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EXTENDED TO JUNE 15, 2017

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning AUG 1, 2015 and ending JUL 31, 2016 C Name of organization D Employer identification number Check if applicable PARTNERSHIP FOR CURES Address change DBA CURES WITHIN REACH Name change 20-3620169 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final return/ 8025 LAMON AVENUE 010 847-745-1246 term 1,105,307. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 60077 SKOKIE, IL H(a) is this a group return Applica-F Name and address of principal officer DR BRUCE BLOOM Yes X No for subordinates? SAME AS C ABOVE Yes No H(b) Are all subordinates included?) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.CURESWITHINREACH.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 2005 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities TO SPONSOR AND PROMOTE Governance INNOVATIVE SCIENTIFIC RESEARCH. Check this box Fig. 1 if the organization discontinued its operations or disposed of more than 25% of its net 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 Activities & Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 4 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 459,817 891,896. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, Ine 2g)
Investment income (Part VIII, Ine 2g)
Investment income (Part VIII, Ine 2g) 9 0. 0. <2,187. 821. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 287,890 137,396. Total revenue - add lines 8 through 11 (must equal) Rart VIII, column (A), line 12) 745,520 030,113. Grants and similar amounts paid (Part IX, column (A), lines 1/3) 485,138 361,355. Benefits paid to or for members (Part-IX-column (A), Inne-4) 0. 0 Salaries, other compensation, employee benefits (Rart IX) column (A), lines 5-10) 248,990 295,861. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 60,926. 204,324 187,212. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 938,452 844,428. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <192,932. 185,685. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 425,093. 1,398,699. 20 Total assets (Part X, line 16) 223,152. 468,294. 21 Total liabilities (Part X. line 26) <u>930,40</u>5. 201,941 Net assets or fund balances Subtract line 21 from line 20 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 and complete. Deplaration to preparer (other than officer) is based on all information of which preparer has any knowledge true, cor Signature of office Sign DR BRUCE BLOOM, PRESIDENT Here Type or print name and title Check Print/Type preparer's name Preparer's signature E-8-1 Paid P00446466 ANTHONY J. RUZICKA self-employed Firm's name KESSLER, Preparer ORLEAN, Firm's EIN 36-3117333 Firm's address 1101 LAKE COOK ROAD **Use Only** SUITE DEERFIELD, IL 60015 Phone no. (847) 580-4100 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form 990 (2015)

Form'990 (2015)

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO SPONSOR AND PROMOTE INNOVATIVE SCIENTIFIC RESEARCH CARRIED (OUT IN
	THE PUBLIC INTEREST FOR THE PURPOSE OF DISCOVERING CURES FOR CA	ANCERS
	AND OTHER CATASTROPHIC DISEASES AND TO FACILITATE THROUGH SYMPO	
	OTHER EDUCATIONAL MEANS THE PROMPT DISSEMINATION OF THE RESULTS	
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 X 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 X 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 ex	
	revenue, if any, for each program service reported.	,
4a	(Code) (Expenses \$ 554,802. Including grants of \$ 361,355.) (Revenue \$	935,730.)
	REPURPOSING RESEARCH INITIATIVE: HELPS PATIENTS BY RAISING FUNI	
	FIND, VET, FINANCE AND MANAGE PILOT HUMAN CLINICAL RESEARCH THE	
	REPURPOSES DRUGS AND DEVICES TO DELIVER FAST, SAFE, AND AFFORDA	
	TREATMENT FOR BOTH COMMON AND RARE DISORDERS THAT DO NOT HAVE A	
	EFFECTIVE TREATMENT.	1 0011112111
		
4b	(Code) (Expenses \$ 94,726 . including grants of \$) (Revenue \$	173,472.)
-	CUREACCELERATOR: WORLD'S FIRST INTERACTIVE, ON-LINE PLATFORM DE	
	TO REPURPOSING RESEARCH, THE DEVELOPMENT OF NEW TREATMENTS FROM	
	EXISTING DRUGS AND DEVICES.	
4c	(Code) (Expenses \$18,098. including grants of \$) (Revenue \$	6,762.)
	SOCIAL FINANCE INITIATIVE: SOCIAL FINANCE TECHNIQUES TO CREATE	
	ECONOMIC INCENTIVES FOR GENERIC DRUG REPURPOSING RESEARCH.	
A ~!	Other program sonuces (Describe in Schedule C.)	
4 0	Other program services (Describe in Schedule O)	1
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 667,626.	1
<u>4e</u>	Total program service expenses ► 667,626.	Form 990 (2015)
		- roini əə∪ (∠015)

