



# Federal Diagnostics

## Critical Messages

None

## Electronic Filing

- Signature date is blank on Screen Elf
- Form 8879-TE signature section is incomplete; Signature date, Taxpayer Pin, and ERO PIN are required entries

## Informational Messages

- Lump sum entry of multiple grant amounts less than or equal to \$5,000 each is indicated; Recipients who've received more than \$5,000 should be listed separately
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Thaddeus N. Toal, CPA', Staff 'Rachel Weiford'

## Informational: Input Screen Overrides

### Functional Expenses

- Tot / PS, confer, meetings

### Income, Analysis of Activities, Additional Information

- Other revenue

### Program Service Accomplishments

- Exempt purpose description

### Grants and Other Assistance

- Grants to foreign orgs

## Missing Data

Prior Year Data

### Functional Expenses

- |   |        |
|---|--------|
| <input type="checkbox"/> F/R other fees             | 21,175 |
| <input type="checkbox"/> M/G information technology | 4,485  |
| <input type="checkbox"/> F/R information technology | 336    |

### Electronic Filing

- |   |         |
|---|---------|
| <input type="checkbox"/> Signature date 990 | 8/15/22 |
|---|---------|

### Balance Sheet - Liabilities and Equity

- |   |         |
|---|---------|
| <input type="checkbox"/> Unsecured notes - BOY    | 100,200 |
| <input type="checkbox"/> Other liabilities - BOY  | 117,601 |
| <input type="checkbox"/> Prior period adjustments | 45,643  |

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **10/01/21**, and ending **09/30/22**

35-2222262

### CURE JM FOUNDATION

**Net Asset / Fund Balance at Beginning of Year** 2,049,716

#### Revenue

Contributions	<u>1,559,125</u>		
Program service revenue			
Investment income	<u>9</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	<u>264,902</u>		
<b>Total revenue</b>		<u>1,824,036</u>	

#### Expenses

Program services	<u>965,627</u>		
Management and general	<u>464,809</u>		
Fundraising	<u>330,517</u>		
<b>Total expenses</b>		<u>1,760,953</u>	
<b>Excess / (deficit)</b>			<u>63,083</u>

Changes

**Net Asset / Fund Balance at End of Year** 2,112,799

#### Reconciliation of Revenue

Total revenue per financial statements	<u>1,824,036</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>1,824,036</u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>1,760,953</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>1,760,953</u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,049,716</u>	<u>2,112,799</u>	
Liabilities			
Net assets	<u><u>2,049,716</u></u>	<u><u>2,112,799</u></u>	<u>63,083</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 08/15/23  
 Failure to file penalty \_\_\_\_\_

## **Filing Instructions**

### **Cure JM Foundation**

#### **Form 2848 - Power of Attorney and Declaration of Representative**

**Date Due:** AS SOON AS POSSIBLE

**Mail To:** Internal Revenue Service  
5333 Getwell Road, Stop 8423  
Memphis, TN 38118

**Signature:** The return should be signed and dated by an officer representing the organization.

**Power of Attorney  
and Declaration of Representative**

uGo to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

OMB No. 1545-0150

**For IRS Use Only**

Received by:  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address		Taxpayer identification number(s)	
<b>CURE JM FOUNDATION 19309 WINMEADE DRIVE, SUITE 204 LEESBURG VA 20176</b>		<b>35-2222262</b>	
		Daytime telephone number	Plan number (if applicable)
		<b>202-596-6267</b>	

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address	CAF No.	PTIN	Telephone No.	Fax No.
<b>ADRIANNE G. DAY, CPA 130 ADMIRAL COCHRANE DR SUITE 200 ANNAPOLIS MD 21401-7368</b>	<b>0304-70140R</b>	<b>P01077001</b>	<b>410-224-0343</b>	<b>410-224-0043</b>
<b>Check if to be sent copies of notices and communications</b> <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>			
Name and address	CAF No.	PTIN	Telephone No.	Fax No.
<b>HEATHER LALOR, CPA 130 ADMIRAL COCHRANE DR SUITE 200 ANNAPOLIS MD 21401</b>	<b>0313-80794R</b>	<b>P013965548</b>	<b>410-224-0343</b>	<b>410-224-0043</b>
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>			
Name and address	CAF No.	PTIN	Telephone No.	Fax No.
<b>(Note: IRS sends notices and communications to only two representatives.)</b>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>			
Name and address	CAF No.	PTIN	Telephone No.	Fax No.
<b>(Note: IRS sends notices and communications to only two representatives.)</b>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>			

