Form 990

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2023 ca	endar year, or tax year beginning , and endin	q		mopeetion
В		applicable:	C Name of organization CUREBOUND		er identifi	cation number
X	Address	change	Doing business as			
	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	46-05524	14	
	Name Cr	laliye	9605 Scranton Road 120	E Telepho	ne number	
Ш	Initial ret	um	City or town State ZIP code	619-314-5	878	
	Final return	n/terminated	San Diego CA 92121	013-314-0	4	<u> </u>
\equiv			Foreign country name Foreign province/state/county Foreign postal code			
ᆜ	Amended	d return		G Grost	ceip's \$	12,705,751
	Application	on pending	F Name and address of principal officer:	Is this a group re	n for subjection	nates? Yes X No
			a sa	Are al subo lina		
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No, attach a		
_	Website	<u> </u>	baund aus	The state of		
				Group exemption	number	
	_	organization		rmation: 2012	M St	ate of legal domicile: CA
F	art I		mmary			
ф	1	Briefly d	escribe the organization's mission or most significant activities:	edule O.		
nc						
Governance						
9	2	Check th	is box if the organization discontinued its operations of disposed or m	ore than 25%	of its ne	et assets.
	3	Number	of voting members of the governing body (Part VI, line 1a)	80 SE 80 .	3	18
ဟ္	4	Number	of independent voting members of the governing body (Part Valine 1b)		4	16
Activities &	5	Total nur	nber of individuals employed in calendar year 2023 (Part V, line 2a)		5	12
亲	6		nber of volunteers (estimate if necessary)		6	473
¥	7a		elated business revenue from Part VIII, column C), the 12	9 8	7a	0
	b	Net unre	lated business taxable income from Form 990-T, Par I, line 11	. 12	7b	
				Prior Year		Current Year
9	8	Contribu	tions and grants (Part VIII, line 1h)	18,22	1,209	7,931,168
ent	9	Program	service revenue (Part VIII, line 2g)	2,93	31,116	0
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 1, and d)		48	246,733
-	11	Other rev	/enue (Part VIII, column (A), lines 5, 60, 8c, 3c, 10c, and 11e)	-1,34	7,960	2,217,627
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) .	19,80	4,413	10,395,528
	13		nd similar amounts paid (Part IX column (A), lines 1–3)	2,99	8,145	8,400,965
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
9	15		other compensation, employed benefits (Part IX, column (A), lines 5–10)	1,15	2,515	759,178
Expenses	16a		onal fundraising fees (Part) column (A), line 11e)		0	0
ğ	b		draising expenses (Park Column (D), line 25) 2,115,102	40		
ш	17		penses (Part IX, column (A), thes 11a–11d, 11f–24e)	2,07	8,409	3,340,199
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,22	9,069	12,500,342
	19	Revenue	less expenses Subtract line 18 from line 12	13,57	5,344	-2,104,814
Net Assets or Fund Balances			Begi	nning of Curren	t Year	End of Year
Sala	20		ets (Part X, ine 16)	23,57	9,083	24,388,123
at A	21		ilities (Part X, like 26)	3,29	5,062	6,208,916
Z.2	22		ts of fund balances. Subtract line 21 from line 20	20,28	4,021	18,179,207
	rt 🎚		nature Block			
and b	er penanti belief it is	es of perjury, strue correc	I declare that I have examined this return, including accompanying schedules and statements, and to t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	the best of my k	nowledge	
			a sing somplete. Bediction of preparer (other than officer) is passed on all miorification of which prepare	irer nas any know	rieage.	
Sig		Signa	ture of officer	Date		
Hei	re	"	e Marbarger CEO	Date		
			or print name and title	 -		
				ate		PTIN
Pai	d			(Check] if ' '''`
	parer	Rola		3/16/2024	self-employ	ed P01871456
	Only		name Munger & Company, CPAs	Firm's EIN	47-334	2732
			address 1818 Avocado Road, Oceanside, CA 92054	Phone no.	760-73	0-8020
May	the IR	S discuss	this return with the preparer shown above? See instructions			X Yes No
			ction Act Notice see the separate instructions			

Form 9	90 (2023)	CUREBOUND		46-0552414	Page 2
Pa	rt III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this F	'art III		Х
1	_	describe the organization's mission: edule O.			
	000 000	oddio O.			
2		organization undertake any significant program services during the year which we	ere not listed on		
		r Form 990 or 990-EZ?		· · · Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, a	any program		
	services		· · · · · ·	Yes	X No
		describe these changes on Schedule O.			
4		e the organization's program service accomplishments for each of its three larges			
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount expenses, and revenue, if any, for each program service reported.	nt of grants and a	allocations to others,	
	trie total	r expenses, and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 9,887,172 including grants of \$) (Rever	nue \$)
	Curebou	und leads with a truly unique investment model focused on cross institutional colla	aberedion.		/
		proach brings together ideas, technologies, and research approaches that simply			
		ithin one institution and ultimately accelerates discoveries to clinical application to			
		es. The research teams funded represent the three NCI Cancer Centers in Sar D Cancer Center at UC San Diego Health, the Salk Institute, and San ord Burnhau			
		Discovery Institute. Also, Rady Childrens Hospital, Scripps Research, and the La			
		of Immunology. We established the Cancer Research Roading it fund the mos			
		ve oncology research across all cancer types in alignment with five scientific inve			
		revention and Diagnostic Tools, Novel Approaches and New Th. rapeutic Platform			
		otherapies and Personalized Vaccines, Cancer Equite can rediatric Cancers. Ac ors, Curebound pioneered three grant opportunities to support advancement at all			
		very and translational research:	priases		
4b	(Code:) (Expenses \$including grants of \$) (Rever	nue \$)
		ase Discovery Grants at 250,000 dollars pre-clinical and early clinical Targeted G			
		000 dollars the 1 million dollar Cure Prize which is designed to improve the standard			
	now we	care for patients with deadly cancers and nave patient application in 3 to 5 years.			
					
