Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** 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)

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

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



Αŀ	or the	e 2019 calendar year, or tax year beginning and	ending		
B C	heck if oplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre] Chang	HEAD FOR THE CURE FOUNDATION			
	Name Chang	Doing business as		20-834573	19
	Initial return		Room/suite	E Telephone number	
	Final Feturn	/ 1607 OAK STREET		816-218-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,914,598.
	Amen return	KANSAS CIII, MO 04108		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: MAII ANTHONI		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) (or 527		list. (see instructions)
		te: WWW.HEADFORTHECURE.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2007 N	State of legal domicile: MO
Ра	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: HEAD			
ance		DEDICATED TO RAISING AWARENESS AND FUNDS	FOR BF	AIN CANCER	RESEARCH,
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			12
		Number of independent voting members of the governing body (Part VI, line 1b)			12
es {		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			13
Activities &	6	Total number of volunteers (estimate if necessary)		6	1002
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,952,293.	2,464,826.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,543.	5,121.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-139,949.	-141,966.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,813,887.	2,327,981.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		553,238.	1,329,505.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		488,980.	590,736.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
хbе		Total fundraising expenses (Part IX, column (D), line 25) 318,85			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		384,293.	367,808.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,426,511.	2,288,049.
	19	Revenue less expenses. Subtract line 18 from line 12		387,376.	39,932.
s or Ices			Be	ginning of Current Year	End of Year
Assets - Balanc	20	Total assets (Part X, line 16)		538,773.	578,705.
it As	21	Total liabilities (Part X, line 26)		0.	0.
Euc	22	Net assets or fund balances. Subtract line 21 from line 20		538,773.	578,705.
Pa	rt II	Signature Block			

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

Sign	Signature of officer	Date
Here	MATT ANTHONY, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	RHONDA L. CARLSON CPA RHONDA L.	CARLSON CP P00297658
Preparer	Firm's name 🕨 KELLER & OWENS, LLC	Firm's EIN ▶ 48-1195228
Use Only	Firm's address 10955 LOWELL AVE, STE 800	
	OVERLAND PARK, KS 66210	Phone no. (913) 338-3500
May the I	RS discuss this return with the preparer shown above? (see instruction	s) X Yes No
932001 01-2	LHA For Paperwork Reduction Act Notice, see the separat	e instructions. Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	otiono		Toypoyo	idontificati	on number (TIN)
print	Name of exempt organization of other mer, see instru	C10115.		тахраус	luentincatio	
print	HEAD FOR THE CURE FOUNDATIO	N			20-83	45719
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s		ions.			
return. See instructions		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Telep If the If this box 1 Ir th 2 If 2	equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization and above. The extension of time until or tax year beginning tax year entered in line 1 is for less than 12 months, c Change in accounting period	in the Uni Group Exe and atta NOVEI anization's , an heck reaso	Fax No. ▶ ited States, check this box mption Number (GEN)	f this is fo all memb	r the whole ers the exte npt organiza 	group, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			-
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			-
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2020)

