments. urt II can be duplicat	Complete if the orge ed if additional space	Inization answered "Ye e is needed.	ss" on Form 990,	
<b>1</b> (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash gr ant	(e) Amount of non- cash assistance	(), Method of valuation(g) Description of(h) Purpose of grant (book, EMV, appraisal, BRAGASH assistanceor assistance	) Description of( <b>h</b> ) Pu listance	Irpose of grant (book,
							To fund.
Atlanta GA 30322	58-0566256 50	501c3	75,000		Cost		research
(2)							
(2)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
<ul> <li>2Enter total number of section 501(c)(3) and government organizations listed</li> <li>3Enter total number of other organizations listed in the line 1 table</li> </ul>	l government organizat ed in the line 1 table	ions listed in the line 1 table	able			• •	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm EEA}$	Instructions for Form	990.				0	Schedule I (Form 990) (2020)

Part III can be duplicated if additional space is needed.	s needed.				
(a) Type of grant or assistance	<b>(b)</b> Number of r ec i pients	<b>(c)</b> Amount of cash grant	(d) Amount of(e) Method of valuation (book, noncash assistanceFMV, appraisal, other)	f valuation (book, ther)	(f) Description of noncash assistance
1					
2					
ß					
4					
ы					
2					
Part 1V supplemental Information. Provide the information required in Part 1, line 2; Part 111, column (b); and any other additional information.	ne information requ	JIIRED IN PART 1, line	2; Part III, column (b); and al	ny other addition	al information.
EEA					Schedule I (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

Treasury Internal Revenue

Department

Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 ♂ 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2020**Open to Public

Inspection

Employer identification number

83-4658977

#### Name of the organization CureGrin Foundation

the

of

## 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)

 $\underline{\texttt{When hiring a new executive director or manager, it is company policy that the board of}$ 

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

Officer 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.

### 06. List of other fees for services expenses (Part IX, line 11g)

Fees related to services paid to an independent contractor.

#### 07. General explanation attachment

Program achievments - continued

This research has allowed Emory to test GRIN gene variants upon request, and provides

Name of the organization	Employer identification number
CureGrin Foundation	83-4658977
functional analyses to clinicians and research scientists. A	dditionally, CureGRIN provided
functional analyses to clinicians and research scientists. A support to families for Covid relief hardship through a gran	· · · · ·