4c	(Code:	(Expenses \$ including grants of \$) (Reven	nue \$)
				~	
				~	
4d		rogram services (Describe on Schedule O.)			
	(Expens		<u>ie</u> \$	0)	
4e	Total pro	ogram service expenses 9,887,172			

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> ^</u>	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	-	_
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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 Description of the environment, historic land areas, or historic structures?	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other significant assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			.,
10	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	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,	10		^
	VII, VIII, IX, or X, as applicable.		911	
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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
ď	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		Х
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	110	^	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line, 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		}	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4 41-		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	\dashv	_X_
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization repeat on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	ļ	Χ
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		X
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	X	

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Par	t IV Checklist of Required Schedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Ιx	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	\vdash
2-7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		l x
L		24b	-	┢
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	-	⊬
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	<u> </u>	⊢
	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 penefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disquartied person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Form 1990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from a payables to any current			
	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 Sci. adule L. Part II	26		Ιx
27	Did the organization provide a grant or other assistance to any current or former afficer director, trustee, key			Т
	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 lamily thember of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21	1.73	<u>^</u>
28	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	533		
		1000000		
а	A current or former officer, director, trustee, key employee, creatour founder, or substantial contributor? If	00-		_v
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? Wes, "complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			١.,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in norcash contributions? If "Yes," complete Schedule M	29	Х	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Ιx
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		Ιx
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		Ιx
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
h	If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled			
IJ	entity within the magning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	335		\vdash
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		l x
~~	Did the approximation and dust many thoras 50/ of its post; it is a through an antity that is not a related approximation	30	_	┢
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	NAME OF TAXABLE PARTY.	9-5	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	13		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	3		80
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
				_

Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			= , , ;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		7	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		^
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).		T.B.	
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	Χ	
b	If "Yes," did the organization notify the donor of the value of the goods or services pro ided?	7b	Χ	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property to which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums diea personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly on appersonal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, all the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds bid a donor advised fund maintained by the	•	- 41	
•	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
ь 10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12	90		
b	Gross receipts, included on Form 990, Part VIII. ine 12, for public use of club facilities	100	Π,	
11	Section 501(c)(12) organizations. Enter:	120		
а	Gross income from members or shareholders	93	16	
b	Gross income from other sources (Do pot pet amounts due or paid to other sources			
	against amounts due or received from them	15.0	W G	
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 to porollt health insurance issuers.	out.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions or 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	2		
	the organization is licensed to issue qualified health plans		7	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, 76		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			- k
16		10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
		17	F5 - 74	
	If "Yes," complete Form 6069.		1000	

Form 990 (2023) CUREBOUND Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year . 18 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. Enter the number of voting members included on line 1a, above, who are independent . . . 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х Did the organization delegate control over management duties customarily performed by or under the 3 supervision of officers, directors, trustees, or key employees to a management company or other 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was h 4 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's 5 6 6 Did the organization have members, stockholders, or other persons who had the power of elect of 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Χ Did the organization contemporaneously document the meetings held or written actions to dertaken during 8 the year by the following: Х Each committee with authority to act on behalf of the governing body Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Χ Section B. Policies (This Section B requests information a out folicies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 Has the organization provided a complete copy of this Form 990 and I members of its governing body before filing the form? 11a Χ b Describe on Schedule O the process, if any, used the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was do e Х 13 13 Х 14 X 14 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? The organization's CEO, Executive Director, or top management official. 15a X 15b Х If "Yes" to line 15a or 15b, lescribe the process on Schedule O. See instructions. Did the organization invest in, ontribute assets to, or participate in a joint venture or similar arrangement X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X 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 financial 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 Anne Marbarger

9605 Scranton Road, Suite 120, San Diego, CA 92121

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1049-NEC) 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 was 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 relations.

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

___ Check this box if neither the organization nor any related organization compensated any or rent of cer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson			(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Anne Marbarger	40.00		•							
CEO	0.00	Х	<u> </u>	X				330,000		
(2) Karen Hooper	0.00									
Chief Strategy and Implementation Officer	00			Х	-			202,361		
(3) Heather Ashley Dean-Presnall	0.00									
Strategic Philanthropy Officer	0.00		-	\vdash		Х	_	120,895		
(4) Megan Lee Waddell	40.00					,, l		405.000		
Director, Padres Pedal The Cause	0.00	_		_		Х	_	105,922		
(5) William Koman	3.00									
Chairman (6) Chris Trocco	0.00	Х		Х	-					
(6) Chris Tresse	0.50 0.00	Х		х						
Secretary (7) Cat Jamieson	0.50	^	-	^			-			
Director	0.00	х								
(8) Cheryl Anderson	0.50	_	\vdash				-			
Director	0.00	Х								
(9) Donald Kearns MD	0.50	<u> </u>			\dashv		\neg			
Director	0.00	X								
(10) Fernanda Whitworth	3.00	<u> </u>	-		\neg					
Director	0.00	X								
(11) Larry Bloch	0.50		\vdash		\neg		\neg			
Director	0.00	Х								
(12) Mark Cafferty	0.50			\Box			\neg			
Director	0.00	X								
(13) Malin Burnham	0.50						\Box			
Director	0.00	X								
(14) John Hood	0.50									
Director	0.00	Х]					