Conc. f Schedule Outsines aregense ar ode to anyline in this Part II. Image: Concentration of the origination isosphere: RAISE AWARENESS AND FUNDING TO INSPIRE HOPE FOR THE COMMUNITY OF BRAIN CANCER PAPTIENTS, THEIR FAMILES, FRIENDS (CAREGIVERS AND OTHER SUPPORTERS WHILE CELEBRATING THEIR COURAGE, SPIRIT AND ENERGY. Old the organization undertake any significant program services. Spirit is any program services? Uve: [X] if "ve: "describe these one averice on Schedule 0. Did the organization undertake any significant program services in how it conducts, any program services, as measured by sopress. Section 501(69) and 500 (60) anguardizations are required to report the mount of grants and allocations to other, in the total expenses. Section 501(69) and 501(60) anguardizations are required to report the mount of grants and allocations to other, in total expenses. Section 501(69) and 501(60) anguardizations are required to report the mount of grants and allocations to other, in total expenses. Section 501(69) and 501(60) anguardizations are required to report the mount of grants and allocations to other, in total expenses. (nother program services (Describe AND PARTICIPATION, NE ADDED FUVE DEW NACES AND SAM INCREASES IN PARTICIPATION AND FUNDRAISING IN NREARLY ALL EXISTING MARKENSS (2) RAISING FUNDS; AND 3) IONTING HOPE FOR THE COMMUNITY OF BRAIN TUNOR PATIENTS, SURVIVORS, CAREGIVERS, AND SAW A NREARLY 304 GROWTH IN REVENUE AND PARTICIPATION. WE ADDED FUVE NEW RACES AND SAW INCREASES IN PARTICIPATION TO 28 DEFERENT LOCAL EXISTING MARKENS ROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,555. WITCH INCLUDES \$689,070 to 28 DIFFERENT LOCAL ENTERTIONES IN PARTICIPATING CONTINUED OF OTHER PROFILE WE SERVE BY DEVELOYING IMPACTFUL INITIATIVES, INCLUDING OUR PIRST FULL VERA OF 2 (cone)(howeves is)(how		n 990 (2019) HEAD FOR THE CURE FOUNDATION 20-8345719 Page 2 rt III Statement of Program Service Accomplishments
Bit Bit AmARENESS 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. Did the organization undertake any significant program services during the year which were not field on the prof form 400 etable2? Use [X]1 If "Yes, 'describe these new services on Schedule 0. Describe the organization's program services completiments for each of its three largest program services, as measured by expenses. Section 5016(3) and 5016(4) organizators are required to report the amount of grants and allocations to others, the total expenses, and revenue, lafty, for each program service report. 1,329,505.) (howards 1, 233,319 10 Court) (formerst) 1,774,908. Incluing years of x = 23,319 233,319 11 N 2015, PTC CONTINUED TO STRENGTHEE THEE PILLARS OF OUR MISSION: 1,329,505.) (howards 2, 23,319 12 Note:) (formerst) 1,774,908. Incluing years of x = 23,319 13 DUILDING AWARENESS; 2) RAISING FUNDS; AND 3) IGNITING HOPE FOR THE COMMUNITY OF BRAIN TUMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HFTC ENGINE, AS WE SAW A NERKIY 305 GROWTH IN REVENUE AND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OP \$1, 329, 505. WHICH INCLUDED \$688,070 TO 28 21 DIFFRENT LOCAL BENEFICIARIES; \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTRERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE POPLE WE SERVE BY DEVELOPTION IMPACTUL INITIATIVES; INCLUDING OUR FIRST FUEL YEAR OF 10 Other program services (Describe on Sch		
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. Do the organization understee any significant program services during the year which were not listed on the prior form 980 or 980.627 Image: Spirit AND ENERGY. Do the organization understee any significant program services during the year which were not listed on the prior form 980 or 980.627 Image: Spirit AND ENERGY. Detective the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by exponses. Section 51(16):4016(2):40	1	
CANCER PATIENTS, THEIR FAMILIES, FRIENDS, CAREGIVERS AND OTHER SUPPORTERS WHILE CELEBRATING THEIR COURAGE, SPIRIT AND ENERGY. Dd the organization undertake any significant program services during the year which were not listed on the por form 800 or 800E27 Uves [X] If "vec, "describe these new services on Schedule 0. Describe the organization reprogram services complainments for each of its three largest program services, as measured by expanses. Sectors thor organization consect conducting, or make significant changes in how it conducts, any program services, as measured by expanses. Sectors thor organization's program services complainments for each of its three largest program services, as measured by expanses. Sectors thor organization's program service reported. 10 to any any organization's program service reported. 11 NOILDING AWARENESS; 2) RAISING FUNDS; AND 3) IGNITING HOPE FOR THE COMMUNITY OF BRAIN TOMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED ONES. OUR 5K EVENTS CONTINUED TO PUEL OUR HFTC ENGINE, AS WE SAW A NEARLY 30'S GROWTH IN REVENUE AND PATIECIPATION AND PUNDRAISING IN NEARLY ALL ENSTRING HARRENGS ACOUNT IN RECOUNTRY. THIS ALLOWED US TO GRANT A TOTAL OR SIA SAW A NEARLY AND SAW INCREASES IN PARTICIPATION AND PUNDRAISING IN NEARLY ALL ENSTRING THE ARRENGE CLINICAL TRIAL. OUR STAPP REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEPERIENTION INFORMATIVE, MAND 530, 550 TO FARTICIPATION CONT FIRST CLIL TRIAL. OUR STAPP REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEPERIENT INFORMATIVE, MAND 530, 550 TO FARTICIPATION CLUDING OUR FIRST FULL YEAR OF 2 (code	•	
SUPPORTERS WHILE CELEBRATING THEIR COURAGE, SPIRIT AND ENERGY. Did the organization undertake any significant program services during the year which were not listed on the prof form 980 or 900 E27		
Dot the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 Image: Control of the organization's program services on Schedule 0. Did the organization's program service accomplichments 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 exponder. 23,319 In 2019. HFTC CONTINUED TO STRENGTHENT THE THREE PILLARS OF OUR THE SISION: 1) 301(c)(4) organization's program service exponder. 23,319 In 2019. HFTC CONTINUED TO STRENGTHENT THE THREE PILLARS OF OUR THE COMMUNITY OF BRAIT TUMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED ONESS. OUT 5K EVENTS CONTINUED TO PUEL OUR HFTC ENGINE, AS WE SAW A MERRIY 304 GROWTH IN REVENUE AND PATICIPATION. WE ADDED FIVE NEW RACES AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$68,070 TO 28 DIPPERENT LOCAL BENEFICIATES, \$610,255 TO THE ERATIN TUMOR THALS COLLARORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAPP REMAINS DEDICATED TO OUR MISSION AND TO THE REATING THALS. COLLARORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAPP REMAINS DEDICATED TO OUR MISSION AND TO THE REATING THE AGENUS CLINICAL TRIAL. OUR STAPP REMAINS DEDICATED TO OUR MISSION (OUR PIKST PULL YEAR OF DEVELOURDED SERVE BY DEVELOPTICI INITIATIVES, INCLUDING OUR PIKST PULL YEAR OF DEVELOPTICI INTIATIVES (D) INCLUDING OUR PIKST PULL YEAR OF DEVELOPTICIPATION GUARGIVEST \$\$ condergoverses 1,774,908.		
<pre>prof rom 990 or 990 E27</pre>		SUPPORTERS WHILE CELEBRATING THEIR COURAGE, SPIRIT AND ENERGY.
<pre>prof rom 990 or 990 E27</pre>		
If "Yes," describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Sectors 51(6) and 501(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompletiments for each of its three largest program services, as measured by expenses. (cost:	2	
Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Ves [X] if Ves, 'describes on Schedule 0. Describe the organization's program service accomplishment's for each of its three largest program services, as measured by expenses. Section 501(c)(6) and 501(c)(4) organizations are required to report the amount of grants and adjocations to others, the total expenses, and "revenue, if my desch program services contributed to report the amount of grants and adjocations to others, the total expenses, and "revenue, if my desch program services contributed to report the amount of grants and adjocations to others, the total expenses, and 'revenue, if my desch program services (Describe to Schedule 0.) (cove		
<pre>If 'Wes', 'describe these changes on Schedule 0. Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(8) 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. (Cote:</pre>		
Describe the organization's program services accomplishments for each of is three lengest 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 reventue, if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and reventue, if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue, if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue, if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue, if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue if my cleach program services are required to report the amount of grants and allocations to others, the total expenses, and the reventue if my cleach program services (Describe on Schedule Q) [Revenues	3	
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 services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and		-
revenue. flaw. for sach program services reported 1,329,505.) [nevenue: 23,319 (cote) [fourners: 1,774,908. including grammet: 1,329,505.) [nevenue: 23,319 IN 2019, HFTC CONTINUED TO STRENGTHEN THE THREE PILLARS OF OUR MISSION: 1) BUILDING AWARENESS; 2) RAISING FUNDS; AND 3) IGNITING HOPE FOR THE COMMUNITY OF BRAIN TUMOR PATIENTS, SURVIVORS, CAREGUERS, AND LOVED ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HFTC ENGINE, AS WE SAW A NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION. WE ADDED FIVE NEW RACES AND FOUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505. WHICH INCLUDED \$688,070 TO 28 DIFFRENT LOCAL ENERTICIARIES; \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF [Coat:] (Exerners including grant of \$] (Revenue	4	
<pre>1 (Code</pre>		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
IN 2019, HFTC CONTINUED TO STRENGTHEN THE THREE PILLARS OF OUR MISSION: 1) BUILDING AWARENESS; 2) RAISING FUNDS; AND 3) IGNITING HOPE FOR THE COMMUNITY OF BRAIN TUMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HFTC ENGINE, AS WE SAW A NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION NUE ADDED FIVE NEW RACES AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL ESTEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATION CENTERS IN THE AGENUS CLUNICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF 2 (Code)(Expenses		
1) BUILDING AWARENESS; 2) RAISING FUNDS; AND 3) IGNITING HOPE FOR THE COMUNITY OF BRAIN TUMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HTCE ENGINE, AS WE SAW A NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION. WE ADDED FIVE NEW RACES AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATINC CENTERS IN THE AGENUS CLINICAL TRIAL. OUR \$31AFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF (code)(Expenses including gents of \$) (Revenue \$) (code)(Expenses including gents of \$) (Revenue \$) (code)(Expenses) (Revenue \$) (Revenue \$) (code)(Expenses) (Revenue \$) (Revenue \$) (Revenue \$) (code) (Revenue \$	4a	
COMUNITY OF BRAIN TUMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HFTC ENGINE, AS WE SAW A NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION. WE ADDED IF IVE NEW RACES AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF C(com:)(Express 5 moduling grants of \$)(Revenue \$)(Revenue \$)		
ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HFTC ENGINE, AS WE SAW A NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION. WE ADDED FIVE NEW RACES AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF O(cote)(Expenses \$		1) BUILDING AWARENESS; 2) RAISING FUNDS; AND 3) IGNITING HOPE FOR THE
NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION. WE ADDED FIVE NEW RACES AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARTES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF Code)(Expenses		COMMUNITY OF BRAIN TUMOR PATIENTS, SURVIVORS, CAREGIVERS, AND LOVED
AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLADORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF 2 (code:)(Expenses (reducing grants of \$) (Revenue \$)		ONES. OUR 5K EVENTS CONTINUED TO FUEL OUR HFTC ENGINE, AS WE SAW A
EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOFING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF (code:)(Expenses including grants of \$) (Meenus \$) 		NEARLY 30% GROWTH IN REVENUE AND PARTICIPATION. WE ADDED FIVE NEW RACES
OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATIOR CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF 0 (code:) (Expenses including grants of \$) (Perenue \$)		AND SAW INCREASES IN PARTICIPATION AND FUNDRAISING IN NEARLY ALL
BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF 0 (code:) (Expenses \$ including grants of \$) (Revenue \$)		EXISTING MARKETS AROUND THE COUNTRY. THIS ALLOWED US TO GRANT A TOTAL
BENEFICIARIES, \$610,255 TO THE BRAIN TUMOR TRIALS COLLABORATIVE, AND \$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF 0 (code:) (Expenses \$ including grants of \$) (Revenue \$)		OF \$1,329,505, WHICH INCLUDED \$688,070 TO 28 DIFFERENT LOCAL
\$30,550 TO PARTICIPATING CENTERS IN THE AGENUS CLINICAL TRIAL. OUR STAPF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF (code:)(Expenses \$ including grants of \$) (Revenue \$) (code:)(Expenses \$ including grants of \$) (Revenue \$) (code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (code:) (Expenses \$ including grants of \$) (Revenue \$		
STAFF REMAINS DEDICATED TO OUR MISSION AND TO THE PEOPLE WE SERVE BY DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF > (code:) (Expenses \$ including grants of \$) (Revenue \$		
DEVELOPING IMPACTFUL INITIATIVES, INCLUDING OUR FIRST FULL YEAR OF (code:) (Expenses \$ including grants of \$) (Revenue \$		
Code:) (Expenses \$ including grants of \$) (Revenue \$		
<pre>c (Code:) (Expenses \$ including grants of \$) (Revenue \$ c) (Revenue \$) c</pre>	1h	· · · · · · · · · · · · · · · · · · ·
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2	40	(Code:) (Expenses 5 including grants or 5) (Hevenue 5
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2	4b 4c 4d 4e 32002	
A Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. 002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2	4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2		
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2	4d	Other program services (Describe on Schedule O.)
Total program service expenses ► 1,774,908. Form 990 (20 SEE SCHEDULE O FOR CONTINUATION(S) 2	14	
002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2	<u>4e</u>	
2		Form 990 (201
2 112 795752 13141 2019.05000 HEAD FOR THE CURE FOUNDAT 131	32002	SEE SCHEDULE O FOR CONTINUATION(S)
.112 795752 13141 2019.05000 HEAD FOR THE CURE FOUNDAT 131		2
	11	12 795752 13141 2019.05000 HEAD FOR THE CURE FOUNDAT 1314