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete line 3).** Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):  
 Access my IRS records via an Intermediate Service Provider;  
 Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return;

Other acts authorized: \_\_\_\_\_

**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): .....

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

**⚠ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

**EXECUTIVE DIRECTOR**

Signature	Date	Title (if applicable)
<b>JAMES MINOW</b>		<b>CURE JM FOUNDATION</b>
Print Name	Print name of taxpayer from line 1 if other than individual	

**Part II Declaration of Representative**

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See **Special Rules and Requirements for Unenrolled Return Preparers** in the instructions for additional information.
  - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**⚠ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation — Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
<b>B</b>	<b>MARYLAND</b>	<b>20412</b>		<b>04/20/23</b>
<b>B</b>	<b>MARYLAND</b>	<b>41653</b>		<b>04/20/23</b>

## **Filing Instructions**

Cure JM Foundation

### **Form 8821 - Tax Information Authorization**

**Date Due:** AS SOON AS POSSIBLE

**Mail To:** Internal Revenue Service  
5333 Getwell Road, Stop 8423  
Memphis, TN 38118

**Signature:** The return should be signed and dated by an officer representing the organization.

Form **8821**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service

### Tax Information Authorization

Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.

**u Don't sign this form unless all applicable lines have been completed.**

**u Don't use Form 8821 to request copies of your tax returns**

**or to authorize someone to represent you. See instructions.**

OMB No. 1545-1165

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address		Taxpayer identification number(s)	
<b>CURE JM FOUNDATION</b>		<b>35-222262</b>	
<b>19309 WINMEADE DRIVE, SUITE 204</b>		Daytime telephone number	Plan number (if applicable)
<b>LEESBURG VA 20176</b>		<b>202-596-6267</b>	

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

Name and address	CAF No.
<b>ADRIANNE G. DAY, CPA</b>	<b>0304-70140R</b>
<b>130 ADMIRAL COCHRANE DR SUITE 200</b>	PTIN <b>P01077001</b>
<b>ANNAPOLIS MD 21401-7368</b>	Telephone No. <b>410-224-0343</b>
<b>Check if to be sent copies of notices and communications</b> <input checked="" type="checkbox"/>	Fax No. <b>410-224-0043</b>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No.
<b>HEATHER LALOR, CPA</b>	<b>0313-80794R</b>
<b>130 ADMIRAL COCHRANE DR SUITE 200</b>	PTIN <b>P013965548</b>
<b>ANNAPOLIS MD 21401</b>	Telephone No. <b>410-224-0343</b>
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Fax No. <b>410-224-0043</b>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature  
**JAMES MINOW**

Date  
**EXECUTIVE DIRECTOR**

Print Name

Title (if applicable)

**Compass US Accountants & Advisors**

130 Admiral Cochrane Dr Suite 200

Annapolis, MD 21401-7368

410-224-0343

April 20, 2023

**CONFIDENTIAL**

Cure JM Foundation  
19309 Winmeade Drive, Suite 204  
Leesburg, VA 20176

Dear James:

We have prepared the following returns for the year ended September 30, 2022:

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

*Compass US Accountants & Advisors*

**Compass US Accountants & Advisors**

130 Admiral Cochrane Dr Suite 200

Annapolis, MD 21401-7368

410-224-0343

**Filing Instructions**

**Cure JM Foundation**

**Exempt Organization / Private Foundation Tax Return(s)**

**Taxable Year Ended September 30, 2022**

**Federal Filing Instructions**

Your Form 990 for the year ended 9/30/22 shows no balance due and should be filed by August 15, 2023.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Compass US Accountants & Advisors  
130 Admiral Cochrane Dr Suite 200  
Annapolis, MD 21401-7368