Form 990 (2023) CUREBOUND									46-055	2414	Р	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iHi;	ghes	t C	ompensated Em	nployees (contin	ued)		
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus				is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	СО	(F) nated an of other mpensat	tion
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the anization d organiz	and
(15) Rich Heyman	0.50							A 48				
Director	0.00	Х						1		<u> </u>		
(16) Aaron Davis	0.50											
Director	0.00	X								<u> </u>		
(17) Court Turner	0.50						١,					
Director	0.00	1	_		_		1					
(18) Magda Marquet	0.50	1					-					
Director	0.00	X								<u> </u>		
(19) Rob Singh	0.50					-						
Director (20) Daniel Ryan	0.00	X										
Director	0.00	X										
(21) Don Ankeny	† 	-	46				- 4				_	
Treasurer	0.00					4						
(22)			1								_	
(23)		1	P									
(24)			0									
(25)												
1b Subtotal								759,178	0			
c Total from continuation sheets to Part VII, S	ection A					·		0	0			
d Total (add lines 1b and 1c)								759,178	0			C
2 Total number of individuals (including but no		ted a	bov	e) v	vho	recei	ved				-	
reportable compensation from the organization												4
3 Did the organization list any former officers did	ector, trustee, key	y emp	oloy	ee,	or h	ighes	t co	ompensated			Yes	No
employee on line 1a? If "Yes," con plete Sched									e = × = *	3		Х
4 For any individual listed on line 1a, is the sum	of reportable con	npens	satio	n a	nd c	ther	con	npensation from				
the organization and related organizations gre												
individual							,		9 1 1 1 1	4	Х	
5 Did any person listed on line to receive or acc											VII V	
for services rendered to the organization? If "Y	es," complete Sc	hedu	le J	for	suc	h per	son)		5		X
Section B. Independent Contractors		ما مسام	4	1		41n n.4 n			\$400,000 ×f			
1 Complete this table for your five highest compensation from the organization. Report of										av ve	ar	
(A)	ompensation to t	ille ce	alCi i	uai	yea	enu	irig	(B)	e organization s	(C		
Name and business add	iress							Description of ser	vices (Comper	-	
Wasserman Music LLC 8942 Wilshire I	Boulevard Beveri	y Hill:	s, C	A 92	2010)	Ev	ent Performance			2,000	0,000
	Ste 1880 Haver							ent Performance				0,000
												0
												C
												C
2 Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ed to	tho	se li	sted	abo 2	ve)	who received				

Part VIII Statement of Revenue

1 41	C VIII	Check if Schedule O contains a response or n	ote to any line in	this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d	Federated campaigns	0				
tributions, Other Simi		All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in	7,931,168				
Con	h	Innes 1a–1f		7,931,168			
Program Service Revenue	2a b c d e f	All other program service revenue		0 0			
	3 4 5	Investment income (including dividends, interest, other similar amounts)		246,733 0 0			246,733
	6a b c d 7a	Gross rents	0 	0			
Revenue	b	sales of assets other than inventory . Less: cost or other basis and sales expenses . Gain or (loss)	0				
Other P	d 8a	Net gain or (loss)	4,515,063	0			
	с 9а	Less: direct expenses	0	2,221,926			2,221,926
	10a	Less: direct expenses	12,787	0			
- sn	С	Net income or (loss) from sales of inventory	17,086 	-4,299			-4,299
Miscellaneous Revenue	11a b c d	All other revenue		0 0 0			
Σ	<u>e</u> 12	Total Add lines 11a–11d		0 10.395.528		0	2,464,360

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	o any line in this Pa	rt IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Sagur E Highligh	
	and domestic governments. See Part IV, line 21 a	8,400,965	8,400,965		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			- 1 LA 3 7	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		and the second	
4	Benefits paid to or for members	0			SE ESTAN ENTER
5	Compensation of current officers, directors,				
	trustees, and key employees	759,178	347,8	173,907	237,459
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0	6 18		
10	Payroll taxes	6			
11	Fees for services (nonemployees):	. 4			
a	Management	0	•		
b	Legal	21,950		21,950	
c	Accounting	149,427		149,427	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	200			
9	(A), amount, list line 11g expenses on Schedule O.).	1,533,472	673,785	41,841	817,846
12	Advertising and promotion	133,712	23,712	7,890	102,110
13	Advertising and promotion	179,384	101,458	34,799	43,127
14	Information technology	116,860	53,810	21,483	41,567
15	Royalties	0	90,010		110-11
16	Occupancy	82,334	46,947	12,045	23,342
17	Travel	25,590	4,379	1,697	19,514
18	Payments of travel or entertainment expresses	20,000			1,3-1
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	77,354	35,998	13,841	27,515
20	Interest	0	30,000	19,911	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,211	14,177	3,090	5,944
23	Insurance	47,513	21,878	8,735	16,900
24	Other expenses. Itemize expenses not covered				
	above. (List misce hange us expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 240 expenses on Schedule O.)				
а	Equipment Rentals	607,207	48,484		558,723
b	Credit Card Processing Fees	111,774	.0,.01		111,774
C	Donated Goods	94,045	43,308		50,737
d	Food and Beverage	42,312	42,079	233	
e	All other expenses	94,054	28,380	7,130	58,544
25	Total functional expenses. Add lines 1 through 24e	12,500,342	9,887,172	498,068	2,115,102
26	Joint costs. Complete this line only if the	12,000,072	5,001,112	100,000	2,110,102
20	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)				
	10110WITIN 30F 30-2 (A3C 330-120)				

