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Return of Organization Exempt From Income Tax

X Yes

No

Form 990 (2008)

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 10/1/2008 For the 2008 calendar year, or tax year beginning and ending 9/30/2009 Please D Employer identification number Check if applicable C Name of organization PAR for the CURE, INC use IRS Address change Doing Business As 57-1197386 label or pnnt or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 702-279-2475 713 TRIXIS PLACE Specific City or town, state or country, and ZIP + 4 Termination Instruc-AS VEGAS 89144 NV G Gross receipts \$ 167,568 Amended return tions. Yes X Application pending Name and address of principal officer H(a) Is this a group return for affiliates? No MICHAEL FORNATARO 207 VINE STREET, NEW CASTLE, PA 16101 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status | X | 501(c) (4947(a)(1) or 527 3) ◀ (insert no) J Website: ▶ PARFORTHECURE.COM H(c) Group exemption number X Corporation Trust Association Other > L Year of formation M State of legal domicile K Type of organization 2004 NV Part I Summary Briefly describe the organization's mission or most significant activities: BROADEN AWARENESS, PROMOTE PREVENTION AND PROVIDE FUNDS TO RESEARCH FOR THE CURE OF CANCER. YEARLY CELEBRITY GOLF OUTING AND MUSICAL CONCERT PROVIDE AWARENESS TO THE NEED OF CANCER RESEARCH AND PROVIDE FUNDS TO DONATE TO Activities & Governance RESEARCH TO FIND A CURE FOR CANCER. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 0 Total number of employees (Part V, line 2a). 5 100 Total number of volunteers (estimate if necessary) 6 7a 0 Total gross unrelated business revenue from Part VIII, line 12, column (C) 0 Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 188,048 167,568 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) . 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). \$1<u>2</u> 188,048 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 167,568 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 180.000 100.000 न्मा ३ ch14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 **⇔**15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 _16a Professional fundraising fees (Part IX, column (A), line 11e 0 0 Total fundraising expenses (Part IX, column (D), Ima 25 E WED 53,930 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2.060 56,497 17 Total expenses Add lines 13–17 (must equal Part IX, column (182,060 156,497 19 Revenue less expenses Subtract line 18 from line 5,988 11,071 End of Year Beginning of Year 20 8 21 21 43,325 Total assets (Part X, line 16) 60,385 Total liabilities (Part X, line 26) 22 60.385 Net assets or fund balances. Subtract line 21 from line 20 43.325 Part II Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is truer correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here 05/14/10 MICHAEL FORNATARO, PRESIDENT Type or print name and title Date Check if Preparer's identifying number (see instructions) selfsignature Paid ▶ X 5/14/2010 employed P00619901 JOSERH ASCIONE, CPA Preparer's Firm's name (or yours JOSEPH ASCIONE, CPA EIN **Use Only** if self-employed), 250 DEBARTOLO PL #1614, BOARDMAN, OH 44512 Phone no ▶ 330-758-9303 address and ZIP

May the IRS discuss this return with the preparer shown above? (see instructions).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

C	(Code:) (Expenses	\$0	including grants of	of \$	0) (Revenue \$	0)
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		• • • • • • • • • • • • • • • • • • • •		••••••		
	 					
_	Other program services. (Describe	n Schedule O.)				
	Other program services. (Describe (Expenses \$0	•	\$	0)(Revenue \$	0)

Par	t IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
-	Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	<u> </u>		
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		ĺ
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		Ė
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	┌╌╴		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	- <u>"</u> -		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	<u> </u>	-	
''	Parts VI, VII, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return	⊢' ∸	1	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	\vdash	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1-74		_^_
b	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	i	Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22	^	X
23	Did the organization report more than \$5,000 on Part VI, Section A, questions 3, 4, or 5? If "Yes," complete			
20	Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
-74	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	200		
U	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		\vdash	
4 1	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		Х
	aubatamiai communici, or to a person related to such an individual: ii 100, complete concedure E, i alt iii			

Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." Х 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х III. IV. and V. line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

Form 990 (2008)

Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	Form 9	90 (2008) PAR for the CURE, INC	<u>57-</u> 119	7386	F	age 5
18 Eller the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S. Information Returns. Enter -0. In the opplicable D. S. Internation Returns. Enter -0. In the opplicable D. Inter the number of Forms W-2G included in line 1a. Enter -0. If not applicable D. Inter the number of Forms W-2G included in line 1a. Enter -0. If not applicable D. Inter the number of Forms W-2G included in line 1a. Enter -0. If not applicable D. Inter the number of Forms W-2G included in line 1a. Enter -0. If not applicable D. Inter the number of entering the part of a part of the part of the sum of lines 1a. And the sum of lines 1a. International D. International	Par	t V · Statements Regarding Other IRS Filings and Tax Compliance				
U.S. Information Returns. Enter-0- if not applicable. 1	, ,		_		Yes	No
b Elter the number of Forms W-2G included in line 1a. Enter 0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	1a	· · · · · · · · · · · · · · · · · · ·				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gami	L					
gaming (gambling) winnings to prize winners? 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Joi the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If Yes, has it filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) If 'Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 1f 'Yes,' did the organization aparty to a prohibited shelt than seed that year? 5c Dd the organization shelt any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 3d Dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 3d Dd the organization include with every solicitation and express statement that such contributions or form 8282? 1f 'Yes,' did the organization include with every solicitati			4			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 0 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 47 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b	C			10		
Statements, filed for the calendar year ending with or within the year covered by this returns? Note, If the sum of lines 2, aid the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return? 3b Did the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return? 3f If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3a X If Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3c Yes the instructions for exceptions and filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? If "Yes," if ouestion 5a of 5b, dif the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82	2a		<u> </u>			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 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)? b if "Yes," enter the name of the foreign country. See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6b X Press, "to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If "Yes," tid dithe organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8c If "Yes," idid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827. 7c X 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827. 7e Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			ol			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Joi the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b	b			2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country. 5ce the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 5c Id the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757. 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d If "Yes, indicate the number of Forms 8282 filed during the year. 5d If Id In general and the property of the value of the goods or services provided? 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f If Yes, indicate the number of Forms 8282 filed during the year. 7d Did the organization of the supporting organizations, and other sponsoring organizations maintaining donor advised funds and section \$90(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoning organization, have excess business holdings at any t		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
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b f"Yes," has if filed a Form 990-T for this year? If *No." provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b f"Yes," enter the name of the foreign country. ▶ 5ce the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 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 file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5b X f"Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c f"Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 7a f"Yes," did the organization notify the donor of the value of the goods or services provided? 7b f"Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X f"Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7f X X For contributions of qualified intellectual property, did the organization file Form 8999 as required? 7f X X For contributions of qualified intellectual property, did the organization file form 8999 as equired? 7g Section 501(c)(3) and other sponsoring organizations maintaining donor advised fund	-			3a		Х
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)? b	b					
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b If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Filinancial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity 8cgarding Prohibited Tax Shelter Transaction? 6c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8c Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 8c Did the organization notify the donor of the value of the goods or services provided? 9c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2829: 9c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organizations. Did the supporting organization, or a fund maintained by a sponsoring organizations. Enter Initiatio		over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
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Governance, Management, and Disclosure (Sections A. B. and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body. Enter the number of voting members that are independent 1b 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? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?. 8a а Х 8b b Does the organization have local chapters, branches, or affiliates? 9a 92 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies Yes No Χ Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 Does the organization have a written whistleblower policy?... Х 14 Does the organization have a written document retention and destruction policy?... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15a Х а Χ 15b Other officers or key employees of the organization? . Describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NV Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► BRIAN ESPOSITO 702-279-2475

713 TRIXIS PLACE, LAS VEGAS, NV 89144

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee (A) (B) (C) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation compensation amount of Highest compensated employee Former 0 Individual trustee Officer Institutional trustee Key employee week from from related other director organizations (W-2/1099-MISC) compensation the organization from the (W-2/1099-MISC) organization and related organizations MICHAEL FORNATARO **PRESIDENT** 1 Х 0 0 0 PATRICIA JEFFORDS Х Х 0 SEC 1 0 0 PATRICIA COSTA **TREAS** 1 0 0 0 0 0 0 0 0. 0 0 0 0 0 0 0. 0 0 0 0. 0