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 10/01, 2021, and ending 9/30, 20 22

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**CURE JM FOUNDATION**

EIN or SSN

**35-222262**

Name and title of officer or person subject to tax **JAMES MINOW**

**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,824,036</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize COMPASS US ACCOUNTANTS & ADVISORS to enter my PIN 22262 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

*James Minow*

Date }

4/20/2023

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52426493463

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

THADDEUS N. TOAL, CPA

Date }

04/20/23

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

**Return of Organization Exempt From Income Tax**

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

**2021**

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning 10/01/21, and ending 09/30/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>CURE JM FOUNDATION</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>19309 WINMEADE DRIVE, SUITE 204</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>LEESBURG VA 20176</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>35-222262</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>202-596-6267</b></p> <b>G</b> Gross receipts \$ <b>1,824,036</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>JAMES MINOW</b>  <b>19309 WINMEADE DRIVE</b>  <b>LEESBURG VA 20176</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.CUREJM.ORG</b>		<b>L</b> Year of formation: <b>2003</b> <b>M</b> State of legal domicile: <b>CA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO FIND BETTER TREATMENTS AND A CURE FOR JUVENILE MYOSITIS AND IMPROVE THE LIVES OF FAMILIES.</b></p>																											
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>3</b></td><td style="text-align: right;"><b>15</b></td></tr> <tr><td><b>4</b></td><td style="text-align: right;"><b>15</b></td></tr> <tr><td><b>5</b></td><td style="text-align: right;"><b>10</b></td></tr> <tr><td><b>6</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7a</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7b</b></td><td style="text-align: right;"><b>0</b></td></tr> </table>	<b>3</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>5</b>	<b>10</b>	<b>6</b>	<b>0</b>	<b>7a</b>	<b>0</b>	<b>7b</b>	<b>0</b>														
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<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Prior Year</th> <th style="width:15%;">Current Year</th> </tr> </thead> <tbody> <tr><td><b>8</b></td><td style="text-align: right;"><b>1,670,424</b></td><td style="text-align: right;"><b>1,559,125</b></td></tr> <tr><td><b>9</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>10</b></td><td style="text-align: right;"><b>220</b></td><td style="text-align: right;"><b>9</b></td></tr> <tr><td><b>11</b></td><td style="text-align: right;"><b>561,509</b></td><td style="text-align: right;"><b>264,902</b></td></tr> <tr><td><b>12</b></td><td style="text-align: right;"><b>2,232,153</b></td><td style="text-align: right;"><b>1,824,036</b></td></tr> </tbody> </table>		Prior Year	Current Year	<b>8</b>	<b>1,670,424</b>	<b>1,559,125</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>220</b>	<b>9</b>	<b>11</b>	<b>561,509</b>	<b>264,902</b>	<b>12</b>	<b>2,232,153</b>	<b>1,824,036</b>								
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u 330,517</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><b>13</b></td><td style="text-align: right;"><b>1,041,260</b></td><td style="text-align: right;"><b>813,010</b></td></tr> <tr><td><b>14</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>15</b></td><td style="text-align: right;"><b>641,023</b></td><td style="text-align: right;"><b>569,938</b></td></tr> <tr><td><b>16a</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>16b</b></td><td style="text-align: right;"><b>330,517</b></td><td style="text-align: right;"><b>330,517</b></td></tr> <tr><td><b>17</b></td><td style="text-align: right;"><b>305,555</b></td><td style="text-align: right;"><b>378,005</b></td></tr> <tr><td><b>18</b></td><td style="text-align: right;"><b>1,987,838</b></td><td style="text-align: right;"><b>1,760,953</b></td></tr> <tr><td><b>19</b></td><td style="text-align: right;"><b>244,315</b></td><td style="text-align: right;"><b>63,083</b></td></tr> </tbody> </table>	<b>13</b>	<b>1,041,260</b>	<b>813,010</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>641,023</b>	<b>569,938</b>	<b>16a</b>	<b>0</b>	<b>0</b>	<b>16b</b>	<b>330,517</b>	<b>330,517</b>	<b>17</b>	<b>305,555</b>	<b>378,005</b>	<b>18</b>	<b>1,987,838</b>	<b>1,760,953</b>	<b>19</b>	<b>244,315</b>	<b>63,083</b>		
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Beginning of Current Year</th> <th style="width:15%;">End of Year</th> </tr> </thead> <tbody> <tr><td><b>20</b></td><td style="text-align: right;"><b>2,049,716</b></td><td style="text-align: right;"><b>2,112,799</b></td></tr> <tr><td><b>21</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>22</b></td><td style="text-align: right;"><b>2,049,716</b></td><td style="text-align: right;"><b>2,112,799</b></td></tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b>	<b>2,049,716</b>	<b>2,112,799</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>2,049,716</b>	<b>2,112,799</b>														
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>JAMES MINOW</b></p> Type or print name and title	Date <p style="text-align: center;"><b>4/20/2023</b></p> Title <p style="text-align: center;"><b>EXECUTIVE DIRECTOR</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>THADDEUS N. TOAL, CPA</b>	Preparer's signature <b>THADDEUS N. TOAL, CPA</b>
	Date <b>04/20/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00780668</b>
	Firm's name } <b>COMPASS US ACCOUNTANTS &amp; ADVISORS</b> <b>130 ADMIRAL COCHRANE DR SUITE 200</b> Firm's address } <b>ANNAPOLIS, MD 21401-7368</b>	Firm's EIN } <b>81-4693463</b> Phone no. <b>410-224-0343</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  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 BETTER TREATMENTS AND A CURE FOR JUVENILE MYOSITIS AND IMPROVE THE LIVES OF FAMILIES.**