Form 990 (2				CURE	FOUNDATION
Part IV	Checklist of Required	Schee	dules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	v
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	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			
	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 donor-restricted endowments			
	or in 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, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	115		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
13		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
932003	01-20-20	Form	990	(2019)

932003 01-20-20

3 2019.05000 HEAD FOR THE CURE FOUNDAT 13141_2

Form	990	(2019)	۱
	330	(2013)	I

 Form 990 (2019)
 HEAD FOR THE CURE FOUNDATION
 20-8345719
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations: <i>If Yes, complete Schedule N, Part I</i>	-51		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form	990	(2019)
	4			

2019.05000 HEAD FOR THE CURE FOUNDAT 13141_2

	1990 (2019) HEAD FOR THE CURE FOUNDATION 20-8345 rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	719	P	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	
Lu	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
2	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		77
-		7c		X
d		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			_

932005 01-20-20

Form 990	(2019)
----------	--------

HEAD FOR THE CURE FOUNDATION

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

20-8345719 Page 6

2

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

_			Yes	<u>;</u>
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1 2	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
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		
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 on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	;
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
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	
b	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	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
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	X	-
13	Did the organization have a written whistleblower policy?	13	X	-
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	_
b	Other officers or key employees of the organization	15b		
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antity during the year?	16-		
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		ļ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements?	001		-
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	-
	for public inspection. Indicate how you made these available. Check all that apply.	o ony)	avane	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 816-218-6871			-
	1607 OAK STREET, KANSAS CITY, MO 64108			
			990	•

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensa	ited
	Employees, and Independe	ent 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average			(Pos	C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	box	not cł , unles cer an	ss per	son i	s both	ı an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT ANTHONY	15.00								<u>^</u>	
PRESIDENT/FOUNDER		X		Х				0.	0.	0.
(2) DANAY FAST	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) HARRY CAMPBELL	2.00							_	_	
BOARD MEMBER		Х						0.	0.	0.
(4) KELLY FISHER	2.00								_	
BOARD MEMBER		Х						0.	0.	0.
(5) JOHN HOLT	2.00								0	
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) JON COOK	2.00								0	
BOARD MEMBER (7) KRISTA ALLEN	2 00	Х						0.	0.	0.
SECRETARY	2.00	х		x				0.	0.	0
(8) SHARI NEDERHOFF	2.00	^		Δ				0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(9) ADAM LICHTENSTEIN	2.00							0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(10) ERIC LICHTENSTEIN	2.00									0 .
BOARD MEMBER	2.00	х						0.	0.	0.
(11) MARIO LICHTENSTEIN	2.00							Ŭ		
BOARD MEMBER		x						0.	0.	0.
(12) TOM SADOWSKI	2.00									
BOARD MEMBER		x						0.	0.	0.
(13) TIM ELLIOTT	2.00									
BOARD MEMBER		x						0.	0.	0.
(14) JENNA HEILMAN	40.00									
EXECUTIVE DIRECTOR				х				89,345.	0.	7,989.
	I	I						1		900 (0010)

932007 01-20-20

Form 990 (2019)

09161112 795752 13141

2019.05000 HEAD FOR THE CURE FOUNDAT 13141___ 2

Form 990 (2019)	HEAD FOR	THE CUR	E	FO	UN	IDA	TI	ON	Ţ	20-83	<u>3457</u>	719	Pa	age 8
Part VII Section A. Officers	, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		(B) Average hours per	(do	not c	(C Pos heck	C) ition) than c	one	(D) Reportable compensation	(E) Reportable compensatio			(F) imate ount c	
		(list any	offic				s both r/trust		- from the	from related		C	other bensat	
		hours for	Individual trustee or director				pe		organization	(W-2/1099-MIS			om the	
		related	stee or	rustee			bensati		(W-2/1099-MISC)			•	inizati	
		organizations below	ual tru:	ional t		ployee	t comp ee						relate	
		line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	115
			-	-	0	×	ет							
											\rightarrow			
											-+			
											\square			
1b Subtotal									89,345.		0.	7	',98	
c Total from continuation									0.		0.			0.
d Total (add lines 1b and 1									89,345.		0.	7	,98	39.
2 Total number of individual		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
compensation from the or	ganization												Yes	No
3 Did the organization list a	ny former officer,	director, truste	ee, k	ey e	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete												3	_	X
4 For any individual listed or and related organizations												4		х
5 Did any person listed on li												-		
rendered to the organizati		plete Schedule	e J fo	or su	ich i	oers	on .				<u></u>	5		Х
Section B. Independent Contended Complete this table for yo		mnensated ind	ene	nder	nt co	ontra	actor	re th	at received more than \$	100 000 of comp	ensat	ion fro	m	
the organization. Report c	•	•	•							•	chisat			
Na	(A) Ime and business	addross	370	\ \ T T	-				(B) Description of s	onvicos	C	(C) ompen		
		2001033	INC	ONE	5				Description of s			ompen	Sation	
2 Total number of independ \$100,000 of compensatio			ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				
												Form S	90 (2	2019)

932008 01-20-20

Pa	rt V	/111	Statement of Rev	/enu	le						
			Check if Schedule O c	ontai	ns a res	sponse o	or note to any lin		(=)		
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1	a					
ran		b	Membership dues			b					
, G			Fundraising events			c	2,113,701.				
ifts ar A			Related organizations			d					
s, G milå			Government grants (contril			e					
Sij			All other contributions, gifts, g								
ber			similar amounts not included a			f	351,125.				
1 I OI		g	Noncash contributions included in li			g \$	2,540.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		-			2,464,826.			
<u> </u>							Business Code	, ,			
¢,	2	а									
vice		b									
Ser		c									
ver ver		d									
gra Re		e									
Program Service Revenue			All other program service r	avan							
			Total. Add lines 2a-2f								
	3		Investment income (includi								
	-		other similar amounts)	-				5,185.			5,185.
	4		Income from investment of					·			
	5		Royalties			•	•				
			,		(i) R		(ii) Personal				
	6	а	Gross rents	6a							
				6b							
				6c							
		d	Net rental income or (loss)				• • • • • • • • • • • • • • • • • • •				
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b		64.					
Revenue		с	Gain or (loss)	7c		-64.					
Re		d	Net gain or (loss)			<u></u>	►	-64.			-64.
ner	8	а	Gross income from fundraisin	g evei	nts (not						
Othe			including \$ 2,1	13,7	^{701.} o	f					
			contributions reported on I	ine 1	c). See						
			Part IV, line 18			8a	415,618.				
		b	Less: direct expenses			8b	583,429.				
		С	Net income or (loss) from f	undra	aising e	vents	>	-167,811.			-167,811.
	9	а	Gross income from gaming	-							
			Part IV, line 19								
			Less: direct expenses			-					
			Net income or (loss) from g			ties	▶				
	10	а	Gross sales of inventory, le				00.010				
			and allowances								
			Less: cost of goods sold				3,124.	20,186.	20,186.		
		С	Net income or (loss) from s	ales	of inver	nory	Business Code	20,100.	20,100.		
sn	44	2	CREDIT CARD REWARDS				900099	5,650.			5,650.
neo Ule	11		MISC REVENUE				900099	<u> </u>	9.		5,000.
Miscellaneous Revenue		c c						5.			
isc. Be			All other revenue								
Σ			Total. Add lines 11a-11d					5,659.			
	12		Total revenue. See instruction		<u></u>	<u></u>		2,327,981.	20,195.	0.	-157,040.
93200							F		, ,		Form 990 (2019)
								•			(== 10)