PARTNERSHIP FOR CURES Form 990 (2015) DBA CURES WITHIN REACH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l]	}
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ł	}	}
	public office? If "Yes," complete Schedule C, Part I	_3_	<u> </u>	_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	}	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			Ì
	If "Yes," complete Schedule D, Part IV	9	Į	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	{	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable		}	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x]
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_x_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
			990	

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PARTNERSHIP FOR CURES Porm'990 (2015) DBA CURES WITHIN REACH Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	х	
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? If "Yes," answer lines 24b through 24d and complete	}		
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	. {	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? If "Yes," complete	[
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		i	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		·	
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33_		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_ <u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			4,5
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₹.
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Pai	Check if Schedule O contains a response or note to any line in this Part V				$\overline{}$
	Check it Scriedule O contains a response or note to any line in this Part V	<u></u>			
4.	Enter the number reported in Poy 2 of Form 1006. Fator, 0 of not applicable	1 40 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 4 1b 0		į '	Ì
	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>]]		
·	(gambling) winnings to prize winners?	oportubio gariirig	1c	X	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ï			
	filed for the calendar year ending with or within the year covered by this return	2a 4]]		}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			_==_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	 O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Ì	x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	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 trans-	action?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit		į '	
	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 contribu	tions or gifts	{	,	
	were not tax deductible?	•	6b	 	
7	Organizations that may receive deductible contributions under section 170(c).			1,5	ţ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided to the payor?	7a_	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	7-		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		71		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		1 1	j l	-
а	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	لــــا	
10	Section 501(c)(7) organizations. Enter	1 1	1 1		}
а	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	Section 501(c)(12) organizations. Enter	1 1			}
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1			
40-	amounts due or received from them)	11b	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	(
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O		108		
h	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			
С	Enter the amount of reserves on hand	13c			1
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		
			Form	990	(2015)

PARTNERSHIP FOR CURES Form 990 (2015) DBA CURES WITHIN REACH 20-3620169 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy?

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?			1		
а	The organization's CEO, Executive Director, or top management official	15a	X			
ь	Other officers or key employees of the organization	15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
taxable entity during the year?						
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?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply					
	X Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial			
	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.					
	DR. BRUCE BLOOM - 847-745-1246					
	8025 LAMON AVENUE, NO. 010, SKOKIE, IL 60077					

DBA CURES WITHIN REACH Form 990 (2015)

20-3620169

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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 -O- in columns (D), (E), and (F) if no compensation was paid

 List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization		orga	anıza			mpei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)	}	(C) Position					(D)	(E)	(F)
Name and Title	Average	(do				i than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an tee)	compensation	compensation	amount of
	week				1]	1	from the	from related	other
	(list any hours for	direct			}			organization	organizations (W-2/1099-MISC)	compensation from the
	related	96	ge			sate		(W-2/1099-MISC)	(11-2/10-35-111100)	organization
	organizations	Individual trustee or director	Institutional trustee		yea	mbe	İ	(1, 2, , , , , , , , , , , , , , , , , ,		and related
	below	dual	ution	**	oldin	oyee	EL			organizations
	line)	į	Insti	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH DOWNEY	2.00	1			_					1
BOARD MEMBER		X						0.	0.	0.
(2) MARGARET CHRISTIE	2.00]			Ì					"
CHAIR		X		X	<u> </u>			0.	0.	0.
(3) STEVEN BRAUN	2.00				ł					
TREASURER		X	نـــا	X	Ĺ	lacksquare		0.	0.	0.
(4) RICHARD PLESS	1.00					[_	_	_
BOARD MEMBER		X	_		<u>L</u> _			0.	0.	0.
(5) SOLVEIG DIRENZO	1.00	ļ			ļ			_	_	_
BOARD MEMBER	 	X			<u> </u>			0.	0.	0.
(6) LUCY MANCINI-NEWELL	1.00	}			}			_		_
SECRETARY	 	X		X	<u> </u>			0.	0.	0.
(7) MATT RICH	1.00	ļ			[_	_	
BOARD MEMBER		X			<u> </u>		نـــــا	0.	0.	0.
(8) DR. BRUCE BLOOM	40.00	ļ		_	Ì					
PRESIDENT	+	<u> </u>		X				159,865.	0.	0.
		ł			1	1			I	
	 	 	-	_	<u> </u>	H	<u> </u>			
		1				1			 	
	 	-	-	-	-	-			<u> </u>	
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		1	!		1					
	 	1		-	<u> </u>	1				
								1		