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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 (Code: ) (Expenses \$ **965,627** including grants of \$ **813,010** ) (Revenue \$ )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**THE ANNUAL NATIONAL FAMILY CONFERENCE & WALK STRONG TO CURE JM EVENT WAS HELD IN VARIOUS LOCATIONS ACROSS THE UNITED STATES. FAMILIES ATTENDED INCLUDING GRANDPARENTS, PARENTS, CHILDREN, TEENS, YOUNG ADULTS. MEDICAL PROFESSIONALS ALSO PARTICIPATED IN A MEDICAL CONFERENCE TO SHARE THE LATEST ADVANCEMENTS IN JM RESEARCH AND TREATMENTS. FAMILIES CAPPED THE WEEKEND WITH ATTENDANCE AT THE WALK STRONG TO CURE JM EVENTS.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**THE ORGANIZATION IS COMMITTED TO INCREASING AWARENESS AND EDUCATION OF THIS RARE, INCURABLE AUTOIMMUNE DISEASE AS WELL AS PROVIDING A SUPPORT COMMUNITY FOR IMPACTED FAMILIES. THESE EFFORTS ARE ACCOMPLISHED THROUGH A VARIETY OF METHODS SUCH AS: ATTENDANCE AT MEDICAL CONFERENCES REPRESENTING CURE JM FOUNDATION AND ITS WORK/ACTIVITIES; DISTRIBUTION OF PRINTED INFORMATION CARDS, BROCHURES AND EDUCATIONAL BOOKS TO IMPACTED FAMILIES AND THE MEDICAL COMMUNITY; DISTRIBUTION OF WELCOME KITS TO NEWLY DIAGNOSED FAMILIES; NEWSLETTERS; EDUCATIONAL EVENTS AND GATHERINGS; FAMILY SUPPORT; SURVEY AND METRIC TOOLS; MAINTENANCE OF A PATIENT REGISTRY AND MESSAGE BOARD AND UPDATES/MAINTENANCE OF THE ORGANIZATION' S WEBSITE.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 965,627**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

**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 on 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
<b>1a</b>	<b>15</b>		
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.			
<b>1b</b>	<b>15</b>		
Enter the number of voting members included on line 1a, above, who are independent			
<b>2</b>		<b>X</b>	
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?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
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?			
<b>7b</b>			<b>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?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>8a</b>		<b>X</b>	
a The governing body?			
<b>8b</b>		<b>X</b>	
b Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			