HEAD FOR THE CURE FOUNDATION

09161112 795752 13141

Form 990 (2019)

9

20-8345719 Page 9

HEAD FOR THE CURE FOUNDATION 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				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 220 505	1 220 505		
	and domestic governments. See Part IV, line 21	1,329,505.	1,329,505.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,334.	28,928.	22,173.	46,233.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	109,857.	96,000.	13,857.	
7	Other salaries and wages	303,717.	90,265.	69,187.	144,265.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
•		47,088.	13,994.	10,727.	22 367
9	Other employee benefits	32,740.	9,730.	7,458.	22,367. 15,552.
10	Payroll taxes	54,140.	9,130.	7,400.	TJ, JJZ.
11	Fees for services (nonemployees):				
	Management	6 646		6 646	
	Legal	6,646.		6,646.	
	Accounting	18,835.		18,835.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	<u> </u>	412.	316.	659.
12	Advertising and promotion	38,833.	26,018.		12,815.
13	Office expenses	47,516.	10,814.	13,676.	23,026.
14	Information technology	16,830.	3,366.	5,049.	8,415.
15	Royalties				
16	Occupancy	37,497.	11,144.	8,542.	17,811.
17	Travel	47,093.	11,540.	8,626.	26,927.
18	Payments of travel or entertainment expenses			0,0200	
10	for any federal, state, or local public officials				
10		3,976.	176.	3,624.	176.
19 20	Conferences, conventions, and meetings	551.	± / U •	551.	±/0•
20	Interest			JJT•	
21	Payments to affiliates	796.		181.	270
22	Depreciation, depletion, and amortization		237.		378.
23	Insurance	5,212.	143.	4,841.	228.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROVISION OF RESOURCES	142,636.	142,636.		
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,288,049.	1,774,908.	194,289.	318,852.
26	Joint costs. Complete this line only if the organization	· ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000 (0010)

10

932010 01-20-20

Form 990 (2019)

Form 990 (2019)

		Check in Schedule O contains a response of hot			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99,156.	1	129,869.
	2	Savings and temporary cash investments			435,270.	2	445,445.
	3	Pledges and grants receivable, net			•	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				_	
		trustee, key employee, creator or founder, subst		· · · ·			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif					
	_	under section 4958(f)(1)), and persons described		· ·		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			360.	9	0.
		Land, buildings, and equipment: cost or other				-	
		basis. Complete Part VI of Schedule D	10a	5,575.			
	Ь	Less: accumulated depreciation		3,184.	3,187.	10c	2,391.
	11	Investments - publicly traded securities			- -	11	,
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			800.	15	1,000.
	16	Total assets. Add lines 1 through 15 (must equa			538,773.	16	578,705.
	17	Accounts payable and accrued expenses				17	
	18					18	
	19	Grants payable Deferred revenue Tax-exempt bond liabilities				19	
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		· · · · ·			
lide		controlled entity or family member of any of thes	e perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here				
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		538,773.	27	578,705.	
Bal	28	Net assets with donor restrictions			28		
pd		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			538,773.	32	578,705.
2	33	Total liabilities and net assets/fund balances			538,773.	33	578,705.

HEAD FOR THE CURE FOUNDATION Part X Balance Sheet

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

20-8345719 Page 11

Form	1990 (2019) HEAD FOR THE CURE FOUNDATION	20-8	345719	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,327		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,288		
3	Revenue less expenses. Subtract line 2 from line 1	3		,932	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	538	,773	۶.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0).
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	578	,705	<u>.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u> X	<u>ζ</u>
				Yes N	0
1	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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	2	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	_	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			_
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

SCH	IED	ULE	Α
-----	-----	-----	---

(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

OMB No. 1545-0047
2019
Open to Public Inspection

		of the Treasury enue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.								
Non	o of	the organizati				nis anu u	ie ialest ii	normation.	Employor	Inspection identification number			
Nall	le oi	the organization				1 11							
Da	rt I	Boscon			URE FOUNDATIO					0-8345719			
					All organizations must co			e instruction	S.				
The	orgar		•		For lines 1 through 12, cl		,						
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).					
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state	e:										
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X		-	-	ntial part of its support fr				he general r	public described in			
		-		omplete Part II.)		0			0 1				
8		-			(1)(A)(vi). (Complete Par	t II.)							
9	\square	-			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college			
-		-	-	-	ulture (see instructions).		-		-	-			
		university:		grant conogo or agno			lame, eny	, and clate of	the conege				
10			on that norma	Ilv receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns members	hin fees an	d aross receipts from			
					ct to certain exceptions,								
					(less section 511 tax) fro	.,			••	•			
				mplete Part III.)			ses acqui	ieu by the oli	yanization a				
44					walk to toot for public oot	intu Can	anation E(O(a)(4)					
11	\square	-	-	-	ively to test for public sat	•							
12		-	-	-	vely for the benefit of, to				-				
				-	d in section 509(a)(1) o					neck the box in			
	_	_	-		f supporting organizatior				-				
а				-	upervised, or controlled	• • • •	-						
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting			
	_			complete Part IV, Se									
b				-	l or controlled in connect			-		-			
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
С		_ Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,			
	_	its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in cor	nnection w	ith its suppo/	rted organiz	zation(s)			
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	veness			
		requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally	integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.						
f	Ent	er the number	of supported o	organizations									
g				n about the supporte		(iv) to the error	anization listed						
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o	2	(vi) Amount of other			
		organization			above (see instructions))	Yes	No	support (see i	instructions)	support (see instructions)			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDATION

20-8345719 Page 2

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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1364070.	1523992.	1591702.	1952293.	2464826.	8896883.			
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 \dots									
4	Total. Add lines 1 through 3	1364070.	1523992.	1591702.	1952293.	2464826.	8896883.			
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)									
	Public support. Subtract line 5 from line 4.						8896883.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	1364070.	1523992.	1591702.	1952293.	2464826.	8896883.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	539.	1,214.	1,134.	1,373.	5,185.	9,445.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on \dots									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						8906328.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	89,340.			
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)				
Sec	organization, check this box and stor ction C. Computation of Publi									
	Public support percentage for 2019 (I			olumn (f))		14	99.89 %			
15	Public support percentage from 2018					15	99.73 %			
	33 1/3% support test - 2019. If the c					· · · ·				
	stop here. The organization qualifies	0		,						
b	33 1/3% support test - 2018. If the c		-							
-										
17a	and stop here. The organization qualifies as a publicly supported organization									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances"			-	-	-				
b	10% -facts-and-circumstances test									
~	more, and if the organization meets th	-								
	organization meets the "facts-and-circ									
18	Private foundation. If the organizatio									
			, /			edule A (Form 990				