Part X Balance Sheet

1	Ра	ILT Y	Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 311,979 2 111,4443,235 3 Piedges and grants receivable, net 0 4 0 0 0 0 0 0 0 0				(A)		(B)
2 Savings and temporary cash investments		1	Cash—non-interest-bearing	10,007,741	1	2,218,679
3 Pledges and grants receivable, net 13,044,813 3 10,521,177				311,979	2	11,444,325
A Accounts receivable, net				13,044,813	3	10,521,177
10 Lana and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		_	<u> </u>	0	4	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, fire to a section 4958(c)(3)(8) 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 10 Log 10 0 0 10c 0 0 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets. See Part IV, line 11 0 13 0 0 13 Investments—other securities. See Part IV, line 11 0 13 0 0 14 Intended the securities of the securit		5				
Controlled entity or family member of any of these persons. 0 5		_				
Cans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(c)(3)(B)				ď	5	
Uniform Complete		6		A Allen	W	
7 Notes and loans receivable, net 9 7 0 8				0	6	
10a	9	7		0	7-7	0
10a	386		·	10	8	
10a	As			4,520	9	136,744
Other basis. Complete Part VI of Schedule D 10a 0 0 10c 0 0 10c 0 0 11 10c		_		I STORY I STORY	H M	
B Less: accumulated depreciation 10b 0 10c 0 10c 10c 11c 10c 11c 10c 11c 10c 11c 10c 11c 10c 11c 11c 10c 11c 1		104			VI.	
11 Investments—publicly traded securities 0 11 0 12 0 13 0 13 0 14 15 10 14 15 10 14 15 10 14 15 10 14 15 10 14 15 10 14 15 10 15 15 14 15 15 16 16 16 16 16 16		h		0	10c	0
12 Investments—other securities. See Part IV, line 11. 0 12 0 13 0 14 14 15 12 15 14 15 15 14 15 15 15				0		0
13 Investments—program-related. See Part IV, line 11 0 13 0 0 14 52,293 15 0 14 52,293 15 0 15 0 14 52,293 15 0 15 0 16 0 16 0 17 16 0 17 17 17 18 18 0 18 18 0 18 18				0		0
14 Intangible assets 75,504 14 52,293 15 Other assets. See Part IV, line 11 74,526 15 14,905 14,005 16 Total assets. Add lines 1 through 15 (must equal line 33) 23,579,083 16 24,388,123 17 Accounts payable and accrued expenses 78,485 17 148,094 18 Grants payable and accrued expenses 2,998,145 18 5,878,291 19 Deferred revenue 136,930 19 162,753 18 22,005 19 162,753 19 20 20 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial confloutor, or 35% controlled entity or family member of any of these persons 23 0 22 24 0 25 25 25 25 25 25 25						0
15 Other assets. See Part IV, line 11				75.504		52.293
16 Total assets. Add lines 1 through 15 (must equal line 33) 23,579,083 16 24,388,123 17 Accounts payable and accrued expenses 78,485 17 148,094 18 Grants payable 2,998,145 18 5,878,291 19 Deferred revenue 136,930 19 162,753 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Scheddle D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these parsons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 81,502 25 19,778 26 Total liabilities. Add lines 17 third(ph.2) 3,295,062 26 6,208,916 27 Total liabilities of the particular of the pa						
18 Grants payable 2,998,145 18 5,878,291 19 Deferred revenue 136,930 19 162,753 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedble D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these payable to uncellated third parties 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 7 7 7 7 7 7 7 7 7			Total assets. Add lines 1 through 15 (must equal line 33)			
18 Grants payable 2,998,145 18 5,878,291 19 Deferred revenue 136,930 19 162,753 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedble D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 3,295,062 26 6,208,916 26 Total liabilities. Add lines 17 thirdigh X 3,295,062 26 6,208,916 27 Net assets without donor restrictions 7,082,323 27 8,308,710 28 Net assets with dopor restrictions 7,082,323 27 8,308,710 29 Capital stocker trust principal, or current funds 0 29 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 31 Retained earnings, endowment, accumulated income, or other funds 0 31 32 Total net assets or fund balances 20,284,021 32 18,179,207 33 Total liabilities and net assets/fund balances 23,579,083 33 24,388,123			Accounts navable and accrued expenses			
19 Deferred revenue 136,930 19 162,753			7.000dine payable and decided on penales			
Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete Part IV of Scheddle D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these by sons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 third figh 2. 27 Net assets without donor restrictions. 28 Net assets with dopor restrictions. 29 Capital stock of trust principal, or current funds. 29 Capital stock of trust principal, or current funds. 30 Paid-in or capital-surgus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 34 Secured mortgages and notes payable to unrelated third parties. 30 24 00 24 00 25 19,778 31,502 2			100.78			
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 third gh. 2. Organizations that follow FASB ASQ 58, check here And complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Organizations that to not follow FASB ASC 958, check here and complete lines 29 brough 33. Capital stocker trust principal, or current funds. Paid-in or capital surplits, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances. 20,284,021 32 18,179,207 Total liabilities and net assets/fund balances. 23,579,083 33 24,388,123						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax sayables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 third tay. 27 Net assets without donor restrictions. 28 Net assets without donor restrictions. 29 Capital stockly it rust principal, or current funds. 29 Capital stockly it rust principal, or current funds. 30 Paid-in or capital surghts, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 24 Unsecured mortgages and notes payable to unrelated third parties. 0 23 0 0 24 0 0 25 0 24 0 0 26 19,778 27 19,778 28 19,778 29 25 19,778 20 19,778 21,778 22 19,778 23 25 19,778 25 19,778 26 6,208,916 27 Net assets without donor restrictions. 7,082,323 27 8,308,710 28 19,870,497 29 29 29 29 30 9,870,497 20 29 29 30 9,870,497 30 Paid-in or capital surghts, or land, building, or equipment fund. 30 0 30 30 30 30 30 30 30 30 30 30 30 30	w	l .				
24 Unsecured notes and loans payable to unrelated third parties	#	22				
24 Unsecured notes and loans payable to unrelated third parties	3		controlled entity or family member of any of these parsons	0	22	
24 Unsecured notes and loans payable to unrelated third parties	<u></u>	22				0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on line is 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 this ligh X. Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 turough 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances. 20,284,021 32 18,179,207 33 Total liabilities and net assets/fund balances.						0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		1	Other liabilities (including federal income as payable to related third			
Part X of Schedule D. 81,502 25 19,778 26 Total liabilities. Add lines 17 this tigh \(\) 3,295,062 26 6,208,916 Organizations that follow FASB AS 958, check here \(\) and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 7,082,323 27 8,308,710 28 Net assets with donor restrictions 13,201,698 28 9,870,497 Organizations that to not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stocker thist principal, or current funds 0 29 Total net assets or fund balances 20,284,021 32 18,179,207 Total liabilities and net assets/fund balances 23,579,083 33 24,388,123		25				
Total liabilities. Add lines 17 thi tigh \(\) 3,295,062 \(\) 26 6,208,916 Organizations that follow FASB ASC 958, check here \(\) and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Total liabilities and net assets/fund balances. 26 6,208,916 A,209,916 A,209,916 A,209,323				81.502	25	19.778
Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 turough 33. 29 Capital stock or trust principal, or current funds. 29 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. Total liabilities and net assets/fund balances. 20,284,021 32 18,179,207 23,579,083 33 24,388,123		26				
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Capital stock or trust principal, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Capital stock or trust principal, or equipment fund. Capital stock or trust principal, or current funds. Capital		20			HE	
10tal liabilities and flet assets/full a balances	ő					
10tal liabilities and flet assets/full a balances	a			7 000 202	27	8 308 710
10tal liabilities and flet assets/full a balances	Bal					
10tal liabilities and flet assets/full a balances	둳	28	Net assets with donor restrictions.	13,201,090	20	9,070,497
10tal liabilities and flet assets/full a balances	5		Organizations that do not follow FASB ASC 958, check here			The state of the s
10tal liabilities and flet assets/full a balances	10	0.5		0	20	
10tal liabilities and flet assets/full a balances	ts	1				
10tal liabilities and flet assets/full a balances	80					
10tal liabilities and flet assets/full a balances	As					10 170 207
10tal liabilities and flet assets/full a balances	\et					
	_	33	iotal liabilities and net assets/fund balances	23,318,003	33	