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

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>10b</b>			
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?			
<b>11a</b>			<b>X</b>
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>12a</b>		<b>X</b>	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12b</b>		<b>X</b>	
Did the organization have a written conflict of interest policy? If "No," go to line 13			
<b>12c</b>		<b>X</b>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>13</b>		<b>X</b>	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done			
<b>14</b>		<b>X</b>	
Did the organization have a written whistleblower policy?			
<b>15</b>			
Did the organization have a written document retention and destruction policy?			
<b>15a</b>		<b>X</b>	
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?			
<b>15b</b>			<b>X</b>
a The organization's CEO, Executive Director, or top management official			
b Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>			<b>X</b>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>16b</b>			
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**

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA, OR, IL, WA, MD, CO, NY, FL, MN, PA, MA**
- 18** 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.  Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**JAMES MINOW** **19309 WINMEADE DRIVE** **VA 20176** **202-596-6267**  
**LEESBURG**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KRISTINE ALDERFER	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) MITALI DAVE	0.00									
CHAIRMAN	0.00	X		X			0	0	0	
(3) NIKKI HAHN	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) BRENT HAUSER	0.00									
TREASURER	0.00	X		X			0	0	0	
(5) SHARI HUME	0.00									
CO-FOUNDER	0.00	X					0	0	0	
(6) TOM HUME	0.00									
CO-FOUNDER	0.00	X					0	0	0	
(7) DENISE KOCH	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) ANNIE MITCHELL	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) TIM SHELBY	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) TRACY VAN NESS	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) KAREN BERMAN	0.00									
DIRECTOR	0.00	X					0	0	0	

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) <b>ZACH HARRISON</b>	0.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(13) <b>RANDY PUTT</b>	0.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(14) <b>JUSTIN WHITNEY</b>	0.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(15) <b>DAVE MAHER</b>	0.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(16) <b>JAMES MINOW</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			143,000	0	0	
<b>1b Subtotal</b>							<b>143,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>143,000</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**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 **u 0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,559,125				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>		1,559,125			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>		9		9	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)	<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> EVENT INCOME		900099	264,902	264,902		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		264,902				
<b>12 Total revenue.</b> See instructions	<b>u</b>		1,824,036	264,902	0	9	

**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) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>654,144</b>	<b>654,144</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	<b>158,866</b>	<b>158,866</b>		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>143,000</b>		<b>143,000</b>	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>388,111</b>	<b>116,433</b>	<b>38,811</b>	<b>232,867</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>38,827</b>	<b>777</b>	<b>23,296</b>	<b>14,754</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>935</b>		<b>935</b>	
<b>c</b> Accounting	<b>32,430</b>	<b>4,864</b>	<b>27,566</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>132,655</b>	<b>19,898</b>	<b>112,757</b>	
<b>12</b> Advertising and promotion	<b>109</b>		<b>109</b>	
<b>13</b> Office expenses	<b>65,944</b>		<b>62,944</b>	<b>3,000</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>550</b>		<b>550</b>	
<b>17</b> Travel	<b>917</b>		<b>917</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>165</b>	<b>106</b>	<b>21</b>	<b>38</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>7,003</b>		<b>7,003</b>	
<b>24</b> 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.)				
<b>a</b> <b>FUNDRAISING</b>	<b>126,758</b>		<b>46,900</b>	<b>79,858</b>
<b>b</b> <b>WEB REDESIGN</b>	<b>10,539</b>	<b>10,539</b>		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>1,760,953</b>	<b>965,627</b>	<b>464,809</b>	<b>330,517</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	575,766	1	670,592
	2	Savings and temporary cash investments	1,423,950	2	1,412,207
	3	Pledges and grants receivable, net	50,000	3	30,000
	4	Accounts receivable, net		4	
	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)(B)		6	
	7	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 D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,049,716	16	2,112,799	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	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	<b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	2,049,716	27	2,112,799
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	2,049,716	32	2,112,799
33	<b>Total liabilities and net assets/fund balances</b>	2,049,716	33	2,112,799	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,824,036</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,760,953</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>63,083</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,049,716</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,112,799</b>