09161112 795752 13141

Schedule A (Form 990 or 990-EZ) 2019	HEAD	FOR	\mathbf{THE}	CURE	FOUNDATION
Part III Support Schedule for	r Organi	ization	s Des	cribed i	n Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization,
	check this box and stop here		· · · ·		-		
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20)19 (line 10c. colur	mn (f), divided by l	ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
_	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 09-25-19			,, 5.00070			90 or 990-EZ) 2019
			15		501		

15 2019.05000 HEAD FOR THE CURE FOUNDAT 13141__2

Schedule A (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

16

932024 09-25-19

1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
6 4		
5b 5c		
6		
7		
8		
9a		
9b		
9c		

20-8345719 Page 4

Yes No

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

2019.05000 HEAD FOR THE CURE FOUNDAT 13141__2

Schedule A (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDATION Part IV Supporting Organizations (continued)

			Vee	Ne
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		<u> </u>
	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		L
Sec	tion D. All Type III Supporting Organizations			
	г		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	0		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	uctions)		
2	Activities Test. Answer (a) and (b) below.	JULIUNS)	Yes	No
a	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				
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	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 Part VI the role played by the organization in this regard.	3b		

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDA	10IT/	1	20-8345719 Pa
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain i	n Part VI). See instructio
	other Type III non-functionally integrated supporting organizations must cor	nplete 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	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,			

4

5 6

7

8

1

2

3

4

5 5 Income tax imposed in prior year 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Current Year

932026 09-25-19

see instructions).

Multiply line 5 by .035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

2 Enter 85% of line 1.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

6

7

8

4

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	9
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 HEAD	FOR THE	CURE FOUN	IDATION	20-8345719 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c	Provide the expla c, 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a,	by Part II, line 10; Par , and 11c; Part IV, Sec 2b, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; ;tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
					Cabadula A /Fauna 000 000 F71 0010
932028 09-25- ⁻	19		20		Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D)
------------	---

Department of the Treasury

Internal Revenue Service

9 0)

932051 10-02-19

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Name of the organization

HEAD FOR THE CURE FOUNDATION

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 6. (b) Funds and other accounts I Total number at end of year (b) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (Junny year) (c) Donor advised funds (c) Funds and other accounts 5 Did the organization inform all donor and donor advisors in writing that the assets held in donor advised funds ves No 6 Did the organization inform all grantess, donos, and donor advisors in writing that grant funds can be used only for charable purposes and not to the benefit to donor or dovisors in writing that grant funds can be used only for charable purposes on to the benefit to the donor of the donor or dovisors in writing that grant funds can be used only for charable purposes and not the benefit to do or example, recreation or education) Preservation of a historically important land area Protection of nature habitation Protection of a centified historic structure Preservation of a centified historic structure 2 Complete inse 2a through 2d if the organization held a qualified conservation canservation assement on the last 2d 3 Number of conservation easements 2a 2d 4 Total number of conservation easements 2a 2d 5 Total number of conservation ea		HEAD FOR THE CURE	FOUNDATION	20-8345719
(a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of combibutions to (during year)	Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>I</i>	Accounts. Complete if the
(a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of combibutions to (during year)		organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advisor of any other purpose conferring memorial grantees, donors, and donor advisors in writing that grant funds can be used only for charatise purposes and on for the benefit of the donor of a organ y dher purpose conferring memorials bite private benefit? 7 Purpose(s) of conservation essements held by the organization (check all that apply). 7 Protection of natural habitat 7 Protection of advisor, or for public use (for example, recreation or education) 7 Protection of a conservation essements held by the organization (check all that apply). 7 Protection of advisor, or for public use (for example, recreation or education) 7 Protection of a conservation essements and entire of the servation contribution in the form of a conservation essement on the last 7 day or the tax year. 8 Total number of conservation essements and entire of historic structure 9 Complete lines 2a through 20 di the organization (held a qualified conservation contribution in the form of a conservation essements and entire of historic structure included in (a) 9 degregate and advisor of conservation essements and entire of historic structure 9 Complete lines 2a through 20 di the organization (ascuring advisor) 9 do conservation essements an conflict, transferred, released, extinguished, or terminated by the organization during the tax 9 year 9 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax 9 year 9 Number of states where property subject to conservation essements in located 9 Number of exploration have a written policy regarding the periodic montoring, inspection, handling of 9 violations, and enforcement essements during the year 9 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemen				(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advisor of any other purpose conferring memorial grantees, donors, and donor advisors in writing that grant funds can be used only for charatise purposes and on for the benefit of the donor of a organ y dher purpose conferring memorials bite private benefit? 7 Purpose(s) of conservation essements held by the organization (check all that apply). 7 Protection of natural habitat 7 Protection of advisor, or for public use (for example, recreation or education) 7 Protection of a conservation essements held by the organization (check all that apply). 7 Protection of advisor, or for public use (for example, recreation or education) 7 Protection of a conservation essements and entire of the servation contribution in the form of a conservation essement on the last 7 day or the tax year. 8 Total number of conservation essements and entire of historic structure 9 Complete lines 2a through 20 di the organization (held a qualified conservation contribution in the form of a conservation essements and entire of historic structure included in (a) 9 degregate and advisor of conservation essements and entire of historic structure 9 Complete lines 2a through 20 di the organization (ascuring advisor) 9 do conservation essements an conflict, transferred, released, extinguished, or terminated by the organization during the tax 9 year 9 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax 9 year 9 Number of states where property subject to conservation essements in located 9 Number of exploration have a written policy regarding the periodic montoring, inspection, handling of 9 violations, and enforcement essements during the year 9 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemen	1	Total number at end of year		
3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) b De the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? No D De the organization inform all dipartiese, donors, and done advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or doner advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered Yeas' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (fick) all that apply). Preservation of and for public use (for example, necreation or education) Prevention of a actified historic structure Prevention of an attrust habitat Prevention of a certified historic structure Prevention of a certified historic structure Prevention of a certified historic assements 2 complete lines 2 attrough 2d if the organization held a qualified conservation contribution in the form of a conservation easements 3 rotal armsher of conservation easements included in (a) aquified distoric structure 2 ad 3 Number of conservation easements included in (a) caquified that the 2/2 ad 3 Number of conservation easements included in (a) caquified the range of the structure included in (a) aquified at the 2/2 ad 3 Number of conservation easements included in (a) caquified the molecular distoric structure 3 Aggregate and have a written policy regarding the perform grading distore performs included in the advisor is accounting to prever advisor easements in located low or a historic structure 3 attra of conservation easements in modified, transferred, released, extinguished, or terminated by the organization indere avritten policy regar	2			
Aggregate value at end of year Def the organization inform all donors and values in writing that the assets held in donor advised funds are the organization is form all donors and values in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advises in writing that grant funds can be used only tor charatable purposes and not for the benefit of the donor or organization answered "Yes" on Form 990, Part IV, line 7. Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete inte 22 through 21 diff the organization indexed "Yes" on Form 990, Part IV, line 7. Preservation of open space Complete intes 22 through 21 diff the organization indexed "Yes" on Form 990, Part IV, line 7. Preservation of open space Complete intes 22 through 21 diff the organization held a qualified conservation contribution in the form of a conservation easement is to know for conservation easements Ze difference in the last dig of the ax year. Total number of conservation easements difference and the system of the servation of conservation easements difference and the National Pegister Number of conservation easements included in (a) caquired atter 7/22/06, and not on a historic structure listed in the National Pegister Number of osservation easements is located Number of osservation easements is located Staff and volunteer hours devised to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Saff and volunteer hours devised to monitoring, inspecting, handling of violations, and enforcing conservation easements and balance structure see in No Staff and volunteer hours devised to the foot	3			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donos, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose confering impermissible private benefit? Perservation of land for public use (for example, recreation or education) Preservation of and for public use (for example, recreation or education) Preservation of and for public use (for example, recreation or education) Preservation of an totro the baset Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of a conservation easements devide the organization include in (a) the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements devide the tay year. Total number of conservation easements total				
are the organization's property, subject to the organization's exclusive legal control? Image: the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermiseble private benefit? No. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of an off or public use (for example, recreation or education) Preservation of an off or public use (for example, recreation or education) Preservation of an off or public use (for example, recreation or education) Preservation of an off or public use (for example, recreation or education) Preservation of an off or public use (for example, recreation or education) Preservation effective in the last darget of the arganization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. Image: the arganization is a conservation easements 2 Complete lines 2 at through 20 if the organization held a qualified conservation contribution in the form of a conservation easements 2a 3 Total number of conservation easements 2a 2a 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 2d 4 Number of conservation easements included in (a) advisations, and enforcing conservation easements during the year > No 5 Staff and	5		writing that the assets held in donor advised fu	unds
G Did the organization inform all grantees, donors, and donor advicos in writing that grant funds can be used only for charitable purposes and not for the benefit? Parf U Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(g) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a horizorally important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of and point space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements the last tax year. Total number of conservation easements the last day of the katonal Register Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure ze var > Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax var > Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax var > Number of the conservation easements holds? So bes the organization have a written policy regarding the period: monitoring, inspection, handling of violations, and enforcement of the conservation easements holds? So bes each conservation easement reports conservation easements in toke? So and excited and Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization reports conservation easements in the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)		-	-	
tor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6			
Impermissible private benefit? Yes No. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation of conservation easements held by the organization (check all that apply). Preservation of open space Example, recreation contribution in the form of a conservation easement on the last day of the tax year. Total arceage restricted by conservation easements Za Data arceage restricted by conservation easements Za Za a Total number of conservation easements included in (c) acquired after 725060, and not on a historic structure listed in the National Register Za 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Yes No 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements with the year Yes No 6 Does each conservation easement reported on line 2(d) above satisfy the requinements of section 1700(h(k(E))(0) and section	-			
Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use' (or example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a conservation easements 2a a Total number of conservation easements 2a 2 2a 2 2a 3 Number of conservation easements 2 2a 4 Number of conservation easements modified, transferred, released, and not on a historic structure 1 Istates where property subject to conservation easements is located ▶ 2 2a 3 Number of states where property subject to conservation easements it located ▶ 4 Number of explanation assement is indigen of violations, and enforcing conservation easements during the year 4 Number of states where property subject to conservation easements it holds? 5 Does the conservation easement is indigen of violations, and enforcing conservation easements during the year 4 Number of states where property subject to conservation easements in its revenue and expe				
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a instorically important land area Preservation of peen space Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2a 2a 2 Number of conservation easements 2a 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year individuations, and enforcing conservation easements it holds? 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year >	Par			
□ Preservation of a historically important land area □ Preservation of a natural habitat □ □ Preservation of on a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure 3 Total arreage restricted by conservation easements 2a 2 Number of conservation easements on certified historic structure included in (a) 2b 3 Number of conservation easements on certified historic structure included in (a) 2c 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	1		•	,
Preservation of actural habitat Preservation of a certified historic structure Preservation of pent space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Data arcage restricted by conservation easements a Number of conservation easements on a certified historic structure included in (a) a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	•			storically important land area
□ Preservation of open space 2 Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Idel at the End of the Tax Year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Does the organization have a written policy regarding the periodic monitoring conservation easements during the year > \$ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 0 Number of conservation easements in a certified historic structure included in (a) 1 Number of conservation easements included in (a) caquifed historic structure included in (a) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 Number of states where property subject to conservation easements is located > ✓ ✓ ✓ Number of states where property subject to conservation easements it located > ✓ ✓ Soes the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ✓ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ S S conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0) (b) Progenization mavered 'Yee' on Form 990, Part V, line 8. Y Mode the organization reports conservation easements. No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization secribes the organization secrements				
day of the tax year. Held at the End of the Tax Year. a Total number of conservation easements 2a b Total acceage restricted by conservation easements 2b c Number of conservation easements in cluded in (a) (a cquired after 7/25/06, and not on a historic structure 2c d Number of conservation easements included in (a) (a cquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easement is located >	2		fied conservation contribution in the form of a	conservation easement on the last
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired filer 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired filer 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired filer 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired filer 7/25/06, and not on a historic structure listed in the National Register 2d 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is included in version assements is located is to cate is the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year is and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is a monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is section 170(h)(4)(B)(ii) 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement and balance sheet, and include, if applicable, the text of the footnote to the organization's faccomation assements. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 9 In Part XIII Organization answered 'Yes' on Form 990, Part V, line 8. 1a If the organization secure Yes on Form 990, Part V, lin	-			
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	а			
c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶				
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2d 4 Number of states where property subject to conservation easement is located ▶ 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶		c		
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶				
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	u			24
 year ▶	3			
 A Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S	Ŭ		cased, exangelence, or terminated by the orge	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items: i) Revenue	4		sement is located	
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$				
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ ▲ ▲ ▲ ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ \$ ▲ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items: (i) Revenue included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB	Ū			Ves No
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6			
 \$	Ū			
 \$	7	Amount of expenses incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	easements during the year
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	•			
 and section 170(h)(4)(B)(ii)?	8		re satisfy the requirements of section 170(h)(4)	(B)(i)
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X b Assets included in Form 990, Part X <th>-</th><th></th><th></th><th></th>	-			
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	9			
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b \$ j	Ū	c		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ S S				
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X 		Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X 	1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement and b	alance sheet works
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 				
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 				
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	b			nce sheet works of
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	-	-		
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		· · ·		
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 				► \$
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 		···· · · · · · · · · · · · · · · · · ·		N A
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	2			
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	-	-		., [
b Assets included in Form 990, Part X 🕨 \$	а		-	▶ \$