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Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	0,395	5,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	2,500	0,342
3	Revenue less expenses. Subtract line 2 from line 1	3		2,104	1,8 <u>14</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	2	0,284	1,021
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				
	column (B))	10	1	8,179	9,207
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.			•	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Oner				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				E.
	Schedule O.			1	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	s s :	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we accompiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			ST.	
b	Were the organization's financial statements audited by an independent accountant?	. 113	. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements or the year were audited on a				
	separate basis, consolidated basis, or both.				1-3
	X Separate basis Consolidated basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				LY.
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	s e e	2c	X	
	If the organization changed either its oversight process of selection process during the tax year, explain on				45
	Schedule O.				NT.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				.,
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	9 8 7	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		L

Form 990 (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

JUI	KER	OUND					46-05	52414	
	rt I	Reason for Public Char							
The	orga	anization is not a private foundat		_					
1	L	A church, convention of church	es, or association of	f churches described in	section	170(b)(1)(A)(i).		
2		A school described in section '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(b)(1)(A)(iii).		
4		A medical research organizatio	n operated in conjur	nction with a hospital d	escribed i	n section	1 7 0(b)(4)(A)(iii). Er	iter the	
		hospital's name, city, and state:	· ·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a gov	erni ental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	tal unit described in s e	ection 170)(b)(1)(A)(W.		
7	Χ	An organization that normally redescribed in section 170(b)(1)			m a gove	rimental u	it or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)				
9	Г	An agricultural research organiz	zation described in	section 170(b)(1)(A)(ix) operate	lin conjur	ction with a land-gra	ant college	
		or university or a non-land-grar university:	nt college of agricult	ure (see instructions).	Enter the	n in e, city	, and state of the co	llege or	
10		An organization that normally re	eceives (1) more that	an 33 1/3% of its supp	rt from co	ntribution	s, membership fees,	and gross	
		receipts from activities related t support from gross investment	to its exempt function	ns, subject to certain o	exceptions	s; and (2) r	io more than 33 1/3 511 tay) from busine	% of its	
		acquired by the organization af	ter June 30, 1975.	See section 509(a)(2).	(Complet	e Part III.)	orr tax) ironi basine	3303	
11		An organization organized and			Ric.				
12	F	An organization organized and	•		•			he purposes of	
	_	one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or sec	ction 509(a)(2). See section 5	i09(a)(3).	
а	1	Type I. A supporting organiz							
		the supported organization(sorganization. You must con	nplete Part IV, Sect	lons A and B.					
k)	Type II. A supporting organize control or management of the	zation supervise	controlled in connecti	on with its	supported	d organization(s), by	having	
		organization(s). You must c	complete Part IV. Se	ections A and C.	ille perso	iis triat coi	illoi oi manage ine	supported	
c	;	Type III functionally integra			n connect	ion with, a	nd functionally integ	rated with,	
		its supported organization(s) (see instituctions).	You must complete F	Part IV, Se	ctions A,	D, and E.		
C	ı	Type III non-functionally in	itegrated. A suppor	ting organization opera	ated in cor	nection w	ith its supported org	anization(s)	
		that is not functionally integr requirement (see instruction	ater I ne a ganizat	ion generally must sat lete Part IV Sections	Sty a distr	and Part	luirement and an att V	entiveness	
e	ì	Check this box if the organiz						e III	
		functionally integrated, or Ty	e III non-functiona	lly integrated supporting	ng organiz	ation.	31 / 31 / 31		
f	'	Enter the number of supported	organizations					6	0
Ę		Provide the following information Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	T (S.A. In About	organization	(v) Amount of monetary	(vi) Amount of	
	(1)	Name of supported organization	(II) EIN	(described on lines 1–10		ır governing	support (see	other support (see	
				above (see instructions))	docu	ment?	instructions)	instructions)	
					Yes	No			
(A)					100	110			
,									
(B)									
(C)									
(D)									
(E)					-				
-/									
Tota	al				1170		0	_	0

Sche	edule A (Form 990) 2023 CUREBOU	IND				46-055241	4 Page 2
	rt II Support Schedule for Orga		cribed in Sect	ions 170(b)(1)(A)(iv) and 170		
	(Complete only if you checke	ed the box on lin	e 5. 7. or 8 of	Part I or if the o	rganization fail	ed to qualify un	der
	Part III. If the organization fai						
Sec	ction A. Public Support			,,,			
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	4,339,549	1,399,405	8,750,114	18,221,209	12,446,231	45,156,508
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					•	0
3	The value of services or facilities				A 4		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	4,339,549	1,399,405	8,750,114	18/221,209	12,446,231	45,156,508
5	The portion of total contributions by				100		
	each person (other than a				ALCOHOL THE		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			46			
	shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4						45,156,508
	ction B. Total Support				<u> </u>		
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4,339,549	1,399,405	8,750,114	18,221,209	12,446,231	45,156,508
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			<u> </u>			
	similar sources	101	52	13	48	246,733	246,947
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	294,372	*	76,935		12,787	384,094
11	Total support. Add lines 7 through 10.						45,787,549

12	Gross receipts from related activities, etc. (see instructions)	12			
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)				
	organization, check this box and stop here				
Se	ction C. Computation of Public Support Percentage				
14	Public support percentage for 2023 (line 6 column (f), divided by line 11, column (f))	14	98.62%		
15		15	98.34%		
	6a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization areas a publicly supported organization				
-	o 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more box and stop here. The organization qualifies as a publicly supported organization				
17:	10%-facts-and-circumstants set—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 1 10% or more, 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 test. The organization qualifies as a publicly supported				
	organization	· × × × ×	C2		

	b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain	
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	
	organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	