**Part XII Financial 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> 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.	<b>X</b>	
<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?		
<b>b</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		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2021**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**CURE JM FOUNDATION**

Employer identification number

**35-222262**

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 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.)
- 6  A 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.)
- 8  A 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 on 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)						
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,959,884	1,854,330	1,891,711	1,670,424	1,559,125	8,935,474
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,959,884	1,854,330	1,891,711	1,670,424	1,559,125	8,935,474
<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 shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						8,935,474

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	1,959,884	1,854,330	1,891,711	1,670,424	1,559,125	8,935,474
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,812	13,143	14,640	220	9	39,824
<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.)		1,501	819			2,320
<b>11 Total support.</b> Add lines 7 through 10						8,977,618

**12** Gross receipts from related activities, etc. (see instructions) 12 1,052,733

**13 First 5 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**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.53 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	99.45 %

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** 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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage for 2020 Schedule A, Part III, line 15 = 16 %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 = 18 %.

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. 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.
20 Private foundation. 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 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**

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

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	<b>11a</b>		
	<b>11b</b>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b>	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>		
	<b>1</b>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<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?		
<b>2</b>	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>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on 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 Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>1</b>		
	<b>2</b>		
	<b>3</b>		

**Section 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 instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	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>		
	<b>2a</b>		
<b>b</b>		Yes	No
	Did the activities described on 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 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>		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Yes	No
	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>If "Yes" or "No," provide details in Part VI.</i>		
	<b>3a</b>		
<b>b</b>		Yes	No
	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>		
	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions	Current Year
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 organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
6 Other distributions ( <i>describe in Part VI</i> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 2,320**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

CURE JM FOUNDATION

35-222262

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advised funds and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts related to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Label (1c-1f), Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,824,036.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,760,953.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASSIFICATION OF EVENT EXPENSES \$ 0

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASSIFICATION OF EVENT EXPENSES \$ 0



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
u Attach to Form 990.

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**CURE JM FOUNDATION**

Employer identification number

**35-222262**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....					
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)					



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CURE JM FOUNDATION**

Employer identification number  
**35-222262**

**Part I General Information on Grants 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 the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDHOOD ARTHRITIS & RHEUMATOLOGY 555 EAST WELLS STREET, SUITE 1100 MILWAUKEE WI 53202	46-4152355	501C3	142,010				SUPPORT THE EXPANSIO
(2)	UNIVERSITY OF CALIFORNIA, SAN FRANC 3333 CALIFORNIA STREET, SUITE 315, SAN FRANCISCO CA 94143	94-1156628	501C3	118,000				CURE JM FELLOW UNDER
(3)	THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, SUITE 260 ASHBURN VA 20147	53-0196584	501C3	112,500				STUDY TO EXPLORE REL
(4)	DUKE UNIVERSITY MEDICAL CENTER BOX 3212 DURHAM NC 27710	56-0532129	501C3	93,750				JUVENILE IDIOPATHIC
(5)	SEATTLE CHILDRENS HOSPITAL PO BOX 5371 MS RC-507 SEATTLE WA 98145-5005	91-0564748	501C3	62,884				SUPPORT CHILDREN'S
(6)	MEDICAL COLLEGE OF WISCONSIN, INC 8701 W WATERTOWN PLAN RD MILWAUKEE WI 53226	39-0806261	501C3	62,500				SUPPORT DISEASE RESE
(7)	BINGHAMPTON UNIVERSITY 4400 VESTAL PARKWAY E BINGHAMPTON NY 13902	13-0827234	501C3	37,500				SUPPORT CHILDREN'S
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue 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.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**CURE JM FOUNDATION**

Employer identification number

**35-2222262****FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THE ORGANIZATION DIRECTLY SUPPORTED RESEARCH AS FOLLOWS: 1) \$142,010 TO THE CHILDHOOD ARTHRITIS & RHEUMATOLOGY RESEARCH ALLIANCE (CARRA) TO LAUNCH A MULTI-CENTER JM PATIENT REGISTRY TO COLLECT INFORMATION AT THE TIME OF DIAGNOSIS AND AT REGULAR INTERVALS ABOUT HOW A PATIENT IS DOING, MEDICATIONS USED, AND SIDE EFFECTS; 2) \$118,000 TO THE UNIVERSITY OF CALIFORNIA