21 2019.05000 HEAD FOR THE CURE FOUNDAT 13141__2

Sche		R THE CURE						20-83			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or O	ther S	Similaı	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that ma	ike sign	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange program						
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	e organization's	exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of			-	-	-					
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							. Part IV. I	_ ine 9. or		
	reported an amount on Form 990, Pa			0					,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liarv for co	ontribution	s or other assets	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		ľ	5						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					1
Par											
	•	(a) Current year		ior year	(c) Two years ba			ears back	(e) Four	vears	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a.	column (a)) held as:						
a	Board designated or quasi-endowment	-	%	(u)	,						
b	Permanent endowment		_/*								
	Term endowment	%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that	are held ar	nd administered f	for the i	organiza	ation			
	by:			ure riela ur			5. guc]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		WHICHEIG	140.							
	Complete if the organization answere). Part IV.	line 11a. S	ee Form 990. Pa	rt X. lin	ie 10.				
	Description of property	(a) Cost or c					umulate	bd	(d) Boo	k valu	e
	P. oporty	basis (investr		• •	(other)	• •	eciation		(, 200		
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other				5,575.		3,18	34.		2,3	91.
	. Add lines 1a through 1e. (Column (d) must e		X colum							$\frac{1}{2}, 3$	
		and the second second second						Cohodulo			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ${ m HI}$	EAD FOR	\mathbf{THE}	CURE	FOUNDATION	1
--------------------------------------	---------	----------------	------	------------	---

Part VII Investments - Other Securities. appization apply and "Vac" on Form 000 Dort IV line 11h Cas Form 000 Dart V line 10

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Par	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

► Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(9)

Sche	dule D (Form 990) 2019 HEAD FOR THE CURE FOUNDA	TION	20-8345719 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