46-0552414

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

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an					•	
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
~	organization's benefit and either paid to						
	or expended on its behalf						0
-	The value of services or facilities					[P	
5	furnished by a governmental unit to the						
	organization without charge						0
	*	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	- 0		U	U	
/a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						
b	Amounts included on lines 2 and 3				₹))		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	-					0
C	Add lines 7a and 7b	0	<u>* 0</u>	0	0	0	0
8	Public support (Subtract line 7c from			1000		11/24-1-	
	line 6.)						0
	tion B. Total Support	(-) 0040	41-1 0000	(-) 0004	(4) 2000	(0) 0000	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0		0	
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					_	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	*					
	activities not included on line 10b, whether	20					
	or not the business is regularly carried on	•					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 7, 10c, 1						
	and 12.)	0	0	0		·	0
14	First 5 years. If the Form 100 is fo the orga		ond, third, fourth,	or fifth tax year as	a section 501(c)(3)		_
	organization, check this box and stop here	<u></u>					
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2023 (line 8, c	olumn (f), divided f	y line 13, column	(f))		15	0.00%
16	Public support percentage from 2022 Sched	ule A, Part III, line	<u> 15</u>	<u> </u>	<u> </u>	16	0.00%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line	10c, column (f), d	ivided by line 13, o	column (f))		17	0.00%
18	Investment income percentage from 2022 S	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2023. If the organi	ization did not chec	k the box on line 1	14, and line 15 is m	nore than 33 1/3%,		
	not more than 33 1/3%, check this box and s	stop here. The org	anization qualifies	as a publicly supp	orted organization	<i>.</i>	
b	33 1/3% support tests—2022. If the organi						
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pub	olicly supported org	anization	g was w
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	s	

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Part IV Sup

Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 years 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 example such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 national 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 lines 5b and 5c 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?
- 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)), 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).
- 8 Did the organization in ake coardo a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete, art I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified person, as defined in section 4946 (other than foundation managers and organizations described in section 305(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja	Jei	
3b		
	73.5	2
3с		
4a		
	gy y	
4b		
4c		10 8
5a		
5b		
5c		
6		
3		EJL
7		
8		
0-		- 7-
9a		
9b		
9с		
10a		
10b	ne fil	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44.0		
la.	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b	\vdash	-
b	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c	1000	
Secti	ion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	150		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	97.11		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were all cates among the	73		
	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	25-34		
	VI how providing such benefit carried out the purposes of the supported organization(s) and operated,	2	15 ==	-
Secti	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
36011	on c. Type it 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		100	
	or trustees of each of the organization's supported organization(s)? If "No," yeschica in Fart VI how control	= 12		
	or management of the supporting organization was vested in the same parsons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	24.23		
	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		4.0	
	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		1 = 3
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	- 4		411
9	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? I "Yes," describe in Part VI the role the organization's			
	supported organizations played in this revard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ruction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruct	ions)	
		e motracti		
2	Activities Test. Answer line 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	553		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	La	Ш.,	Es l
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	151		
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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Hani	11.73	P
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E.
Section 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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	173		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	Tb		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10	0	0
e 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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract the 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting of	organization (see
instructions)	,	,	

0

0

0

0

0

Remaining underdistributions for vears prior to 2023, if any. Subtract lines 3g and 4a from the 2. For result greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result realer than zero, explain

Excess distributions carryover to 2024. Add lines 3j

in Part VI. See instructions.

and 4c.

Breakdown of hise a Excess from 2019

Excess from 2020

Excess from 2023

c Excess from 2021.

d Excess from 2022.

0

Schedule A (Fo	orm 990) 2023	CUREBOUND		46-0552414 Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	Section A, lines 1, 2, 3b, 3d art IV, Section C, line 1; Par line 1; Part V, Section B, line	anations required by Part II, line 10; Part II, line 17, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section D, lines 2 and 3; Part IV, Section E, Ine 1e; Part V, Section D, lines 5, 6, and 8; and Pany additional information. (See instructions.)	⁷ a or 17b; Part t IV, Section ines 1c, 2a, 2b,
	-			
Part II Sect	ion B Line 10 This a	mount represents sales of n	nerchandise.	
				A
			A 4	

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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CUREBOUND 46-0552414 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors 5 funds are the organization's property, subject to the organization's exclusive legal control?. Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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) reservation of a certified historic structure Protection of natural habitat Preservation of open space Preservation of open space

Complete lines 2a through 2d if the organization held a qualified content of contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements. 2a **b** Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included on line 2a. 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 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, aspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement epole on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? . . . 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 the organization answered "Yes" on Form 990, Part IV, line 8. If the organization sected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical deasures, 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 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. b Assets included in Form 990, Part X.

Schedule D (Form 990) 2023	CUREBOUND
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2000 2

Par	III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, access						-
	collection items (check all that apply).	_					
а	Public exhibition	d	Loan or exchange p	rogram			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's of XIII.	collections and explain I	now they further the org	ganization's exempt pu	rpose in P	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than				Пү	es 🗆	No
Part							1
	Complete if the organization answ 990, Part X, line 21.		990, Part IV, line 9,	or reported an altrou	int on Fo	rm	
1a	Is the organization an agent, trustee, custo- included on Form 990, Part X?			other ssets not		es	No
b	If "Yes," explain the arrangement in Part XI		A STATE OF THE STA			JU	,
	•	•			Amount		
C	Beginning balance			1c			0
d	Additions during the year			_1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on		The state of the s	-		es X	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	lanation has been prov	ided in Part XIII			
Part							
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 10.				
10		Table AND	or year (c) Two years	s back (d) Three years ba		our years	
1a b	Beginning of year balance	0	0	0	0		0
C	Net investment earnings, gains,						
•	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the	richt year end balance (line 1g, column (a)) he	ld as:			
a	Board designated or quasi-endowment	%					
b	Permanent endowment	% 					
С	Term endowment %						
20	The percentages on lines 2a, 2b, and 2c sh	•		maininta wa al fa a the a			
3a	Are there endowment funds not in the posse organization by:	ession of the organization	on that are held and ad	ministered for the		Vaa	Ma
	(i) Unrelated organizations	#S			20/i)	Yes	No
	(ii) Related organizations				3a(i) 3a(ii)		
b	If "Yes" on line 3a(t), are the related organize				3b		
4	Describe in Part XIII the intended uses of the				00		
Part			Trotte ratioo.		•		
	Complete if the organization answ		990. Part IV. line 11a	. See Form 990. Pa	rt X. line	10	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		ook value	
		(investment)	(other)	depreciation	(4) 50	esting	-
1a	Land	0	0				0
b	Buildings	0	0	0			0
C	Leasehold improvements	0	0	0			0
d	Equipment	0	0	0			0
e	Other		0	0			0
ı otal.	Add lines 1a through 1e. (Column (d) must	equal ⊢orm 990, Part X,	line 10c, column (B)) .				0