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	, and	l Hig	<u>jhes</u>	t Co	mpensated Em	ployees (conti	<u>าued</u>)	<u>)</u>	
	. (A)	(B)	_		•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	or director	_	Officer	Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estima amoun other ompens from the organiza and relating	nt of er sation the ation ated
		0	_				<u> </u>		0		+		0
		0	ļ						0				0
		0							0				<u>_</u> 0
		0							0				0
		0.							0				0
		0							0)		0
		0							0			<u>-</u>	0
		0							0	(<u>, </u>		0
		0.							0		<u>, </u>		0
		0							0		<u>,</u>		0
		0.					_		0	(<u> </u>		0
		0					ļ	<u> </u>	0)		0
1b	Total	0.					<u></u>		0	(<u>}</u>		0
2	Total number of individuals (including those	in 1a) who rece	ived	mor	e tha	n \$1	100.0		reportable con	nensation from	o the		
_	organization ► 0	117 147 11110 1000	J. 7 G G		·	🗸			. roportable con	por.loadion iron			
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,	or h	ighe	st compensated			Yes	No
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual	m of reportable preater than \$15	com 50,00	pens 0? <i>If</i>	atio	s," c	ompl	ete S		m uch	4		×
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You										5		X
Sec	tion B. Independent Contractors	es, complete e	<u>0710</u> u	4,0 0	,		Port	30.7			<u>- </u>		
1	Complete this table for your five highest concompensation from the organization.	npensated inde	pend	ent d	contr	acto	rs tha	at re	ceived more tha	n \$100,000 of			
	(A) Name and business a	ddress			_				(B) Description of serv	vices		(C) ensatio	n
_													0
													0
													0
2	Total number of independent contractors (in	cluding those ir	1) v	vho r	ecer	ved	more	thai	n \$100,000 in				0
	compensation from the organization	0	-										

57-1197386

Page 9

Par	t VIII	Statement of Revenue			_				
	*					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ ম	1a	Federated campaigns	. 1a		0				
ributions, gifts, grants other similar amounts	b	Membership dues			0	Į			
<u> </u>		Fundraising events			132,266				
ff.	C							1	
ig ig	d	Related organizations			0				
ins in	e	Government grants (contributions) .		<u>'</u>	0				
iti S	f	All other contributions, gifts, grants,				*			
ئَعُ فِيْ	ļ	similar amounts not included above	. 11	<u>' </u>	35,302	}]	
Contributions, gifts, and other similar an	g	Noncash contributions included in lir	nes 1a-1f	\$	0				
Cont	h	Total. Add lines 1a-1f	<u>.</u>		<u> </u>	167,568			
ē.					Business Code				
Ę.	2a					0			
ş	ь					0			
8	C					0			
2	٦					0	••		
S E	, u				-	0		· · · · · · · · · · · · · · · · · · ·	
īa	r	All other programs are not as a			-	ŏ			
Program Service Revenue	ı	All other program service revenue				0			
	g	Total. Add lines 2a–2f				<u> </u>	<u> </u>		
	3	Investment income (including divide							
		other similar amounts)			🕨	0			
	4	Income from investment of tax-exem	npt bond p	rocee	ds ▶	0			
	5	Royalties			•	0			
		· · · [(ı) Rea		(II) Personal	4 /	. *		
	6a	Gross Rents				Ť			
	b	Less rental expenses				nî.	´ ¾	**	٤.
	c	Rental income or (loss)			0				
	d	Net rental income or (loss)		<u> </u>	—	0			
	1	Gross amount from sales of	(i) Securi	tios ·	(II) Other	<u>-</u>	,		
	/a	assets other than inventory	(i) Occur	0	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·	_		<u></u>	:			
	D	Less: cost or other basis		_					
		and sales expenses		0					
	С	Gain or (loss)		0				<u> </u>	
	d	Net gain or (loss)		•	<u> </u>	0			
a	8a	Gross income from fundraising							
2	}	events (not including \$	0					1	
Š		of contributions reported on line 1c)							-
8		See Part IV, line 18		а	0				
Other Revenue	b	Less direct expenses		. b	0				
돌		Net income or (loss) from fundraising				0			
9		Gross income from gaming activities							
		See Part IV, line 19		а	0				
	Ь	Less direct expenses							
		Net income or (loss) from gaming ac				0			
		Gross sales of inventory, less	MVIIIES .						
	Iva	returns and allowances		_	١				
	l .	Less: cost of goods sold							
	<u> </u>	Net income or (loss) from sales of in	ventory	<u>·</u>	; · · · · · · · · · · · · · · · · · · ·	0			
	<u> </u>	Miscellaneous Revenue	_		Business Code				
	11a					0			
	b					0			
	С			. .		0			
	di	All other revenue		•		0			
	е	Total. Add lines 11a-11d				0			
	12	Total Revenue. Add lines 1h, 2g, 3,							
		9c, 10c, and 11e				167,568	О	О	0