09161112 795752 13141

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2019					
	c		Open to Public					
Department of the Treasury Internal Revenue Service	► Go		Inspection					
Name of the organization								ntification number
Part I Fundrais		R THE CURE FOUNDAT					20-8345	
	complete this part	Complete if the organization answe	ered "Y	es" or	1 Form 990, Part IV, I	line 1	7. Form 990-E2	filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followir	ng activ	ities. (Check all that apply.			
a Mail solicitat				•	overnment grants			
—	email solicitations				nment grants			
c Phone solici d In-person so		g 🛄 Special	liunara	ising	events			
		r oral agreement with any individual	(includ	ing of	ficers, directors, trus	stees,	or	
		art VII) or entity in connection with p			•		Yes	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu	ant to a	agreer	ments under which th	he fu	ndraiser is to be	e
	ast \$5,000 by the					1		1
(i) Name and addres	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund	fraiser)	(ii) Activity	have con or con contribu	trol of	from activity		fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	l it is	exempt from re	gistration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form	990 or 9	990-E	Z	Sche	dule G (Form 9	90 or 990-EZ) 2019
						-	•	-,

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDATION 20-8345719 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 5K RACE	(b) Event #2 5K RACE	(c) Other events	(d) Total events
				EVENT - DETR	15	(add col. (a) through
1			(event type)	(event type)	(total number)	col. (c))
aniiavau	1	Gross receipts	502,993.	208,893.	1,817,433.	2,529,319
	2	Less: Contributions	414,207.	168,159.	1,531,335.	2,113,701
	3	Gross income (line 1 minus line 2)	88,786.	40,734.	286,098.	415,618
	4	Cash prizes	0.	0.	0.	
	5	Noncash prizes	556.	1,315.	3,546.	5,417
nirect Expenses	6	Rent/facility costs	0.	0.		
	7	Food and beverages	1,080.	472.		1,552
3	8	Entertainment	800.	75.		875
	9	Other direct expenses		129,065.	179,660.	575,585
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			583,429
	11 rt	Net income summary. Subtract line 10 from	ine 3, column (d)		🕨	-167,811
T	_	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (ad
Peverine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	<u> </u>	Gross revenue				
Sec		Cash prizes				
DILECT EXPENSES		Noncash prizes				
ב ב	4	Rent/facility costs				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ Tes % □ No	□ 105 70 □ No	Yo	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
		. , , ,				
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
		Net gaming income summary. Subtract line 7				
	Ent	Net gaming income summary. Subtract line 7	ucts gaming activities:			Yes N
а	Ent Is t	Net gaming income summary. Subtract line 7	ucts gaming activities: ctivities in each of these s	states?		Yes N
a b	Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these :	states?		
a b	Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax ye		
a b	Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re-	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax ye		

Sch	edule G (Form 990 or 990-EZ) 2019 HEAD FOR THE CURE FOUNDATION	20-8	345719	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
				_
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	1 the		
Da	organization's own exempt activities during the tax year s			
Га		and Par	t III, lines 9, 9	0, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				
9320		G (Form	n 990 or 990	-EZ) 2019
	27			

	Schedule C (Form 990 or)	000 EZ)

SCHEDULE I		arants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2019
Department of the Treasury	Compi	ete il the organizatio	Attach to For		t IV, inte 21 of 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	THE CURE	FOUNDATION					Employer identification number 20-8345719
Part I General Information on Grants a		I CONDITION					20 0343715
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance. the	arantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	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 noncash assistance	(h) Purpose of grant or assistance
ADVOCATE GOOD SAMARITAN HOSPITAL 3075 HIGHLAND PARKWAY, SUITE 600 DOWNERS GROVE, IL 60515	36-2167779	501(C)(3)	23,700.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
BARROWS NEUROLOGICAL FUND 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	8,600.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
BRAIN CANCER AWARENESS 1926 DEARBORN DRIVE WHITE OAK, PA 15131	47-3422157	501(C)(3)	15,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
CLEVELAND CLINIC 6801 BRECKSVILLE RD NO RK1-85 INDEPENDENCE, OH 44131	34-0714585	501(C)(3)	51,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
CORNELL UNIVERSITY 337 PIKE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	28,900.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
ELLIS FISCHEL CANCER CENTER 407 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211	43-6003859	501(C)(3)	5,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	1 table					• 0.

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

Schedule I (Form 990) (2019)

HEAD FOR THE CURE FOUNDATION Schedule I (Form 990)

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
HERMELIN BRAIN TUMOR CENTER 2799 W GRAND BLVD							SUPPORT FOR BRAIN CANCER
DETROIT, MI 48202	38-1357020	501(C)(3)	89,700.	0.			RESEARCH AND PATIENTS
JAXON'S FROG FOUNDATION 14102 DAY STAR ST SAN ANTONIO, TX 78248	46-2091272	501(C)(3)	10,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
KANSAS UNIVERSITY ENDOWMENT ASSOC 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734		148,500.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
LEAP FOR A CURE 18711 HOWE STREET OMAHA, NE 68130	47-0595345	501(C)(3)	15,200.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
MEDICAL FOUNDATION OF NORTH CAROLINA - 123 W FRANKLIN ST., SUITE 510 - CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	10,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
MIDLAND MEMORIAL FOUNDATION 400 R R GROVER PKWY MIDLAND, TX 79701	75-0827455	501(C)(3)	7,700.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
MUSC – HOLLINS CANCER CENTER 18 BEE STREET CHARLESTON, SC 29425	57-6028985	501(C)(3)	5,100.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
NORTHWELL HEALTH FOUNDATION 972 BRUSH HOLLOW ROAD, 5TH FL WESTBURY, NY 11590	11-2965575	501(C)(3)	10,700.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS
NORTHWESTERN BRAIN TUMOR INSTITUTE 676 N ST CLAIR, SUITE 1200 CHICAGO, IL 60611	36-2167817	501(C)(3)	19,800.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS

Schedule I (Form 990)

20-8345719 Page 1

Schedule I (Form 990) HEAD FOR THE CURE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

20-	8345719	Page 1
20-	0343/13	Pade 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
OHIO STATE UNIVERSITY - THE JAMES							
CANCER CENTER - 460 W 10TH AVENUE							SUPPORT FOR BRAIN CANCER
- COLUMBUS, OH 43210	31-1301428	501(C)(3)	13,300.	0.			RESEARCH AND PATIENTS
ORLANDO HEALTH FOUNDATION							
3160 SOUTHGATE COMMERCE BLVD							SUPPORT FOR BRAIN CANCER
ORLANDO, FL 32806	59-2244943	501(C)(3)	10,500.	0.			RESEARCH AND PATIENTS
SOLACE HOUSE							
8012 STATE LINE ROAD, SUITE 202							SUPPORT FOR BRAIN CANCER
SHAWNEE MISSION, KS 66208	48-1186445	501(C)(3)	5,000.	0.			RESEARCH AND PATIENTS
,			, ,				
TEXAS ONCOLOGY FOUNDATION							
901 W 38TH STREET, #200							SUPPORT FOR BRAIN CANCER
AUSTIN, TX 78705	75-2131429	501(C)(3)	26,000.	0.			RESEARCH AND PATIENTS
UNIVERSITY HEALTH SYSTEMS							
903 W MARTIN MS2							SUPPORT FOR BRAIN CANCER
SAN ANTONIO, TX 78207-0903	74-2335396	501(C)(3)	22,000.	0.			RESEARCH AND PATIENTS
UNIVERSITY OF NEBRASKA FOUNDATION							
1010 LINCOLN MALL, SUITE 300							SUPPORT FOR BRAIN CANCER
LINCOLN, NE 68508	47-0379839	501(C)(3)	15,200.	0.			RESEARCH AND PATIENTS
			, -				
UNIVERSITY OF PITTSBURGH							
116 ATWOOD STREET, SUITE 201							SUPPORT FOR BRAIN CANCER
PITTSBURGH, PA 15260	25-0965591	501(C)(3)	15,000.	0.			RESEARCH AND PATIENTS
UNIVERSITY OF TEXAS MD ANDERSON							
CANCER CENTER - 1515 HOLCOMBE BLVD							SUPPORT FOR BRAIN CANCER
- HOUSTON, TX 77030	74-6001118	501(C)(3)	37,400.	0.			RESEARCH AND PATIENTS
UNIVERSITY OF WASHINGTON							
FOUNDATION - 407 GERBERDING HALL,				-			SUPPORT FOR BRAIN CANCER
BOX 351210 - SEATTLE, WA 98195	94-3079432	501(C)(3)	22,000.	Ο.		1	RESEARCH AND PATIENTS

