** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning

Inspection

B (Check if applicable:	C Name of organization		D Employer identific	cation number
Е	Address	HEAD FOR THE CURE FOUNDATION			
H	change		\dashv	20-8	345719
F	change	Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/s	- Luito		
H	return _Final	2020 BALTIMORE AVE	Suite	E Telephone numbe	518-9763
_			-+		1,688,428.
	ated ☐Amende	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64108		G Gross receipts \$	
H	⊒return ∏Applica	·	-	H(a) Is this a group re	
_	⊥tión pending	SAME AS C ABOVE		for subordinates	····· — —
_	-		_	H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or ⇒ WWW. HEADFORTHECURE. ORG	527		list. (see instructions)
				H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► L \ Summary	year of	f formation: 2007 N	State of legal domicile: MO
F) ПТ	TE CIIDE EOII	MDAMION IC
Governance	1 E	Briefly describe the organization's mission or most significant activities: ${ m \underline{HEAD}}$ ${ m FOR}$ DEDICATED TO RAISING AWARENESS AND FUNDING I	N T	THE FIGHT A	GAINST
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	more t	than 25% of its net as	ssets.
Š		lumber of voting members of the governing body (Part VI, line 1a)			9
প্		lumber of independent voting members of the governing body (Part VI, line 1b)			9
es		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			11
Ĭ		otal number of volunteers (estimate if necessary)			1500
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	bΝ	let unrelated business taxable income from Form 990-T, line 34	. <u> </u>	7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		1,345,884.	1,364,070.
enr	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6.	539.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-75,937.	-49,772.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,269,953.	1,314,837.
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		639,900.	902,103.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		186,219.	252,613.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
ă				456 004	04.4.650
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		176,901.	214,659.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,003,020.	1,369,375.
	19 F	Revenue less expenses. Subtract line 18 from line 12		266,933.	-54,538.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
sset 3ala	20 T	otal assets (Part X, line 16)		762,896.	708,358.
at A	21 T	otal liabilities (Part X, line 26)		0.	U.
<u>Z</u>	22	let assets or fund balances. Subtract line 21 from line 20		762,896.	708,358.
		Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta			y knowledge and bellet, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	parer ii	las any knowledge.	
٥:		Signature of officer		I Date	
Sig		MATT ANTHONY, PRESIDENT		Duto	
Her	e	Type or print name and title			
_		,	l Da	ate Check	TI PTIN
Paid		Print/Type preparer's name RHONDA L. CARLSON CPA RHONDA L. CARLSON C		if	
	-	Firm's name KELLER & OWENS, LLC	1	self-employ Firm's EIN ▶	48-1195228
		Firm's address 10955 LOWELL AVE, STE 800		I IIIII S LIIV	
J30	J	OVERLAND PARK, KS 66210		Phone no. (9	13) 338-3500
N.4	, the ID			Filotie ilo. (3	
ivia	y tne IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this	box		X
Note. Only complete Part II if you have already been granted an			led Form	8868.	
If you are filing for an Automatic 3-Month Extension, comple			. ,		
Part II Additional (Not Automatic) 3-Month E	xtensio			•	
				ng number, see ir	
Type or Name of exempt organization or other filer, see instru	uctions.		Employer	r identification nur	nber (EIN) or
print File by the HEAD FOR THE CURE FOUNDATION	N			20-83457	19
due date for Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity number (SS	5N)
return. See 2020 BALTIMORE AVE, NO. 201					
instructions. City, town or post office, state, and ZIP code. For a f KANSAS CITY, MO 64108	oreign add	dress, see instructions.			
•					
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted THE ORGANIZATI		natic 3-month extension on a previ	iousiy file	ea Form 8868.	
 The books are in the care of ▶ 2020 BALTIMORE Telephone No. ▶ 816-518-9763 If the organization does not have an office or place of busines If this is for a Group Return, enter the organization's four digit 	ss in the Ur Group Exe	Fax No. ▶	this is fo	r the whole group	, check this
box L. If it is for part of the group, check this box		ach a list with the names and EINs of	all memb	ers the extension	is for.
	NO A FIN	BER 15, 2016.			
5 For calendar year 2015 , or other tax year beginning	-11	, and ending	_		·
6 If the tax year entered in line 5 is for less than 12 months, of Change in accounting period	cneck reas	on:	l Final r	eturn	
7 State in detail why you need the extension					
ADDITIONAL INFORMATION IS NEED RETURN	DED T	O PREPARE A COMPLET	re a	ND ACCURA	TE
				<u> </u>	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any	0.0	•	0.
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069	O ontor on	v refundable are dita and estimated	8a	\$	<u> </u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069 tax payments made. Include any prior year overpayment al		•			
previously with Form 8868.	iloweu as a	a credit and any amount paid	8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your page.	avment wit	th this form if required by using		Ψ	
EFTPS (Electronic Federal Tax Payment System). See instr	-	in this form, in required, by using	8c	\$	0.
		st be completed for Part II o			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo	ding accomp orm.	panying schedules and statements, and to	the best o	f my knowledge and	belief,
Signature ▶ Title ▶	CPA		Date	>	
				Form 8868 (Rev. 1-2014)

Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•			
• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			X
lf yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	his form).		
	complete Part II unless you have already been granted a				m 8868.	
Electr	onic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a	corporation
equire	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically fil	e Form 88	68 to request	an extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers A	ssociated Wit	th Certain
Persor	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elect	tronic filing of	this form,
isit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits					
Parl						
	oration required to file Form 990-T and requesting an autor					
Part I o	only er corporations (including 1120-C filers), partnerships, REM					3000
	ncome tax returns.	iros, aria ti	asis must use I om I out to requee		r's identifying	number
Гуре		ctions				number (EIN) or
	Name of exempt organization of other filer, see institu	otiono.		,5.0) 0.		, , ,
orint	HEAD FOR THE CURE FOUNDATION	ON			20-834	5719
ile by ti due date	Number, street, and room or suite no. If a P.O. box, s		tions.	Social sec	curity number	(SSN)
iling you eturn. S	ee ZUZU DALITIMONE AVE, NO. ZU.					
nstructi	ons. City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.			
	KANSAS CITY, MO 64108					
						0 1
Enter	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		1				
Applic	eation	Return	Application			Return
ls For	State of the state	Code	Is For			Code
-	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
	1720 (individual)	03	Form 4720 (other than individual)			10
	990-PF	04	Form 5227			11
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12
orm	990-T (trust other than above)	06 ON	Form 8870			12
	THE ORGANIZATION be books are in the care of 2020 BALTIMORE		ווה פוודייה 201 ב אם	NGAG	CTTV M	0 64108
		AVEN	Fax No.	MDAD	CIII, E	0 04100
	ephone No. > 816-518-9763	المطاحية منم				
	ne organization does not have an office or place of busines nis is for a Group Return, enter the organization's four digit					
	Is so for a Group Heturn, enter the organization's founding to the group, check this box					
	I request an automatic 3-month (6 months for a corporation				Old the extern	
1	AUGUST 15, 2016 , to file the exemp	n required at organiza	ation return for the organization name	ed above.	The extension	1
	is for the organization's return for:	or organize	ation for the organization many			
	Stor the organization's return for. X calendar year 2015 or					
	tax year beginning	. ar	nd endina		10	
	tax year beginning					
2	If the tax year entered in line 1 is for less than 12 months,	check reas	son: Initial return	Final retur	'n	
۵.	Change in accounting period					
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any			
oa	nonrefundable credits. See instructions.	,,		3a	\$	0 •
b	If this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
_	estimated tax payments made. Include any prior year over			3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your p					
J	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Cauti	on. If you are going to make an electronic funds withdrawa	ıl (direct de	ebit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879	-EO for payment
	ctions.					
 1 ΗΔ	For Privacy Act and Panerwork Reduction Act Notice	see instr	ructions.		Form 88	368 (Rev. 1-2014)