3) \$112,500 TO GEORGE WASHINGTON UNIVERSITY'S PROJECT TO MEASURE OXIDATIVE STRESS AND MITOCHONDRIAL FUNCTION AS POSSIBLE CAUSES OF FATIGUE; 4) \$93,750 TO DUKE UNIVERSITY MEDICAL CENTER IN DURHAM, NC TO IDENTIFY ABERRANT PATTERNS OF METABOLITE EXPRESSION IN THE BLOOD AND MUSCLE OF CHILDREN WITH JDM; 5) \$62,884 TO THE SEATTLE CHILDREN'S HOSPITAL IN SEATTLE, WA; 6) \$62,500 TO THE MEDICAL COLLEGE OF WISCONSIN, INC. 7) \$37,500 TO BINGHAMPTON UNIVERSITY 8) \$25,000 TO THE ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL IN CHICAGO, IL FOR CURE JM PROGRAM OF EXCELLENCE RESEARCH; 9) \$98,851 TO THE UNIVERSITY OF BATH (UK) 10) \$61,985 TO THE TORONTO HOSPITAL FOR SICK CHILDREN (CA)

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS****TOM HUME****SHARI HUME**

Name of the organization

Employer identification number

CURE JM FOUNDATION

35-222262

CO-FOUNDER

CO-FOUNDER

HUSBAND/WIFE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT COPY OF FORM 990 WAS PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW BEFORE IT WAS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REGULARLY REVIEWS CONTRACTS AND RELATIONSHIPS WITH VENDORS TO ASSURE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS RESEARCHED THE COMPENSATION OF COMPARABLE ORGANIZATIONS BASED ON JOB DESCRIPTION AND EVALUATED THE PERFORMANCE OF EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S EXEMPT ORGANIZATION TAX RETURNS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW ON ITS WEBSITE AT WWW.CUREJM.ORG. THE ORGANIZATION'S FORM 1023, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

RECLASSIFICATION OF EVENT EXPENSES \$ 0

RECLASSIFICATION OF EVENT EXPENSES \$ 0

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning <b>10/01/21</b> , ending <b>09/30/22</b>		

Name

Taxpayer Identification Number

**CURE JM FOUNDATION****35-2222262**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,670,424	1,559,125	-111,299
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	220	9	-211
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	561,509	264,902	-296,607
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,232,153</b>	<b>1,824,036</b>	<b>-408,117</b>
<b>Expenses</b>	13. Grants and similar amounts paid	1,041,260	813,010	-228,250
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	225,473	143,000	-82,473
	16. Salaries, other compensation, and employee benefits	415,550	426,938	11,388
	17. Professional fundraising fees			
	18. Other professional fees	91,644	166,020	74,376
	19. Occupancy, rent, utilities, and maintenance		550	550
	20. Depreciation and Depletion			
	21. Other expenses	213,911	211,435	-2,476
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,987,838</b>	<b>1,760,953</b>	<b>-226,885</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>244,315</b>	<b>63,083</b>	<b>-181,232</b>
<b>Other Information</b>	24. Total exempt revenue	2,232,153	1,824,036	-408,117
	25. Total unrelated revenue			
	26. Total excludable revenue	561,729	264,911	-296,818
	27. Total assets	2,049,716	2,112,799	63,083
	28. Total liabilities			
	29. Retained earnings	2,049,716	2,112,799	63,083
	30. Number of voting members of governing body	15	15	
	31. Number of independent voting members of governing body	15	15	
	32. Number of employees	6	10	
	33. Number of volunteers			