Part VII	Investments—Other Securities.		
	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	l derivatives	0	
(2) Closely	held equity interests	0	
(3) Other			
(A)			
(B)			
(C)			<u> </u>
(D)			
(E)			
(F)			
(G) (H)			
	n (b) must equal Form 990, Part X, line 12, col. (B)) .	0	
Part VIII	Investments—Program Related.		
r are viii		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
(4)			Cost of end-of-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B)) .	0	
Part IX	Other Assets.		
	Complete if the organization answered (a) Description		Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)	(a) bootin		(B) DOON YUUU
(2)			
(3)		`	
(4)			
(5)	.,,		
(6)	W 0		
(7)			
(8)			
(9)			
	mn (b) must equal Fo m > 0. Part X, line 15, c	ol. (B))	
Part X		Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
_	line 25.		
1.	(a) Descripti	ion of liability	(b) Book value
	income taxes		0
(2) Lease	Liability		19,778
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, c	ol (B))	
	r uncertain tax positions. In Part XIII, provide the tex		
-	•		text of the footnote has been provided in Part XIII .

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		40.005.500
1	Total revenue, gains, and other support per audited financial statements	1	10,395,528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	20	0
e	Add lines 2a through 2d	2e 3	10,395,528
3	Subtract line 2e from line 1	3	10,393,320
4	Investment expenses not included on Form 990, Part VIII, line 7b.	(2.0)-	
a	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	4Ac	0
C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,395,528
5 Dov	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Xetuiii.	
1	Total expenses and losses per audited financial statements	1	12,500,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a	3	12,500,342
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,500,342
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IXI, lines 2d and 4b; and Part XII, lines 2d and 4b, Also complete this part to provide any additional information.		₃; Paπ X, line

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number **CUREBOUND** 46-0552414 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants a Internet and email solicitations b Solicitation of government grants Phone solicitations C g Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directo key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) ectivity fundraiser listed in contributions? organization col. (i) Yes No 1 0 0 0 2 0 0 0 3 0 0 0 0 0 0 5 0 0 0 6 0 0 0 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 Total 0 List all states in which argization is registered or licensed to solicit contributions or has been notified it is exempt from registration or lig

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through NONE **Events** col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . 4,515,063 4,515,063 Less: Contributions . . . 0 Gross income (line 1 4,515,063 minus line 2). 4,515,063 Noncash prizes 0 **Direct Expenses** Rent/facility costs . . . 0 0 Food and beverages . . . 74,569 74,569 2,108,481 2,108,481 Other direct expenses . . 110,087 0 110,087 Direct expense summary. Add lines 4 through a micolania. (2)

Net income summary. Subtract line 10 from line 3, column (d)

Net income summary. Subtract line 10 from line 3, column (d)

Portion of the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than 2,293,137) 2,221,926 Pull tabs/instant bingo progressive bingo Revenue (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) Gross revenue 0 Direct Expenses Cash prizes . . 0 Noncash prizes ... Rent/facility costs. Other direct expenses % Yes % % Yes Volunteer labor . No 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in this the organization conducts gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Schedi	hedule G (Form 990) 2023 CUREBOUND		46-0552414 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of formed to administer charitable gaming?		Yes No
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility		13a % 13b %
	Name	<u> </u>	
	Address		
15a			. Yes No
b	revenue?	\$ 0 and the	. [] Tes [] NO
С	c If "Yes," enter name and address of the third party:		
	Name	<u> </u>	
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independ	dent contractor	
17 a b		o other exempt organizations or	. Yes No
Part	Part IV Supplemental Information. Provide the explanations require Part III, lines 9, 9b, 10l, 15b, 15c, 16, and 17b, as applicable See instructions.	ed by Part I, line 2b, columns	(iii) and (v); and
	*		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection Employer identification number

å (h) Purpose of grant Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Support Cancer Research Support Cancer Support Cancer Support Cancer Support Cancer X Yes Research Research Research Research 46-0552414 noncash assistance (g) Description of to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and at received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, edures for monitoring the use of grant funds in the United States. (e) Amount of nancash assistance 225,575 000,01 3,340,462 603,832 225,000 (d) Amount of cash grant rants or assistance? **Grants and Assistance** 501c3 501c3 50103 50103 50103 96-1691313 95-1684089 51-0197108 33-0328688 94-3067788 (p) EIN 990, Part IV, line 21, for any Grants and Other Assista "noite General Information Describe in Part IV the organization 9420 Athena Circle La Jolla, CA 92037 9500 Gilman Drive La Jolla, CA 92093 3020 Childrens Way MC5005 San Die 10550 N Torrey Pines Rd La Jolla, CA (1) The Regents of University of Califo 10091 N Torrey Pines Rd La Jolla, CA (3) Rady's Children Hospital San Dieg (2) Sanford Burnham Presbys Medical Does the organization maint the selection criteria used 1 (a) Name and address of organization (5) La Jolla Institute for Immunology or government (4) Scripps Research CUREBOUND Part I

(9)

9

(8)

6)

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

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Schedule I (Form 990) 2023

N

(10)

E

(12)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

CUREBOUND

Schedule I (Form 990) 2023

Part III

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV ന 4 10 9 N

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

CUREBOUND

Employer identification number 46-0552414

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal asidence			
	Tax indemnification and gross-up payments Health or social club dues or initiation less			
	Discretionary spending account Personal services (such as maid, chauffeul, chef)	-		500
	Discretionary spectraling account Torsolital services (such as maid, or adirect, or its)			"1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III is explain.	1b		
				9718
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the concensation of the	100	118	8.7
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		12.7%	
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in or receive payment from a supplemental manqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	3,34	ALC: U	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		100	
5	For persons listed on Form 990, Part 11, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b	-	Х
	If "Yes" on line 5a or 5b, describe in Part III.		35	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingention the net earnings of:			
a b	The organization?	6a 6b		X
D	Any related organization?	OD		^
	The off time od of ob, december if I dit iii.	0.20	188	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
	IIII CALLIII	0	FIG.	^
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)?