LHA 523841 04-01-15

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

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: RAISE AWARENESS AND FUNDING TO INSPIRE HOPE FOR THE COMMUNITY OF BRAIN
	CANCER PATIENTS, THEIR FAMILIES, FRIENDS, CAREGIVERS AND OTHER
	SUPPORTERS WHILE CELEBRATING THEIR COURAGE, SPIRIT AND ENERGY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,089,361 • including grants of \$ 902,103 •) (Revenue \$ 12,348 •)
·u	DEDICATED TO THE MEMORY OF CHRIS ANTHONY, WHO DIED IN FEBRUARY 2003
	FROM GLIOBLASTOMA MULTIFORME BRAIN CANCER, HEAD FOR THE CURE (HFTC)
	ORGANIZES 5K RUN/WALK EVENTS TO RAISE MONEY, PRIMARILY FOR BRAIN CANCER
	RESEARCH.
	IN 2003, THE INAUGURAL EVENT WITH ABOUT 300 PARTICIPANTS, RAISED
	APPROXIMATELY \$10,000. IN 2015, HFTC RACES WERE HELD IN 16 CITIES
	ACROSS THE COUNTRY WITH MORE THAN 14,700 PARTICIPANTS RUNNING AND
	WALKING IN SUPPORT OF LOVED ONES. ON TOP OF OUR 5K PARTICIPANTS, WE
	WELCOMED SUPPORT FROM 1500 VOLUNTEERS AND RECEIVED ADDITIONAL GIFTS
	FROM OVER 7200 INDIVIDUAL DONORS, HELPING US RAISE OVER \$1.3 MILLION
	AND ISSUE GRANTS TOTALING OVER \$800,000 TO SUPPORT BRAIN CANCER
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\text{ including grants of \$}\tag{Revenue \$}\tag{Notal program service expenses}\tag{Notal program service expenses}Notal
4e	
53200	Form 990 (2015

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		21
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-25
0	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		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		Х
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		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		21
b	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		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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		Х
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		Х
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		Х
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		Х
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	Х	
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	000	X

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		Х
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		
Ч	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			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		054		x
00	Schedule L, Part I	25b		
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,"			X
	complete Schedule L, Part II	26		
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			\ _{3,7}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1300 m m on occinion de required to complete contende o	_ 50	 -	

Form 990 (2015) HEAD FOR THE CURE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 11	4	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			37
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	١.		v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	. (53.5)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		_		v
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 transa		5b		Λ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	-		Х
h	any contributions that were not tax deductible as charitable contributions?		6a		21
D		•	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
_	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	ı			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
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? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	440			
40-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.				
D	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			
•	Enter the amount of reserves on hand	13c			
	Did the appropriation reading any payments for indeed to be a price of units of the territory	<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
				990	(2015

13041028 795752 13141

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
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 ► NONE			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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, an	d finan	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:			
	THE ORGANIZATION - 816-518-9763			
	2020 BALTIMORE AVENUE, SUITE 201, KANSAS CITY, MO 64108			

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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 -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