Form **990****Tax Projection Worksheet****2021 & 2022**

Name

Taxpayer Identification Number

**CURE JM FOUNDATION****35-2222262**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,559,125	1,559,125	
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	9	9	
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	264,902	264,902	
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,824,036</b>	<b>1,824,036</b>	
<b>Expenses</b>	13. Grants and similar amounts paid	813,010	813,010	
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	143,000	143,000	
	16. Salaries, other compensation, and employee benefits	426,938	426,938	
	17. Professional fundraising fees			
	18. Other professional fees	166,020	166,020	
	19. Occupancy, rent, utilities, and maintenance	550	550	
	20. Depreciation and Depletion			
	21. Other expenses	211,435	211,435	
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,760,953</b>	<b>1,760,953</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>63,083</b>	<b>63,083</b>	
<b>Other</b>	24. Total exempt revenue	1,824,036	1,824,036	
	25. Total unrelated revenue			
	26. Total excludable revenue	264,911	264,911	
	27. Total assets	2,112,799	2,112,799	
	28. Total liabilities			
	29. Retained earnings	2,112,799	2,112,799	
	30. Number of voting members of governing body	15	15	
	31. Number of independent voting members of governing body	15	15	
	32. Number of employees	10	10	
	33. Number of volunteers			

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>CURE JM FOUNDATION</b>	Employer Identification Number <b>35-2222262</b>
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....		1,854,330	1,891,711	1,670,424	1,559,125	1,559,125
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....		13,143	14,640	220	9	9
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....		55,797	1,219	561,509	264,902	264,902
<b>Total revenue</b> .....		<b>1,923,270</b>	<b>1,907,570</b>	<b>2,232,153</b>	<b>1,824,036</b>	<b>1,824,036</b>
Grants and similar amounts paid .....		880,722	1,075,543	1,041,260	813,010	813,010
Benefits paid to or for members .....						
Compensation of officers, etc. ....		173,451	181,000	225,473	143,000	143,000
Other compensation .....		487,421	488,864	415,550	426,938	426,938
Professional fees .....		61,537	92,318	91,644	166,020	166,020
Occupancy costs .....					550	550
Depreciation and depletion .....						
Other expenses .....		137,269	126,982	213,911	211,435	211,435
<b>Total expenses</b> .....		<b>1,740,400</b>	<b>1,964,707</b>	<b>1,987,838</b>	<b>1,760,953</b>	<b>1,760,953</b>
<b>Excess or (Deficit)</b> .....		<b>182,870</b>	<b>-57,137</b>	<b>244,315</b>	<b>63,083</b>	<b>63,083</b>
<b>Total exempt revenue</b> .....		<b>1,923,270</b>	<b>1,907,570</b>	<b>2,232,153</b>	<b>1,824,036</b>	<b>1,824,036</b>
Total unrelated revenue .....						
Total excludable revenue .....		68,940	15,859	561,729	264,911	264,911
Total Assets .....		1,920,336	1,977,559	2,049,716	2,112,799	2,112,799
Total Liabilities .....		105,866	217,801			
Net Fund Balances .....		1,814,470	1,759,758	2,049,716	2,112,799	2,112,799

10475 Cure JM Foundation  
35-2222262  
FYE: 9/30/2022

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ <u>9</u>			14		
TOTAL	\$ <u><u>9</u></u>					

10475 Cure JM Foundation  
35-2222262  
FYE: 9/30/2022

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
CONSULTANT/CONTRACT SERVICES	\$ <u>132,655</u>	\$ <u>19,898</u>	\$ <u>112,757</u>	\$ _____
TOTAL	\$ <u><u>132,655</u></u>	\$ <u><u>19,898</u></u>	\$ <u><u>112,757</u></u>	\$ <u><u>0</u></u>

10475 Cure JM Foundation  
35-2222262  
FYE: 9/30/2022

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 1,559,125
TOTAL	\$ 1,559,125

### Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 9
TOTAL	\$ 9

### Schedule A, Part II, Line 9(e)

Description	Amount
WALK STRONG AMERICA	\$
TOTAL	\$ 0

### Schedule A, Part II, Line 10(e)

Description	Amount
ONLINE STORE	\$
TOTAL	\$ 0

10475 Cure JM Foundation  
35-2222262  
FYE: 9/30/2022

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

Description

Amount

EVENT INCOME

\$ 264,902

WALK STRONG NEW YORK

TOTAL

\$ 264,902