CUREBOUND Schedule J (Form 990) 2023

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II

ch lieted individual a Note: Th

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the	listed ir	dividual must equal (he total amount of Fo	rm 990, Part VII, Sec	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	l) and (D) and (I	amounts for that ir	dividual,
		(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and	(D) Montavable	(E) Total of columns	(T)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)–(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
Anne Marbarger	4	280,000	20,000		13,436	10,783	354,219	
1 CEO	(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6	184,521	17,840		13,436	8,094	223,891	
2 Chief Strategy and Implementation O							0	
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7	E 6							
4	₽€	3						
	€							
5	(E)							
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9	(ii)		-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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11	(E)					(a)		
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13	(ii)							
	€							
14	(E)							
	8							
15	(ii)							
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16	€							

Schedule J (Form 990) 2023

46-0552414 Page 3	and for Part II. Also complete this part										Schedule J (Form 990) 2023
Schedule J (Form 990) 2023 CUREBOUND Part III Supplemental Information	[발 길										

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

CUREBOUND

46-0552414

Par	tel Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) determining ribution amoui	nts
1	Art—Works of art						
2	Art—Historical treasures			A. 4	1		
3	Art—Fractional interests 2 2 .						
4	Books and publications						
5	Clothing and household				*		
	goods						
6	Cars and other vehicles				_		
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .						
10	Securities—Closely held stock		-				
11	Securities—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous		•				
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial		4				
17	Real estate—Other		***				
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts	- 4					
23	Scientific specimens	4					
24	Archaeological artifacts	N N					
25	Other (Donated Materials)	2 16	14,000	94,045	FMV		
26	Other ()						
27	Other (
28	Other (
29	Number of Forms 8283 received of						
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		
						Yes N	No
30a	During the year, did the organization						
	28, that it must hold for at least 3 y						
	to be used for exempt purposes for		nolding period?		a a a . 30	Da :	<u>X</u>
b	If "Yes," describe the arrangement				-		
31	Does the organization have a gift a						
	contributions?				3	1 X	
32a	Does the organization hire or use t						
	noncash contributions?				32	2a .	<u>X</u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of prope	erty for which column (a) is		3 E 8 L	
	checked, describe in Part II.						

	-orm 990) 2023 CUREBOUND 46-0552414 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
	the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
	of a combination of both. Alco complete the part for any additional mornation.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CUREBOUND

Employer identification number 46-0552414

Form 990, Part VI, Line 11b: A copy of the Form 990 is provided to each board member for
review before it is filed.
Form 990, Part VI, Line 12c: The Conflict of Interest Policy applies to all directors and
officers of the Organization, and any person who is in a position ot exercise substantial
influence over the decisions and affairs fo the Organization. All directors and officers of
the Organization are required to file an annual disclosure statement wit the board of
directors. If an interested person has a position of financial interest in any business or
other entity with the Corporation is considering entering into an arrangement or transaction.
the interested person must disclose the existence of his or her portion of financial interest
and all material facts fo the Organization's board of directors as soon as the interested
person has knowledge of the potential arrangement or transaction.
Form 990, Part VI, Line 15a: Compensation of the executive director is approved by the board
of directors.
Form 990, Part VI, Line 18: Any documents as stipulated by law are available to the public.
Form 990, Part VI, Line 19: Any documents as subulated by law are available to the public.
Form 990, Part VI, Line 15b: Compensation of the oner officers and key employees are approved
by the board of directors.
Form 990, Part IX, Line 11g: The Orgivization entered into a PEO relationship and thefeore
reports salaries and related expenses on this line as well as consulting expenses.
Form 990, Part I, Section 1, Curebound seeks to improve life for those around the world facing
cancer by developing the tools with which we prevent, diagnose, treat, and ultimately cure
cancer. We believe that the San Diego community has the unique resources and spirit of
collaboration to significantly improve patient outcomes and care. We are passionate about our
mission of mobilizing San Diego to accelerate cures for cancer in our lifetime. Curebound is
committed to investing 100 million dollars into collaborative cancer research in San Diego to

make the vision of cures in our lifetime a reality. Over the last decade, since the inception

Schedule O (Form 990) 2023	Page 2
Name of the organization CUREBOUND	Employer identification number
CONEBCOND]46-0552414
of Padres Pedal the Cause, the Immunotherapy Foundation, and now Curebound, we have fund	ed
over 110 research grants that explore 87 adult cancer projects, 28 pediatric cancer projects,	
and 6 pioneering clinical trials, totaling over 34.5 million dollars invested. The uniqueness	
of our funding model is further validated by the social impact multiplier demonstrated by our	
grant recipients receiving 13 dollars in additional funding for every 1 dollar invested by	
Curebound.	
Form 990, Part III, Section 1, This year alone, nearly two million people will be diagnosed	
with cancer, and it is the number two cause of death in the United States. Our mission is to)
mobilize San Diego to accelerate cures for cancer in our lifetime. And the vision of Curebound	
is a world without cancer. Curebound is headquartered in San Diego amidst a unique combination	n
of three NCI cancer centers, clinical care hospitals, biotech companies, venture capital	
investors, philanthropic networks, and most importantly- a regional culture that embraces the	
spirit of collaboration. This ecosystem positions San Diego and curebound at the forefront of	
discovery bringing genomic medicine, new technologies and clinical trials to market and	
presents an unprecedented opportunity for research collable ration. We believe that the next	
decade will be critical to the development of sophisticated, personalized approaches in the	
way we prevent, treat, and ultimately find cures for ranger.	
<u>, </u>	