LX Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Name and Title	(A)	(B)	l		((C)			(D)	(E)	(F)
Week (list any hours for related organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC)		Average	(do	not c	Pos	ition) than	one	Papartable		
Company Comp			box	, unle	ss pe	rson	is bot	h an			
(1) MATT ANTHONY			-					<u> </u>			
Column		, ,	r direc				ted		organization	•	•
Column			stee o	rustee		س ا	bensa		(W-2/1099-MISC)		_
Column		1 -	ual tru	ional t		ploye	t com	١.			
TREASURER			Individ	Institui	Officer	Кеуеп	Highes emplo	Forme			organizations
C(2) DANAY FAST	(1) MATT ANTHONY	20.00									
X			Х		Х				0.	0.	0.
Column	(2) DANAY FAST	4.00							_	_	_
BOARD MEMBER			Х		Х				0.	0.	0.
Column	(3) HARRY CAMPBELL	2.00									_
BOARD MEMBER X			X						0.	0.	0.
S JOHN HOLT		2.00								•	•
BOARD MEMBER X		0.00	Х						0.	0.	0.
(6) KRIS CAMPBELL 2.00 BOARD MEMBER X (7) DR. TERRI ARMSTRONG 2.00 BOARD MEMBER X (8) JON COOK 2.00 BOARD MEMBER X (9) KRISTA ALLEN 2.00		2.00									0
BOARD MEMBER X 0. 0. 0 (7) DR. TERRI ARMSTRONG 2.00 X 0. 0. 0 BOARD MEMBER X 0. 0. 0 0 (8) JON COOK 2.00 X 0. 0. 0 0 BOARD MEMBER X 0. 0. 0 0 0 (9) KRISTA ALLEN 2.00 0 <td></td> <td>2 00</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		2 00	X						0.	0.	0.
(7) DR. TERRI ARMSTRONG 2.00 BOARD MEMBER X 0.0.0 (8) JON COOK 2.00 BOARD MEMBER X 0.0.0 (9) KRISTA ALLEN 2.00		2.00	٠,,							0	0
BOARD MEMBER X 0. 0. 0 (8) JON COOK 2.00 X 0. 0. 0 BOARD MEMBER X 0. 0. 0 0 (9) KRISTA ALLEN 2.00 0		2 00	A						0.	0.	0.
(8) JON COOK 2.00 BOARD MEMBER X (9) KRISTA ALLEN 2.00		2.00							0	0	^
BOARD MEMBER X 0. 0. 0 (9) KRISTA ALLEN 2.00		2 00	^						0.	0.	0.
(9) KRISTA ALLEN 2.00		2.00	v						0	0	0.
		2.00							0.	•	<u> </u>
		2100	x						0.	0.	0.
			-								
	-										

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do box	not c	Pos heck ss pe	c) ition more erson		one h an	(D) Reportable	(E) Reportable compensatio from related organization	n I	an	(F) stimate nount other pensa	of
		hours for related organizations below line)	tee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org an	rom the janizat d relat anizatie	ion ed
						×								
									0.		0.			0
С	Sub-total Total from continuation sheets to Part VI	II, Section A							0.		0.			0 .
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n								0 • ecceived more than \$100	,000 of reportab	0 • le			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•			•	•	•		highest compensated e			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion 1	rom	any	/ uni	relat		idual for services		5		Х
	tion B. Independent Contractors									*				
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation 1	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C		C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li:	stec	d above) who received n	nore than				