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21	100,000	100,000	_	
2	Grants and other assistance to individuals in				***************************************
	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,				7
	organizations, and individuals outside the			}	
	U.S See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				• • •
•	trustees, and key employees	ol			
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and	ĺ			
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				<u> </u>
Ū	and section 403(b) employer contributions)	o			
9	Other employee benefits	0			· · · · · · · · · · · · · · · · · · ·
10	Pourell toyon	0			
11	Payroll taxes				
		o			
a	Management	0			
b b	Accounting	0			
	Lobbying	0			
d e	Professional fundraising services See Part IV, line 17		4 0 4		
f	Investment management fees	0			
-	Other	0			
9 12	JE	0			
12 13	Advertising and promotion	1,667	1.667		
13 14	Office expenses	0	1,007		
15	Information technology	0			
16	Royalties	- 0			
17	Occupancy	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest				
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization		0		
23	Insurance	900	900	<u> </u>	
24	Other expenses. Itemize expenses not				
_ •	covered above. (Expenses grouped together	1			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а		46,022			46,022
b	CONCEPT EVENIES	7,908			7,908
C		0		-	7,500
ď		0			
e		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	156,497	102,567	0	53,930
		130,487	102,307		
26	Joint Costs. Check here ► if following				
	SOP 98-2. Complete this line only if the organization	İ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising	Ì		ľ	
	solicitation				

Page **11**

P	art X	Balance Sheet					
	•		(A) Beginning of year	-		B) of year	
	1	Cash-non-interest-bearing	43,325	1			30,385
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	0			-	0
		Accounts receivable, net	0		 		0
	4						
	5	Receivables from current and former officers, directors, trustees, key	_!	_			
	}	employees, or other related parties. Complete Part II of Schedule L .	0	5			0
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	٠				_
	l	Part II of Schedule L	0	6			0
ts	7	Notes and loans receivable, net	0	7			0
Şe	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges		9	 		
	I	· · · · · · · · · · · · · · · · · · ·			 		
	10a		*!		4		h.
	P	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	0	<u>10c</u>			0
	11	Investments-publicly traded securities	0	11			0
	12	Investments-other securities. See Part IV, line 11	o[12			0
	13	Investments-program-related See Part IV, line 11	0	13			0
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0		 		0
	16		43,325	<u> </u>	 -		
	——	Total assets. Add lines 1 through 15 (must equal line 34)	43,325		 		0,385
	17	Accounts payable and accrued expenses		17	l		
	18	Grants payable		<u> 18</u>	ļ		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	o	20			_ 0
S	21	Escrow account liability Complete Part IV of Schedule D		21	1		
Liabilities	22	Payables to current and former officers, directors, trustees, key	à. H		**	· · · · · · · ·	
Ē		employees, highest compensated employees, and disqualified	· ·				
Ë		persons. Complete Part II of Schedule L	0	22			0
_							
	23	Secured mortgages and notes payable to unrelated third parties	0				0
	24	Unsecured notes and loans payable		24	ļ		0
	25	Other liabilities. Complete Part X of Schedule D		25			0
	26	Total liabilities. Add lines 17 through 25	0	26			0
S		Organizations that follow SFAS 117, check here and					
ڲ		complete lines 27 through 29, and lines 33 and 34.					
Net Assets or Fund Balances	27	Unrestricted net assets		27			
Ba	28	Temporarily restricted net assets		28			
Ð	29	Permanently restricted net assets		29			
جَ		Organizations that do not follow SFAS 117, check here ► X					
Ē		· · · · · · · · · · · · · · · · · · ·					
S		and complete lines 30 through 34.					
šet	30	Capital stock or trust principal, or current funds		30	ļ		
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ		
7	32	Retained earnings, endowment, accumulated income, or other funds	43,325	32		6	0,385
ž	33	Total net assets or fund balances	43,325				0,385
	34	Total liabilities and net assets/fund balances	43,325		_ -		0,385
Da	rt XI	Financial Statements and Reporting	70,020		L		0,000
Га	ILVI	Financial Statements and Reporting				Voc	No
_			-ı			Yes	No
1		ecounting method used to prepare the Form 990: X Cash Accrus				 	
2		ere the organization's financial statements compiled or reviewed by an indep			. <u>2a</u>	<u> </u>	X
1	b W	ere the organization's financial statements audited by an independent accou	intant?		2b_	<u> </u>	X
	c If'	"Yes" to lines 2a or 2b, does the organization have a committee that assume	s responsibility for overs	ight of	f the]	
		idit, review, or compilation of its financial statements and selection of an inde		•	. 2c		
3		s a result of a federal award, was the organization required to undergo an au		n	- <u></u> -		
J.		e Single Audit Act and OMB Circular A-133?			. 3a	Į .	Х
		-		•		-	_^
	<u>b [f'</u>	"Yes," did the organization undergo the required audit or audits? .	<u> </u>		3b_		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection

		organization							1	r identifica	ion numb	er	
		e CURE, INC							<u> 57-1197:</u>			_	
Par	_			harity Status (All or					rt) (see ı	<u>nstructio</u>	ons)		
ihe d	organ		•	lation because it is: (Pi irches, or association o		-	•	•	(b)(1)(A)(i).			
2	\Box	A school des	scribed in sectio	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E.)							
3		A hospital or	a cooperative l	hospital service organi	izatıon de	scribed in	section	170(b)(1)	(A)(iii). (A	Attach Sc	hedule I	H.)	
4			esearch organiza ime, city, and st	ation operated in conju ate:	unction wi	th a hospi	ital descri	bed in se	ction 170)(b)(1)(A) 	(iii). Ent	er the	
5				r the benefit of a collet (Complete Part II.)	ge or univ	ersity owi	ned or ope	erated by	a govern	mental ui	nit descr	ribed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	in sectio	n 170(b)(ʻ	1)(A)(v).				
7		•		ly receives a substanti (1)(A)(vi). (Complete l	•	its suppor	rt from a g	governme	ntal unit o	or from th	e gener	al publ	IC
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	omplete l	Part II.)						
9	X	receipts from	n activities relate i gross investme	ly receives: (1) more the doing to its exempt function on the income and unrelated after June 30, 1975	ons—sub ted busin	ject to cer ess taxab	tain exce le income	ptions, an (less sec	id (2) no r tion 511 f	nore thar	33 1/3°	% of its	
10		An organizat	tion organized a	and operated exclusive	ly to test	for public	safety. So	ee sectio	n 509(a)(4) . (see i	nstructio	ns)	
11 e f		An organizate purposes of 509(a)(3). Compared a Type By checking persons other 509(a)(1) or	tion organized a one or more pu heck the box tha I b this box, I certifer than foundations	and operated exclusive blicly supported organ at describes the type of Type II c fy that the organization on managers and other	ely for the izations dof support Type is not coer than on	benefit of lescribed ing organi e III–Fund introlled d e or more	, to perform in section exation and ctionally in inectly or in publicly s	rm the fun 509(a)(1) d comple ntegrated indirectly supported	octions of, or section te lines 1: by one or organiza	or to car on 509(a) 1e throug d	ry out th (2) See h 11h. Type III- squalified scribed i	e sectio -Other	
g		organization	, check this box st 17, 2006, has										
				or indirectly controls,	either alo	ne or toge	ether with	persons o	described	ın (iı)		Yes	No
				verning body of the su							11g(i)		
			-	person described in (i	-						11g(ii)		
				ty of a person describe							11g(iii)	<u> </u>	
<u>n</u> (i)		of supported	(ii) EIN	ation about the organi (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col.(i)	ports rou notify nization in of your port?	organizat (i) organi	is the tion in col zed in the S?		Amount support	of
					Yes	No	Yes	No	Yes	No			
													0
												_	0
													0
											ļ		0
	-											_	0
Fotal	ı					[n

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.)	Schedu	ile A (Form 990 or 990-EZ) 2008 PAR for the CU						57-119738	
Section A. Public Support Calendary ear (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total filter and the property of the	Par						(1)(A)(iv) and	170(b)(1)(A)	(vi)
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues level of the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1-3 5 The portion of fotal 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). 6 Public support Subtract line 5 from line 4. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from unrelated business a activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV) 10 Other income Do not include again or loss from the sale of capital assets (Explain in Part IV) 11 Gross receipts from related activities, etc. (see instructions.) 12 Eight support server large from 2007 Schedule A, Part IV-A, line 26f. 13 173% support test-2008. 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 Divided the payment of the organization did not check a box on line 13, fla, nor 18a, not 18a, 18b, or 17a, 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 IV how or more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and i	Sect						A - 100 - 10		
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues level for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1-3 5 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). 5 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). 6 Public support Subtract line 5 form line 4.			(a)	2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
membership fees received (Do not include any "unusual grants") 7 ax revenues leved for the organization's benefit and either paid to or expended on its behalf. 8 To evalue of services or facilities furnished by a governmental unit to the organization without charge. 9 Total Add lines 1-3 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·	- \a/	2004	(5) 2000	(0) 2000	(4) 2007	(6) 2000	(i) rotar
included any "unusual grants.")	1	. —	ł						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behaff. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1-3 5 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). 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income Do not include gain or loss from the sale of capital assets (Explan in Part IV) O O O O O O O O O O O O O O O O O O O				_					_
benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1-3 5 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). 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income Do not include gain or loss from the sale of capital assets 10 Corporation in Part IV). 10 Total support. Add lines 7 through 10. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions.). 12 Total support. Add lines 7 through 10. 15 First five years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here. 8 Foetlion C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). 16 Public support percentage for 2008 (line 6, column (f) divided by line 13, 163, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 Judy Support test—2008. 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the o			<u> </u>	0		-			0
it is behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1-3 5 The portion of total contributions by each person (other than a governmental unit to republicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions.) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage from 2007 Schedule A, Part IV-A, line 26f. 15 O.00% 10 3 1/3% support test-2008. 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. 15 In 16 196. First five paganzation meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV) how the organization meets the "facts-and-circumstances" test, check bus box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on five 17a and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on five 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on five 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box	2		1						
The value of services or facilities furnished by a governmental unit to the organization without charge. O O O O O O O O O O O O O O O O O O O		•							
furmished by a governmental unit to the organization without charge			Ĺ	0	0	<u> </u>	<u> </u>		0
organization without charge . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3					1			
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17a 10%-facts-and-circumstances-test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ □ 10%-facts-and-circumstances test-2007. 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 IV how □									▶ □
or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ▶ □ b 10%-facts-and-circumstances test-2007. 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 IV how □	17a						ne 13, 16a, or	16b, and line 1	4 is 10%
the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2007. 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 IV how									
b 10%-facts-and-circumstances test-2007. 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 IV how		•					•	•	
or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how	b				_	•			
### ##################################									

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

18

57-1197386

Support Schedule for Organizations Described in Section 509(a)(2)

	· (Complete only if you checked the	<u>ne box on line</u>	9 of Part I.)				
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕒 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	j		}	J	j	
	include any "unusual grants.")	0	66,824	89,851	26,669	35,302	218,646
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	o	111,870	117,700	258,743	13,226	501,539
3	Gross receipts from activities that are not an		111,070	117,700	200,740	10,220	301,338
•	unrelated trade or business under section 513		ľ				,
4	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on					[
	its behalf	ol	0	ol			,
5	The value of services or facilities			Y			
•	furnished by a governmental unit to the			İ		}	
	organization without charge	ol	o	ام			,
6	Total. Add lines 1-5.		178,694	207,551	285,412	48,528	720,185
	Amounts included on lines 1, 2, and 3	——— Ч	170,094	207,001	205,412	40,520	720,100
/a					;		_
h	received from disqualified persons Amounts included on lines 2 and 3						
D							
	received from other than disqualified persons that exceed the greater of 1%		1		ł	ļ	
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						C
_		0		0			
с 8	Add lines 7a and 7b Public support (Subtract line 7c from			_ _	Y		
0	T T T	***			}	-, - 	720 105
500	tion B. Total Support				ÿ		720,185
	endar year (or fiscal year beginning in)	(=) 2004	(b) 2005	(a) 2006	(4) 2007	(=) 2000	(f) Total
9	Amounts from line 6	(a) 2004 0		(c) 2006	(d) 2007	(e) 2008	(f) Total
_	Gross income from interest, dividends,		178,694	207,551	285,412	48,528	720,185
IVa	payments received on securities loans,						
	rents, royalties and income from similar				ļ		
							_
ь							
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						_
_	Add lines 10a and 10b	0	0			0	
с 11	Net income from unrelated business	<u> </u>					
• •	activities not included in line 10b,				İ		
	whether or not the business is regularly		[1			
	~ · · · · · · · · · · · · · · · · · · ·					1	C
12	carried on	—— —					
12	loss from the sale of capital assets			j	ĺ		
	(Explain in Part IV)	o	ol	o			C
13	Total support. (Add lines 9, 10c, 11,						
13	· · · · · · · · · · · · · · · · · · ·						700 405
	and 12)		4	f=4b	4		720,185
14	First five years. If the Form 990 is for the org				•	section 501(c)(
	organization, check this box and stop here	<u> </u>	· · · · ·	<u> </u>	<u> </u>	<u> </u>	▶ X
	tion C. Computation of Public Support			<u> </u>		 	
15	Public support percentage for 2008 (line 8, co	` '	•	olumn (f))	<i>.</i> [15	0 00%
16	Public support percentage from 2007 Schedu			<u> </u>	<u></u>	_16	0.00%
Sec	tion D. Computation of Investment Inco	me Percenta	age				
17	Investment income percentage for 2008 (line			e 13, column (f))	17	0.00%
18	Investment income percentage from 2007 Scl					18	0.00%
19a	33 1/3% support tests-2008. If the organizat					nan 33 1/3% an	
	not more than 33 1/3%, check this box and st						▶ [_
b	33 1/3% support tests-2007. If the organization di						
	line 18 is not more than 33 1/3%, check this box ar						▶□
20	Private foundation. If the organization did no	=		•		Ŧ	. ⊢
	are realisation in the organization did no	. JIIJON G DOX	, .va	,	Don and 3		– _

	1 990 or 990-EZ) 2008	PAR for the CURE				57-1197386	Page 4
Part IV	Supplemental Part II line 17a	Information. Com or 17b; or Part III,	plete this part to	o provide the expla	ination required b	y Part II, line 10, ee instructions)	
	raitii, iiio rra	<u> </u>	1110 12: 1 10Vide	dily other addition	iai iiioi iiaaoii. (o	indiadanis)	
							
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SCHEDULE 1 (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

Partl

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public OMB No 1545-0047

Employer identification number

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 57-1197386 General Information on Grants and Assistance PAR for the CURE, INC

å Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed. the selection criteria used to award the grants or assistance? . Part II

rail iv and ocheque I-1 (1 om 550) in administration		o) ii adalaaliai a					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JONSSON CANCER CENTE 8-950 FACTOR BUILDING, BOX	95-2242757	501(c)(3)	100,000	0			CANCER RESEARCH
			0	0			
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			0	0			
			0	0			
			0	0			
			0	0	-		
			0	0			
	on 501(c)(3) and	government organ	izations				
3 Enter total number of other organizations	organizations						0

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

Schedule I (Form 990) 2008

PAR for the CURE, INC.

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part to	lete this part to pro	provide the information required in Part I, line 2,	equired in Part I, line	e 2, and any other additional information	onal information
			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	, , , , , , , , , , , , , , , , , , ,				
					Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

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 OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

PAR for the CURE, INC.	57-1197386
Form 990 Part VI Section C Line 19 FORM 990 MAINTAINED AT TAXPAYER ADDRESS AND	IS AVAILABLE FOR
INSPECTION UPON REQUEST.	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Non Cash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	132,266 3	
4	Related organizations	4	
	Government grants (contributions)		
6	All other contributions, gifts, grants, and similar amounts not included above DIRECT PUBLIC SUPPORT	35,302	

Part II (Sch I, I-1 (990)) - Grants and Other Assistance to Governments and Organizations in the US

5	alt II (Scil 1, 1-1 (SSS)) - Claims and Critici recommended												
										Amount of			
							Recipient's	IRC Code	Amount of	Non-Cash	Method of	Non-Cash	Purpose of
	Name Of Organization	Address	Cit	State	Zip Code		Ξ	Section	Cash Grant		Valuation	- 1	Grant
-	THE JONSSON CANCER CENTER (8-950 FACTOR BUILDING, BOX 95/1LOS ANGELES	8-950 FACTOR BUILDING, BOX 951	LOS ANGELES	× 5	095-1780	CA 30095-1780	95-2242757	501(c)(3)	100,000			- 1	CANCER RESEARCI
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