- 41	Section A. Officers, Directors, Trus	tees, Key Em	рюу	<u>/ees</u>	<u>, an</u>	a Hi	ighe	st C	compensated Employe	es (continued)					
	(A)	(B) (C)							(D)	(E)	(F)				
	Name and title	Average Position (do not check more than one						оле	Reportable	Reportable	able Estimate				
		hours per	box	box, unless person is both an officer and a director/trustee)				h an	· ·	compensation			nount	of	
		week	-	cer ar	ia a d	recto	orrans	(ee)	from	from related			other		
		(list any hours for	Individual trustee or director			1		-	the	organization	The state of the s		pensa		
		related	10 G	9	1	1	sated	1	organization	(W-2/1099-MI	SC)	i e	om th		
		organizations	uste	trust		8	ubell	1	(W-2/1099-MISC)			_ ~	anızat d relat		
		below	la t	trona	١.	ploy	15 g	_					anızatı		
		line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgi	2) 112 (11		
		ļ										1			
			-				 -								
				-	-	-	┼-	-	 						
				ļ		_	_	_	ļ						
									<u> </u>						
				-	_		-								
				-		-	-	-	-						
			_			<u> </u>	-								
			<u> </u>				L								
1b	Sub-total							>	159,865.		0.			0.	
С	Total from continuation sheets to Part V	II, Section A						>	0.	'	0.	·		0.	
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	159,865.	<u> </u>	0.			0.	
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	pove	e) wt	no re	eceived more than \$100	,000 of reportab	le				
	compensation from the organization								 				Yes	No	
3	Did the organization list any former officer,		uste	e, ke	у ег	nplo	yee,	, or	highest compensated e	mployee on					
	line 1a? If "Yes," complete Schedule J for s								••		ļ	_3_		X	
4	For any individual listed on line 1a, is the su									the organization	ļ		v		
_	and related organizations greater than \$15			-							1	4	X		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							eıat	ed organization or indivi	dual for services	•	5		x	
Sec	tion B. Independent Contractors	piete Scriedur	<u> </u>	01 31	1011	pers	5011		····						
1	Complete this table for your five highest co										npens	ation f	rom		
	the organization. Report compensation for	the calendar y	ear (endı	ng v	vith	or w	ıthır		/ear					
	(A) Name and business	address	NO	INC	₹.				(B) Description of s	ervices	С	ompe		n	
			140	<u> </u>	_		-	7				_ <u>-</u> -			
								-							
								_							
					_										
								7							
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	sted	l above) who received m	ore than					
	\$100,000 of compensation from the organi	zation >				(0						000 //		

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ira G	b	Membership dues	1b]		
اچَي	С		1c			}		}
a it	d	5.1.1.	1d			}		
S,E	е		ions) 1e			}		
rigi	f	All other contributions, gifts, gran				}		
Contributions, Gifts, Grants and Other Similar Amounts	•	similar amounts not included abo	ve 1f	891,896.				
Por	g h	Total. Add lines 1a-1f	, ia-ii \$		891,896.			
		10(41)7 (80 111)00 (4 1)		Business Code				1
e l	2 a							
ار چ	b							
Program Service Revenue	С							
eve	d) 1				
P. S.	е							
4	f	All other program service reve	enue					
	q			>				
	3	Investment income (including	dividends, inter	est, and				7
		other similar amounts)		>	821.			821.
	4	Income from investment of ta	x-exempt bond	oroceeds 🕨				
	5	Royalties					_	
			(ı) Real	(ii) Personal				
	6 a	Gross rents				ļ		
	b	Less rental expenses				i		
	С	Rental income or (loss)				ĺ		
}	d	Net rental income or (loss)		>				
1	7 a	Gross amount from sales of	(ı) Securities	(II) Other		}		
į		assets other than inventory						
}	b	Less cost or other basis		1		}		
l		and sales expenses	<u> </u>	Li		j		
- 1	С	Gain or (loss)	L	<u> </u>		}		
}	d	Net gain or (loss)		>				
e le	8 a	Gross income from fundraisin	g events (not	1		[
		including \$	of	}		}		
Other Rever		contributions reported on line	1c). See	1		}		
er F		Part IV, line 18	а	211,844.		[
£	b	Less direct expenses	b	75,194.		}		
~ }	c	Net income or (loss) from fund	draising events	<u> </u>	<u> 136,650.</u>			136,650.
}	9 a	Gross income from gaming ac	ctivities See	1		{		
		Part IV, line 19	а					
ļ	b	Less direct expenses	b	L				
1	c	Net income or (loss) from gam	ning activities				, , , , , , , , , , , , , , , , , , , 	
1	10 a	Gross sales of inventory, less	returns	1. 1		į į		
1		and allowances	а	\				
1	b	Less cost of goods sold	b	·		}		
	С	Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu		Business Code		1		
		MISCELLANEOUS F	REVENUE	900099	746.		· 	746.
	b			 				
	C			 		 		
	d	All other revenue		L		 		
	е				746.			130 015
	12	Total revenue. See instructions.			1,030,113.	0.	<u> </u>	138,217.