Schedule I (Form 990)

Schedule I (Form 990) HEAD FOR THE CURE FOUNDATION 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			(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			
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390-9009	75-6002868	501(C)(3)	34,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS			
WASHINGTON UNIVERSITY BRAIN CANCER RESEARCH - 660 S EUCLID AVE - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	28,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS			
NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	501(C)(3)	600,000.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS			
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVE, ROOM 604 MSC 808 - CHARLESTON, SC 29425	57-6000722	501(C)(3)	11,700.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS			
NORTHSHORE UNIVERSITY HEALTH SYSTEM - 1001 UNIVERSITY PLACE - EVANSTON, IL 60201	36-2167060	501(C)(3)	7,150.	0.			SUPPORT FOR BRAIN CANCER RESEARCH AND PATIENTS			

Т

Schedule I (Form 990)

932102 10-26-19

Schedule I (Form 990) (2019) HEAD FOR THE CURE FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION VERIFIES THAT RECIPIENT ORGANIZATIONS ARE ELIGIBLE TO

RECEIVE CHARITABLE CONTRIBUTIONS, AND THAT THE RECIPIENT IS ACTIVE IN BRAIN

CANCER RAISING AWARENESS, BRAIN CANCER PROGRAM SUPPORT, OR RESEARCH IN THE

FIGHT AGAINST BRAIN CANCER.

20-8345719

SCHEDULE L		Tra	insactior	ıs V	Vith	Interested	Persons			О	MB No. ⁻	1545-00	47
(Form 990 or 990-EZ)	Complete if	the o	rganization and	swere	d "Yes	" on Form 990, Par	t IV, line 25a, 25	b, 26, 27	', 28a,		າດ	10	
						-EZ, Part V, line 38a 990 or Form 990-E2					ZU)
Department of the Treasury Internal Revenue Service		Go to v	•			nstructions and the		on.			pen To Ispect		
Name of the organization								Er	nploye	r ident	ificati	on nu	mber
			THE CURE							3457	19		
						ion 501(c)(4), and se							
_	the organizatior					art IV, line 25a or 25b	o, or Form 990-EZ	, Part V	line 40	Db.	(4)	0	
1 (a) Name of disqualif	ied person	- (a) -	Relationship bety person and or		•	(e	c) Description of	transact	ion			es	<u>cted?</u> No
											_		
											_	_	
											+		
2 Enter the amount of	tax incurred by	the o	rganization man	agers	or disc	ualified persons dur	ing the year unde	er					
									▶ \$	š			
3 Enter the amount of	tax, if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization			▶ \$	6			
Part II Loans to	and/or From	n Inte	erested Pers	sons.									
	the organization	n ansv	vered "Yes" on I	Form §	990-EZ	, Part V, line 38a or F	orm 990, Part IV	, line 26	or if th	ne orga	nizatio	n	
•	•		, Part X, line 5, 6							0			
(a) Name of (b) Relativity (b) Relativity (c)					oan to or n the		(f) Balance du		(g) In default?		(h) Approved (i) by board or		/ritten
interested person	with organ	IZALIUII	orioan	<u> </u>	ization?	principal amount				commutor:			ement?
				10	From			Ye	s No	Yes	No	Yes	No
													<u> </u>
				+					-	-			+
													<u> </u>
Total Part III Grants or	Assistance	Ren	efiting Inter	osto	d Por	> \$							
			vered "Yes" on I										
(a) Name of interes			b) Relationship interested pers	betwe son an	en	(c) Amount of assistance		ype of stance		•) Purp assista		f
			the organiza	ation									
		_											
		_											
		_											
		_											
					F								0040

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

	(Form 990 or 990 EZ) 2019					
Part IV	Business Transaction	ons invo	iving i	nteres	stea Per	sons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
FURTHER INQUIRY LLC	DAUGHTER OF PRESIDE	96,000.	COMPENSATIO		X
STEVEN ANTHONY	SON OF PRESIDENT	13,857.	COMPENSATIO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FURTHER INQUIRY LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF PRESIDENT IS 50% OWNER

(C) AMOUNT OF TRANSACTION \$ 96,000.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION FOR SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEVEN ANTHONY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 13,857.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION FOR SERVICES

35

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



HEAD FOR THE CURE FOUNDATION

mployer identification nu 20-8345719

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN ADDITION TO PROVIDING ADVOCACY PROGRAMS TO SUPPORT BRAIN CANCER

PATIENTS AND THEIR FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENHANCED STRATEGIC ANALYTICS AND THOUGHTFUL AND EFFECTIVE USE OF SOCIAL

MEDIA. DEDICATED STAFF MEMBERS WORK WITH INDIVIDUALS AND TEAMS ACROSS

THE COUNTRY TO ORGANIZE THEIR OWN EVENTS AND FACEBOOK FUNDRAISERS. OUR

MEMORIAL PAGES CARRY THE PERSONAL STORIES OF HUNDREDS OF INDIVIDUALS

AND THE AMAZING LIVES THEY LED. OUR PATIENT NAVIGATOR, BRAINS FOR THE

CURE, CONTINUES TO SERVE AS A KEY RESOURCE FOR PATIENTS AND CAREGIVERS

DEALING WITH A BRAIN TUMOR DIAGNOSIS. HFTC AMBASSADORS SHARE NEWS AND

PERSONAL EXPERIENCES, ACTIVATE NEW PARTICIPANTS, CULTIVATE DONORS AND

SPONSORS, AND SO MUCH MORE IN THE FIGHT AGAINST BRAIN CANCER. WE

DEEPENED OUR BENEFICIARY RELATIONSHIP WITH THE BRAIN TUMOR TRIALS

COLLABORATIVE (BTTC), LOCAL BRAIN TUMOR CLINICS IN OUR 5K MARKETS, AND

OTHER BRAIN TUMOR ADVOCACY GROUPS.

FORM 990, PART VI, SECTION A, LINE 2:

ADAM LICHTENSTEIN, ERIC LICHTENSTEIN, AND MARIO LICHTENSTEIN (BOARD

MEMBERS) HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

36

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION DOES INQUIRE AT BOARD MEETINGS REGARDING CONFLICTS OF

INTEREST. THOSE WITH CONFLICTS OF INTEREST RECUSE THEMSELVES FROM

DISCUSSION AND DECISION MAKING RELATED TO THE ISSUE WITH THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT AND BOARD MEMBERS DISCUSSED AND APPROVED THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. PRESIDENT DISCUSSES WITH LEADERS OF OTHER NON-PROFITS FOR COMPARISOIN PURPOSES. THE EXECUTIVE DIRECTOR IS NOT PAID

MORE THAN FAIR MARKET VALUE. THE DECISION WAS DOCUMENTED IN MINUTES.

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.

PART XII, LINE 2A

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE IN THE PROCESS OF BEING

REVIEWED BY AN INDEPENDENT ACCOUNT. THE ORGANIZATION EXPECTS THE

REVIEW TO BE COMPLETE SOON, AND WILL HAVE REVIEWED FINANCIAL STATEMENTS IN THE FUTURE.

37

932212 09-06-19

2019.05000 HEAD FOR THE CURE FOUNDAT 13141__2

2019 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	M 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BRANDED TRAILER	03/30/16	SL	7.00	нү	17	5,575.				5,575.	2,388.		796.	3,184.
	* TOTAL 990 PAGE 10 DEPR						5,575.				5,575.	2,388.		796.	3,184.
				_											

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone