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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

CURE DEFENSE FUND

Employer identification number

20-3928622

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION IS ORGANIZED ON A NONSTOCK MEMBERSHIP BASIS.

JSA

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

Schedule O (Form 990) 2008

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Statute searched by ICT TE 2

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Schedule O (Form 990) 2008

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Name of the organization

Employer identification number

CURE DEFENSE FUND

20-3928822

FORM 990, PART VI, SECTION A, LINE 10

FORM 990 IS PRESENTED TO THE BOARD AND REVIEWED BY MANAGEMENT BEFORE
BEING FILED WITH THE IRS.

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Schedule O (Form 990) 2008

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Name of the organization

Employer identification number

CURE DEFENSE FUND

20-3928822

FORM 990 PART VI SECTION B LINE 12

ALL OFFICERS AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE A
CONFLICT OF INTEREST STATEMENT. ANY CONFLICTS OR POTENTIAL CONFLICTS
THAT ARISE DURING THE YEAR ARE DISCUSSED AT BOARD MEETINGS.

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Name of the organization

Employer identification number

CURE DEFENSE FUND

20-3928822

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION DOES NOT HAVE A COMPENSATION POLICY IN PLACE SINCE THERE
ARE NO COMPENSATED OFFICERS.