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Form 990 (2015) DBA CURES WITHIN REACH
Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	361,355.	361,355.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	j	ľ		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 065	111 000	21 072	15 006
	trustees, and key employees	159,865.	111,906.	31,973.	15,986
6	Compensation not included above, to disqualified		}		
	persons (as defined under section 4958(f)(1)) and	117 002	40 445	40 445	22 012
_	persons described in section 4958(c)(3)(B)	117,903.	42,445.	42,445.	33,013
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	}	j		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,093.	10,055.	4,848.	3,190
10	Payroll taxes	10,093.	10,033.	4,040.	3,130
11	Fees for services (non-employees) Management	11,150.	4,460.	6,690.	
a b	·	11,191.	8,393.	2,238.	560
C	, · .	10,134.	7,600.	2,027.	507
d	· · · · · · · · · · · · · · · · ·	10,134.	7,000.	2,021.	307
e	B. (
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	[
12	Advertising and promotion				
13	Office expenses	1,105.	773.	221.	111
14	Information technology	15,044.	11,283.	3,009.	752
15	Royalties				
16	Occupancy	46,420.	34,815.	9,284.	2,321
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,466.	12,926.	3,693.	1,847
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,540.	26,655.	7,108.	1,777
23	Insurance	3,615.	2,711.	723.	181
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM DEVELOPMENT	26,456.	26,456.		
	OTHER	4,433.	3,103.	886.	444
c	TELEPHONE	2,577.	1,933.	515.	129
d		1,081.	757.	216.	108
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	844,428.	667,626.	115,876.	60,926
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	ì	Ì		

PARTNERSHIP FOR CURES DBA CURES WITHIN REACH

Form 990 (2015)
Part X | Balance Sheet

art :	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,076,370.	1	154,948
	2	Savings and temporary cash investments		Ţ	92,228.	2	1,045,166
) ;	3	Pledges and grants receivable, net		Ţ	50,720.	3	0
) .	4	Accounts receivable, net		Ī		4	
- 1	5	Loans and other receivables from current and fo	ormer c	officers, directors.			
1		trustees, key employees, and highest compens		· · · · · · · · · · · · · · · · · · ·			
}		Part II of Schedule L		. ,		5	
- } ,	6	Loans and other receivables from other disquali					
}		section 4958(f)(1)), persons described in section	-	·			!
-		employers and sponsoring organizations of sec		- · · · ·			
۱ ۾		employees' beneficiary organizations (see instr)		•		6	
Sibest	7	Notes and loans receivable, net	оо _Б			7	
€ (,	8	Inventories for sale or use		ţ	· · · · · · · · · · · · · · · · · · ·	8	
	9	Prepaid expenses and deferred charges	867.	9	9,042		
i		Land, buildings, and equipment cost or other	1 1	ļ			
		basis. Complete Part VI of Schedule D	10a	261,619.			
	h	Less accumulated depreciation	10b	51,073.	170,942.	10c	210,546
1		Investments - publicly traded securities	.00	3270701	2,0/3120	11	210/010
1:		Investments - other securities See Part IV, line	Ì		12		
1:		Investments - program-related See Part IV, line	İ	7,572.	13	5,391	
14		Intangible assets			14		
1		Other assets. See Part IV, line 11				15	
10		Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,398,699.	16	1,425,093
1		Accounts payable and accrued expenses			19,638.	17	8,780
11		Grants payable		448,656.	18	214,372	
19		Deferred revenue		19			
20	0	Tax-exempt bond liabilities	Ī		20		
2	1	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
2	2	Loans and other payables to current and former					
		key employees, highest compensated employee	s, and	disqualified persons		l (
		Complete Part II of Schedule L				22	
ī 2:	3	Secured mortgages and notes payable to unrela	ated the	rd parties		23	
24	4	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	5	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
		Schedule D		Ĺ		25	
20	6_	Total liabilities. Add lines 17 through 25			468,294.	26	223,152
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🔼 and			
ğ		complete lines 27 through 29, and lines 33 ar	id 34.				
2	7	Unrestricted net assets		1	514,549.	27	663,443
21	8	Temporarily restricted net assets		1	415,856.	28	538,498
29	9	Permanently restricted net assets				29	
2		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 📖			ı
5		and complete lines 30 through 34.					
30	0	Capital stock or trust principal, or current funds		<u> </u>		30	
ğ 3	1	Paid-in or capital surplus, or land, building, or ed		Г		31	
25 25 25 36 3 32 32 32	2	Retained earnings, endowment, accumulated in	come,	or other funds	 	32	
3		Total net assets or fund balances		1	930,405.	_33_	1,201,941
3	<u>4_</u>	Total liabilities and net assets/fund balances			1,398,699.	34	1,425,093 Form 990 (2015