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				FOR THE	CURE FOU	INDATION		20-8345	719 Page 9
Pa	rt V	/	I∐ Statement of Revei	nue					
			Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ir a			Membership dues						
Ę,			Fundraising events		216,648.				
a iii			Related organizations		· · · · · · · · · · · · · · · · · · ·	-			
aj,G			Government grants (contribut	·····					
Sig			All other contributions, gifts, gran	· ·		-			
e ti		'	similar amounts not included abo		147,422.				
Contributions, Gifts, Grants and Other Similar Amounts		_			11/12/	-			
ng p		_	Noncash contributions included in lines			1,364,070.			
OB		n	Total. Add lines 1a-1f						
					Business Code				
Program Service Revenue	2	а							
e ⊆		b							
n S		С							
ran ev		d							
og		е							
₫		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		>				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)			539.			539.
	4		Income from investment of ta						
	5		Royalties						
			•	(i) Real	(ii) Personal				
	6	а	Gross rents		()				
	_		Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	′	а	assets other than inventory	(i) Securities	(ii) Other	-			
		h	•			-			
		D	Less: cost or other basis						
			and sales expenses			-			
			Gain or (loss)						
	_		Net gain or (loss)		P				
ne	8	а	Gross income from fundraisin						
Other Revenue			including \$ 1,216,6						
Re			contributions reported on line	-	211 471				
ē			Part IV, line 18		311,471.				
₹			Less: direct expenses		371,981.				CO E10
			Net income or (loss) from fund		_	-60,510.			-60,510.
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	•	<u></u>				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а	12,348.				
		b	Less: cost of goods sold	b	1,610.				
		С	Net income or (loss) from sale	s of inventory		10,738.	10,738.		
			Miscellaneous Revenu	ie	Business Code				
	11	а		_					
		b							
		С							
		d	All other revenue						
			Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions.			1,314,837.	10,738.	0.	-59,971.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 902,103. 902,103. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 1,891 567 378 946. persons described in section 4958(c)(3)(B) 231,766. 69,530. 46,353. 115,883. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 18,956. 5,687. 3,791. 9,478. Payroll taxes 10 Fees for services (non-employees): 11 a Management 2,392. 2,392. Legal 15,953. 15,953. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 595 396 991. 1,982. column (A) amount, list line 11g expenses on Sch O.) 25,554. 12,054. 37,608. Advertising and promotion 12 22,587. 6,754. 2,792. 13,041 13 Office expenses 7,753. 1,551. 2,326. 3,876. 14 Information technology 15 Royalties 18,290. 5,487. 3,658. 9,145. 16 Occupancy 23,769. 49,407. 1,869. 23,769. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,542. 1,845. 852. 1,845. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 4,899. 3,206. 1,058. 635. 23 Other expenses. Itemize expenses not covered 24 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 O.) PROVISION OF RESOURCES 49,246. 49,246. С

Form **990** (2015)

185,799.

25

1,089,361.

1,369,375.

Check here

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

94,215.

Form 990 (2015)
Part X Balance Sheet

2ar	t X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		747,386.	1	96,059
	2	Savings and temporary cash investments		14,510.	2	611,549
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensations	ated employees. Complete			
		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				
,		employees' beneficiary organizations (see instr)	· ·		6	
Assets	7	Notes and loans receivable, net	The state of the s		7	
8	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	i i			
	104	basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - order securities. See Part IV, line		13		
	14				14	
	15	Intangible assets Other assets. See Part IV, line 11	1,000.	15	750	
	16			762,896.	16	708,358
+	17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses		70270301	17	7007330
	18				18	
	19	Grants payable		19		
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to current and former			21	
Liabilities	~~	key employees, highest compensated employee	· · · · ·			
					22	
=	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela			23	
	23 24	Unsecured notes and loans payable to unrelate	The state of the s		24	
	25	Other liabilities (including federal income tax, pa			27	
	25	parties, and other liabilities not included on lines	·			
		0 1 1 1 0			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
1		Organizations that follow SFAS 117 (ASC 958				•
,		complete lines 27 through 29, and lines 33 ar				
<u> </u>	27	Unrestricted net assets		762,896.	27	708,358
	28	Temporarily restricted net assets			28	,
<u> </u>	29				29	
		Organizations that do not follow SFAS 117 (A				
-		and complete lines 30 through 34.				
2	30	Capital stock or trust principal, or current funds			30	
226	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets of Fund Dalances	32	Retained earnings, endowment, accumulated in			32	
2	33	Total net assets or fund balances	_	762,896.	33	708,358
	34	Total liabilities and net assets/fund balances		762,896.	34	708,358

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1		,31 ,36 -5	9,3	
4 5 6 7	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	4 5 6 7		2,8	
, 8 9 10	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9	70	8,3	0.
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a	Yes	No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	d on a	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e basis, e audit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	edule O. ngle Audit	3a		Х
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b Form	990	2015)