	PARTNERSHIP FOR CURES							
	1990 (2015) DBA CURES WITHIN REACH	20-	<u>-36201</u>	<u>69</u>	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	·				<u> </u>		
		1 1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>13.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)				28.			
3	Revenue less expenses Subtract line 2 from line 1	3				85.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		930	0,4	05.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6		8!	5,8	<u>51.</u>		
7	Investment expenses	7						
8	8 Prior period adjustments							
9	9 Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	{ {						
column (B))								
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	ŀ	1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	dona						
	separate basis, consolidated basis, or both:			Í				
	Separate basis Consolidated basis Both consolidated and separate basis			1				
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	i,					
	consolidated basis, or both			ł				
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ.					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt						

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

За

Form 990 (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public

Name of the organization PARTNERSHIP FOR CURES Employer identification number DBA CURES WITHIN REACH 20-3620169 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. 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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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Schedule A (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH 20-36201

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)

Galendary year (or fixed year beginning la) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total or distributions, and membership fees received (Oo not include any "unusual parants") 569,801. 445,604. 1,286,765. 519,523. 977,747. 3,719,440.	Se	ction A. Public Support						
I Giffs, grants, contributions, and membership fees received (i) not miclude any "unusual grants") 2 Tax revenues leved 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'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 through 3 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 8 Public support. Setizatives stemices 8ection B. Total Support 2 Public support form in the 4 8 Gross income from interest, dividending, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from interest, dividending, payments received on securities loans, rents, royalties and income from interest, dividending, payments received on securities loans, rents, royalties 8 37. 460. 711. <2,187. 821. 702. 10 Other income Do not include gran or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add line? Pitrough 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization is 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 for 2015 (line 8, column (r) divided by line 11, column (fi) 15 First five years. If the Form 990 is for the organization of and of orcheck 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 Ja 31 /3% support test-2014. If the organization of dor of check to box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test. The or	Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Tax reverues leved for the organization is benefit and either paid to or expended on its behalf	1	Gifts, grants, contributions, and						
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		more, and if the organization meets th	ie "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
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		organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	cly supported organ	nization	▶□
2. The state of th	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instruction	s >

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Schedule A (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH

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

(Complete only if you checked the box on line 9 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)

<u>Sec</u>	ction A. Public Support								
Cale	ndar year (or fiscal year beginning ın)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			ł			ł		
	include any "unusual grants ")		1	ł					
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								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-		i						
4	Tax revenues levied for the organ-						 		
·	ization's benefit and either paid to			ļ					
_	or expended on its behalf		 	 		- 	 		
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5			[Ţ 		
	Amounts included on lines 1, 2, and		1						
	3 received from disqualified persons		ł		1				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	: Add lines 7a and 7b				T				
8	Public support. (Subtract line 7c from line 6)								
	ction B. Total Support			<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(4)	1975-13	10.131		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income		}						
	(less section 511 taxes) from businesses	ı	}	}	}	1	İ		
	acquired after June 30, 1975								
c	Add lines 10a and 10b				}				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1							
13	Total support (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,		
Sec	check this box and stop here	c Support Pe	rcentage				▶□		
	Public support percentage for 2015 (li			column (ft)		15	%		
	, , ,		•	30idiiii (i))					
	16 Public support percentage from 2014 Schedule A, Part III, line 15								
									
	Investment income percentage from 2		•	ie 13, column (i))		17	<u>%</u>		
	•			on line 14 and lin	o 15 io mara éban	18	% 17 is oot		
ıya	33 1/3% support tests - 2015. If the						ı ∕ıs not ⊾ ┌──		
1-	more than 33 1/3%, check this box as			•			P		
0	33 1/3% support tests - 2014. If the								
00	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check t	nis box and see in	structions	<u>Pi</u>		

PARTNERSHIP FOR CURES Schedule A (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I if you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b In Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
		}	
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	3c		
	4a_		
	4b		
	40		
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	9b		
	9c		
	40.		
	10a		
ل	10b		

	dule A (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH 20	-362016	9 P	age 5
Pai	t IV Supporting Organizations (continued)		,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	ł	
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	 	
	tion B. Type I Supporting Organizations	11c	L	L
	ton 2. Typo toupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.05	110
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Į.	Į	}
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ	1	
	controlled the organization's activities. If the organization had more than one supported organization,	}		}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ	1	}
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		}	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ł		
	or management of the supporting organization was vested in the same persons that controlled or managed	ĺ		
	the supported organization(s)	11	L	L
Sec	tion D. All Type III Supporting Organizations		r	-
	Delikha assaurakan ara udaka asah afika asaa kada wasarakan kadi li kuli da ka Kili Kili Kili Kili Kili Kili Kili Kil	(Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	}	i	
	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	ì])
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	{	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· · · ·	 	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		}	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	}	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's		{	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	}	
	supported organizations played in this regard	3	<u> </u>	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ns):		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e instructions	·}	
2	Activities Test Answer (a) and (b) below.	 -	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Ì		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ĺ	}	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	
	how the organization was responsive to those supported organizations, and how the organization determined	1 _		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		}	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		}	
2	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-	}	
b	trustees of each of the supported organizations? Provide details in <i>Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	}	
	the role played by the organization in this regard			

	edule A (Form 990 or 990 EZ) 2015 DBA CURES WITHIN REACH			20-3620169 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	tion 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	1		}
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	_ 7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion 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	ic		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	_L		
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	{		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Distributable Amount. 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-functional	ly-integrat	ed Type III supporting org	anization (see
	instructions)		, -	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH 20-3620169 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 b d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D. line 7. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7: h c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 DBA CURES WITHIN REA	CH	20-3620169 Page 8
Part VI	Supplemental Information. Provide the explanations require Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6	ed by Part II, line 10, Part II, line 17a or 1b, and 11c, Part IV, Section B, lines 1 2a, 2b, 3a and 3b, Part V, line 1; Part V,	17b, Part III, line 12, and 2; Part IV, Section C, Section B, line 1e, Part V,
	(See instructions)		
			·
		<u>. </u>	
			
			
			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Name of the organization

PARTNERSHIP FOR CURES

Employer identification number 20-3620169

DBA CURES WITHIN REACH Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on day of the tax year 3 Total number of conservation easements 4 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure isted in the National Register 8 Number of states where property subject to conservation easement is located 9 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 9 S 10 Des the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 10 Part III Organization assement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(h) and section 170(h)(4)(B)(h) and section 1	ets held in donor advised funds rol?		organization answered "Yes" on Form 990, Part IV, lin	e 6		
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the text of the footnote to its financial statements that describes these items	its revenue statement and balance sheet works of art, historical		•	·		all.
						,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of an		b			nd balance sheet works of art. histor	ncal
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following		_	•	•		
relating to these items			•	,	and the second of the second o	
	> \$		-		\$	
	▶ \$.		• •		\$	—
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		9	• •	asures or other similar assets for financial a		
		~		_	an, provide	
the following amounts required to be reported under SEAS 116 (ASC 958) relating to these items:		_		TO (ACC 300) relating to these items.	•	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 3. Revenue included on Form 990. Part VIII. line 1.	<u> </u>			•	~ *	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	iq to triese itellis.	а		, , <u></u>	> \$	
	. • \$		Assets included in Form 990, Part X	·	► \$	