532012 12-16-15

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEAD FOR THE CURE FOUNDATION

Employer identification number 20-8345719

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative		•			i).	
4	Ħ	A medical research organiz					•	the hospital's name
7		city, and state:	ation operated in co	injunction with a noopita	1 400011500	111000110	ii ii o(b)(i)(A)(iii)i Entor	the hoopital o hame,
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in
5		An organization operated for		mege of university owner	u or opera	led by a go	overninental unit descrit	Jeu III
_		section 170(b)(1)(A)(iv). (C	•				, ,	
6		A federal, state, or local go	-				•	
7	X	An organization that norma	•	antial part of its support	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	• •					
8	Н	A community trust describe						
9		An organization that norma	•	•	•			
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	•					
10	Н	An organization organized a	•	•	•			
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	~					Check the box in
		lines 11a through 11d that				•		
а		☐ Type I. A supporting orga	•	•				
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting
		organization. You must o	-					
b			· ·					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						
С							· ·	ed with,
		its supported organizatio						
d		☐ Type III non-functionally						
		that is not functionally int	-		•			iveness
		requirement (see instruct	•	-				
е		☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,				
t		er the number of supported of						
g		vide the following information		 	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	,	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see
		- · J · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)
					Yes	No	•	·
Гotа	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and	, ,	, ,	` '	`,	, ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	612,621.	316,377.	789,262.	1,345,884.	1,364,070.	4,428,214.	
2	Tax revenues levied for the organ-							
	ization'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	64.0 604	246 255					
	Total. Add lines 1 through 3	612,621.	316,377.	789,262.	1,345,884.	1,364,070.	4,428,214.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						25,535.	
	Public support. Subtract line 5 from line 4.						4,402,679.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012 316,377.	(c) 2013 789, 262.	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	612,621.	310,3//.	789,262.	1,345,884.	1,364,070.	4,428,214.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	10	1.4	,	_	F 2 0	E75	
	and income from similar sources	12.	14.	4.	6.	539.	575.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital		1,385.				1 205	
	assets (Explain in Part VI.)		1,303.				1,385.	
	Total support. Add lines 7 through 10	-1- (!11	\			40	4,430,174. 389,762.	
12	Gross receipts from related activities, First five years. If the Form 990 is for	•	,			7. 501(5)(0)	303,702.	
13	organization, check this box and stor				•		ightharpoonup	
Sec	ction C. Computation of Publ							
	Public support percentage for 2015 (I			column (f))		14	99.38 %	
	Public support percentage from 2014					15	99.50 %	
	33 1/3% support test - 2015. If the o							
	stop here. The organization qualifies	•		•		•		
b	33 1/3% support test - 2014. If the							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part VI how the		
	organization meets the "facts-and-circ							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >	

Schedule A (Form 990 or 990-EZ) 2015

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.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(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.)						
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, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

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

- 1 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
		. 50	
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	41-		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		
_		00 E7	2015

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	supported organizations played in this regard.	3		
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 yea(see instructions):			
a	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
	or its supported organizations: it ites, describe litt art virtue fore played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All			
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 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	y-integral	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		<u> </u>	Current Year
1	Amour	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amour	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose			
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which th	ne organization is responsive	Э	
	(provic	le details in Part VI). See instructions.			
9	Distrib	utable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
200ti	on E	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
secu	OII E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	utable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Excess	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From 2	2013			
е	From 2	2014			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2015 distributable amount			
i	Carryo	ver from 2010 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2015 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2015 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5		ning underdistributions for years prior to 2015, if			
		ubtract lines 3g and 4a from line 2 (if amount			
		r than zero, see instructions).			
6		ning underdistributions for 2015. Subtract lines 3h			
		from line 1 (if amount greater than zero, see			
	instruc	,			
7		s distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
		s from 2013			
		s from 2014			
۵	Evene	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

HEAD FOR THE CURE FOUNDATION

20-8345719

Organiza	Organization type (check one):					
Filers of:	:	Section:				
Form 990	or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from fouring the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it mu	ution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to tify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

HEAD	FOR THE CURE FOUNDATIO	N		20-8345719
Part I	Contributors (see instructions). Use of	duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution
1			\$36,33	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HEAD FOR THE CURE FOUNDATION

20-8345719

Part I (a) (b) (c) FMV (or estimate) (see instructions) Date (d) No. from Description of noncash property given (e) (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) Date (c) FMV (or estimate) (see instructions) Date (d) No. from Part I Description of noncash property given S (c) FMV (or estimate) (see instructions) Date (d) No. from Part I Description of noncash property given S (c) FMV (or estimate) (see instructions) Date (d) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) Date (e) FMV (or estimate) (see instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. Tom Description of noncash property given See instructions) (a) No. Description of noncash property given See instructions) (b) Co FMV (or estimate) (see instructions) (a) No. Description of noncash property given See instructions) (a) No. Description of noncash property given See instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. Description of noncash property given See instructions) (a) No. Description of noncash property given See instructions) (a) No. Description of noncash property given See instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. Description of noncash property given See instructions) (e) PMV (or estimate) (see instructions) (f) PMV (or estimate) (see instructions) (h) Description of noncash property given See instructions)	No. from		FMV (or estimate)	(d) Date received
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(a) No. from Description of noncash property given \$	No. from		(c) FMV (or estimate)	(d) Date received
No. from Part I Description of noncash property given S			\$	
(a) No. from Description of noncash property given \$	No. from		FMV (or estimate)	(d) Date received
No. from Part I Description of noncash property given \$			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. from Description of noncash property given (see instructions) Date	No. from		FMV (or estimate)	(d) Date received
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(a) No. (b) from Description of noncash property given (c) FMV (or estimate) (see instructions) Date	No. from		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) Description of noncash property given (see instructions)				
	No. from		FMV (or estimate)	(d) Date received
	—		 \$	

Name of organization Employer identification number 20-8345719 HEAD FOR THE CURE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Information about Schedule G (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

HEAD FOR THE CURE FOUNDATION

Employer identification number 20-8345719

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursu e organization.	ion of ion of fundra (includerofess uant to	non-g gover aising o ding o ional f o agre	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes the fundraiser is to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or cor contrib	Did raiser ustody strol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 HEAD FOR THE CURE FOUNDATION 20-8345719 Page 2 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 5K RACE 5K RACE (add col. (a) through EVENT - KC EVENT - CTX 15 col. (c)) (event type) (event type) (total number) 508,566. 173,664. 845,889. 1,528,119. 1 Gross receipts 410,698 146,574 659,376. 1,216,648. 2 Less: Contributions 97,868. 27,090. 186,513. 311,471. Gross income (line 1 minus line 2) 4 Cash prizes 13,728 5,377. 11,281. 30,386. 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 107,945. 41,758. 191,892. 341,595. 371,981 **10** Direct expense summary. Add lines 4 through 9 in column (d) -60,510 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No

	8 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	□ No
k	o If "No," explain:		
10.	Ware any of the ergenization's gaming licenses revoked, suppended or terminated during the tay year?	Yes	No
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? o If "Yes," explain:	res	NO

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Direct expense summary. Add lines 2 through 5 in column (d)

Sch	edule G (Form 990 or 990-EZ) 2015 HEAD FOR THE CURE FOUNDATION 20-8	3345/	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	└─ No
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?	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,
••	Enter the hame and address of the person who propares the organization organization organization of the books and resords.			
	Name			
	Address ▶			
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		'es	□ No
134	boes the organization have a contract with a tring party from whom the organization receives garning revenue?	— •	03	
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 >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L Y	'es	└── No
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 ▶ \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	ines 9, 9	b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Schedule G (Form 990 or 990-EZ) HEAD FOR THE CURE FOUNDATION	20-8345/19 Page 4
Schedule G (Form 990 or 990-EZ) HEAD FOR THE CURE FOUNDATION Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HEAD FOR	THE CURE	FOUNDATION					Employer identification number 20-8345719
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				•		tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments.	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.	(6) 14 11 1		1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY BRAIN FOUNDATION 7777 FOREST LANE, SUITE C-648 DALLAS, TX 75230	20-4016396	501(C)(3)	10,000.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
HERMELIN BRAIN TUMOR CENTER 2799 W GRAND BLVD DETROIT, MI 48202	38-1357020	501(C)(3)	20,000.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
JAXON'S FROG FOUNDATION 14102 DAY STAR ST SAN ANTONIO, TX 78248	46-2091272	501(C)(3)	25,000.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
KANSAS UNIVERSITY ENDOWMENT ASSOC 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)(3)	123,100.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
LEAP FOR A CURE 18711 HOWE STREET OMAHA, NE 68130	47-0595345	501(C)(3)	5,700.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
NORTHWESTERN BRAIN TUMOR INSTITUTE 676 N ST CLAIR, SUITE 1200 CHICAGO, IL 60611	36-2167817	501(C)(3)	7,500.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
2 Enter total number of section 501(c)(3) a			<u> </u>				15
3 Enter total number of other organization	e lietad in the line	1 table					

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHAPEL HILL, IL 60612	36-2174823	501(C)(3)	7,500.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	501(C)(3)	19,500.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
UNIVERSITY OF WASHINGTON FOUNDATION - 407 GERBERDING HALL, BOX 351210 - SEATTLE, WA 98195	94-3079432	501(C)(3)	11,500.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
MISSISSIPPI BAPTIST HEALTH SYSTEMS 401 BAPTIST DRIVE #206 MADISON, MS 39110	64-0306253	501(C)(3)	10,000.	0.		1	SUPPORT FOR BRAIN CANCER PATIENTS
NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	501(C)(3)	500,000.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
SITEMAN CANCER CENTER CC 1204, 7425 FORSYTH BLVD ST. LOUIS, MO 63105-2161	43-0653611	501(C)(3)	15,500.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
TEXAS ONCOLOGY FOUNDATION 901 W 38TH STREET, #200 AUSTIN, TX 78705	75-2131429	501(C)(3)	78,800.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390-9009	75-6002868	501(C)(3)	35,000.	0.			SUPPORT FOR BRAIN CANCER PATIENTS
CORNELL UNIVERSITY 337 PIKE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	20,000.	0.			SUPPORT FOR BRAIN CANCER PATIENTS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION VERIFIES THAT REC	CIPIENT O	RGANIZATIO	NS ARE ELI	GIBLE TO	
RECEIVE CHARITABLE CONTRIBUTIONS,	AND THAT	THE RECIE	PIENT IS AC	TIVE IN BRAIN	
CANCER RAISING AWARENESS, BRAIN CA	ANCER PRO	GRAM SUPPO	ORT, OR RES	EARCH IN THE	
FIGHT AGAINST BRAIN CANCER.					

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 20-8345719

HEAD FOR THE CURE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BRAIN CANCER AND SUPPORT FOR BRAIN CANCER PATIENTS AND THEIR FAMILIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RESEARCH AND ADVOCACY. FORM 990, PART VI, SECTION A, LINE 2: MATT ANTHONY AND JON COOK HAVE A BUSINESS RELATIONSHIP. HARRY AND KRIS CAMPBELL (BOD MEMBERS) HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS SENT TO ALL BOARD MEMBERS AND REVIEWED IN DETAIL BY THE FINANCIAL COORDINATOR AND TREASURER. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DOES INQUIRE AT BOARD MEETINGS REGARDING CONFLICTS OF THOSE WITH CONFLICTS OF INTEREST RECUSE THEMSELVES FROM INTEREST. DISCUSSION AND DECISION MAKING RELATED TO THE ISSUE WITH THE CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) (2015)

THE ORGANIZATION DOES NOT HAVE ANY COMPENSATED OFFICERS OR DIRECTORS.

HEAD FOR THE CURE FOUNDATION	20-8345719
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON WRITTEN
REQUEST.	