PARTNERSHIP FOR CURES Schedule D (Form 990) 2015 DBA CURES WITHIN REACH

		ES WITHIN				OH			20169	
<u> </u>	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	at are a sig	nificant	use of its	collection if	tems
_	(check all that apply). Public exhibition		. —							
a				Coan or exc Other	hange progr	ams				
b	Scholarly research	•	e [] (Other						
C	Preservation for future generations Provide a description of the organization's co	allostions and avala	un have th	ou further t	ho organizat	an'a avam	nt nurn	an in Dar	· VIII	
4 5	During the year, did the organization solicit of							ose in Par	L AIII.	
5	to be sold to raise funds rather than to be me					iei Siiiiilai a	เรรยเร		Yes	☐ No
Par	rt IV Escrow and Custodial Arran					"Vee" on E	orm 990) Part IV		INO
	reported an amount on Form 990, Pa		icte ii tile	organizatio	AT answered	163 0111	01111 000	o, i citiv,	iii 16 3, 01	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	ssets not in	ncluded			
	on Form 990, Part X?		u.u., 101				.0.000		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	able						
-									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year				• •		1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	ount liability	12		Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line 10)			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (c) Three y	ears back	(e) Four ye	ars back_
1a	Beginning of year balance	 			<u> </u>					
b	Contributions	 	ļ							
C	Net investment earnings, gains, and losses	<u> </u>								
ď	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities		ļ		-			ı		
	and programs	<u> </u>	<u> </u>		<u> </u>					
f	Administrative expenses									
g	End of year balance		L		L					
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	ind administe	ered for the	organiz	zation	[
	by.									es No
	(i) unrelated organizations				•				3a(i)	 -
	(ii) related organizations	A		-6					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•			•				3b	
Par	t VI Land, Buildings, and Equipm		owment i	unas.						
	Complete if the organization answere		0 Part IV	/ line 11a S	Saa Form 991) Part Y lu	ne 10			
	Description of property	(a) Cost or o			or other		umulate	,d	(d) Book v	aluo
	beautiful of property	basis (investi			(other)		eciation		(a) BOOK V	alue
12	Land				· · · · · · · · · · · · · · · · · · ·					
	Buildings									
	Leasehold improvements									
	Equipment			1	4,337.		10,9	08.	3	429.
	Other				7,282.		40,1		207	
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum					>		546.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	DBA	CURES	WITHIN	REAC
Part VII Investments - O	ther Se	curities.		

Complete if the organization answered "Yes" o	n 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	aluation. Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV	, line 11c See Form 990,	Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV	, line 11d See Form 990,	Part X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11e or 11f See Form	n 990, Part X, line 25.	·
1. (a) Description of liability		(b) Book value	<u> </u>	
(1) Federal income taxes				
(2)				
(3)			<u>[</u>	
(4)]	
(5))	
(6))	
(7)]	
(8)]	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)			

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

20-3620169 Page 4 Schedule D (Form 990) 2015 DBA CURES WITHIN REACH 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 1,115,964. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a 85,851 Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d 85,851. Add lines 2a through 2d 1,030,113. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b **4**a 4b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 030 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 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. 844,428. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII) 2d 0. e Add lines 2a through 2d 2e 844,428. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c 844.428. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 X, LINE 2: MANAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE UNCERTAIN TAX POSITIONS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

OMB No 1545-0047 Open to Public

Department of the Treasury Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization PARTNERSHIP FOR CURES 20-3620169 DBA CURES WITHIN REACH General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (a) Region (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (e g, fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region ın region in region 3 a Sub-total 0 0. b Total from continuation sheets to Part I 0

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

Schedule F (Form 990) 2015

c Totals (add lines 3a

and 3b)

DBA CURES WITHIN REACH

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed Part II

20-3620169

Page 2

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance cash disbursement (f) Manner of of cash grant 10,000 (e) Amount (d) Purpose of grant ESEARCH (c) Region BELGIUM (b) IRS code section and EIN (if applicable) (a) Name of organization

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

Schedule F (Form 990) 2015

PARTNERSHIP FOR CURES DBA CURES WITHIN REACH

Schedule F (Form 990) 2015

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

Page 3

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Part III can be duplicated if additional space is needed

•		1			•
(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(a) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2015

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, do not file with Form 990)

20-3620169 Schedule F (Form 990) 2015 DBA CURES WITHIN REACH Page 4 Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 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 Yes X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) 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 Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 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 Yes X No (see Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2015

Yes X No

6

PARTNERSHIP FOR CURES Schedule F (Form 990) 2015 DBA CURES WITHIN REACH 20-3620169 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	SHIP FOR CURES				1	entification number
Francisco Astrolation	ES WITHIN REACH				20-3620	
Part I required to complete this par	Complete if the organization answert	red "Y	'es" oı	n Form 990, Part IV,	line 17 Form 990-E	Z filers are not
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities	Check all that apply		
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants		
b Internet and email solicitations	s f Solicitat	tion of	gover	nment grants		
c Phone solicitations	g Special	fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, F	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes	No 🗀 No
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) pursi	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
		(:::)		T	(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(n) / Carrey	have c or con contrib	trol of	from activity	fundraiser listed in col (i)	organization
		-				
		Yes	No			
						
				}		
						<u> </u>
·						
						
						<u> </u>
				1		
						
Total						L
3 List all states in which the organization or licensing	in is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	egistration
						
						
						
						
						

Schedule G (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events AWARD (add col (a) through GOLF OUTING CEREMONY col (c)) (event type) (event type) (total number) Revenue 163,585. 34,200. 14,059. 211,844. Gross receipts 2 Less Contributions 163,585 34,200. 14,059. 211,844. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 Food and beverages Entertainment 30,644. 30,491 14,059 Other direct expenses 75,194 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 136,650 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 3 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities. a is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain.

20-3620169 Page 2

PARTNERSHIP FOR CURES Schedule G (Form 990 or 990-EZ) 2015 DBA CURES WITHIN REACH 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No 13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > Gaming manager information Name > Gaming manager compensation ▶ \$_____ Description of services provided Director/officer independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).

		PARTNERSHIP FOR CURES	20 2620160
Part IV	(Form 990 or 990-EZ) Supplemental Infor	DBA CURES WITHIN REACH mation (continued)	20-3620169 Page 4
			
			
	 		
			·

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

2015	Open to Public	Inspection

OMB No 1545-0047

Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

PARTNERSHIP FOR CURES

Name of the organization

20-3620169 X Yes 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 DBA CURES WITHIN REACH General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

<u>و</u> []

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 Govern

RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST CHICAGO, IL, 60612 RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S HOSPITAL - 700 CHILDREN'S DR - COLUMBUS, OH 43205 COLUMBIA UNIVERSITY MEDICAL CENTER 1130 ST, NICHOLAS AVENUE NEW YORK, NY 10032 JOHNS HOPKINS UNIVERSITY BALTIMORE, MD 21205 52-0595110 501-C-3 5950 33,205, 31,6056320 51-C-3 33,205, 31,5598093 501-C-3 15,000,	(f) Method of valuation (book, non-cash assistance FMV, appraisal, other)	(h) Purpose of grant or assistance
AT NATIONWIDE - 700 MBUS, OH 43205 31-6056320 501-C-3 33 MEDICAL CENTER VENUE 13-5598093 501-C-3 250 RSITY 52-0595110 501-C-3 15		
MEDICAL CENTER 13.5598093 501-C-3 RSITY 52.0595110 501-C-3		RESEARCH RESEARCH
S2-0595110 501-c-3	, , , , , , , , , , , , , , , , , , ,	кезеаксн
	, r	респанси Веспанси

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

532101 10-28-15

(Form 990) (2015) DBA CURES WITHIN REACH
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Schedule I (Form 990) (2015)

Part III

•

Page 2

20-3620169

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Open to Public Attach to Form 990. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PARTNERSHIP FOR CURES DBA CURES WITHIN REACH

Questions Regarding Compensation

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

OMB No 1545-0047

20-3620169

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		-	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	}])
	First-class or charter travel	1	1	}
	Travel for companions Payments for business use of personal residence	}		}
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		[ļ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			<u> </u>
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		<u> </u>	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	_1b	ļ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		<u> </u>	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		Į	
	establish compensation of the CEO/Executive Director, but explain in Part III]	
	Compensation committee X Written employment contract	ĺ)	}
	Independent compensation consultant Compensation survey or study		}	
	X Approval by the board or compensation committee		ļ	\
			[ļ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	İ		
	organization or a related organization		}	
а	Receive a severance payment or change-of-control payment?	4a	ł	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ļ	
	contingent on the revenues of	Į		
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}		
	contingent on the net earnings of	ļ		
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

20-3620169

DBA CURES WITHIN REACH PARTNERSHIP FOR CURES

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(I)(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			ın column (B) reported as deferred on prior Form 990
(1) DR. BRUCE BLOOM	8	159,865.	0	0	0	O	159.865.	
PRESIDENT	3	0	0	0	0	0	0	
	Θ							
	(ii)							
	Θ							
	(ii)							
	Θ							
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Schedule J (Form 990) 2015

PARTNERSHIP FOR CURES DBA CURES WITHIN REACH

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 20-3620169

Page 3

Schedule J (Form 990) 2015

532113 10-14-15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PARTNERSHIP FOR CURES DBA CURES WITHIN REACH

Employer identification number 20-3620169

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUCH RESEARCH TO MEDICAL AND OTHER RESEARCH PROFESSIONALS AND THE
INTERESTED PUBLIC.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS MADE AVAILBLE TO DIRECTORS FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, ACTUAL AND POTENTIAL CONFLICTS ARE REVIEWED.
FORM 990, PART VI, SECTION B, LINE 15A:
KEY EMPLOYEES ARE REVIEWED ANNUALLY USING COMPARABILITY DATA.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES CERTAIN OF ITS DOCUMENTS, POLICIES AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR.