## 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)

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Α	For the 2018	alendar year, or tax year begin	ning 10/01/18, and ending	09/30/	19			
В	Check if applicable:  Address change  C Name of organization  CURE JM FOUNDATION					D Employer identification number		
X								
	Name change					35-222262		
	Initial return	19309 WINMEADE DR	Ψ,			Committee of the commit	596-6267	
	Final return/	City or town, state or province, country, and ZIP or foreign postal code				202 330 0207		
	terminated							
	Amended return	nended return  F Name and address of principal officer:						
	Application pending					H(a) Is this a group return for subordinates?  Yes  No  H(b) Are all subordinates included?  If "No," attach a list. (see instructions)		
	19309 WINMEADE DRIVE, SUITE 204 LEESBURG VA 20176				H(b) Are all subord			
					If "No," at			
1	Tax-exempt status:							
J	Website: ► WWW.CUREJM.ORG  H(c) Group ex				H(c) Group exemp	tion numbe	er 🕨	
K	Form of organization	Corporation Trust A	ssociation Other	L Y	ear of formation: 20		M State of legal domicile: CA	
F	Part I Su	ummary						
	1 Briefly describe the organization's mission or most significant activities:							
Ce	TO FIND BETTER TREATMENTS AND A CURE FOR JUVENILE MYOSITIS AND IMPROVE THE							
lan	LIVES OF FAMILIES.							
/err								
30	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset					s.		
∞		of voting members of the governi	# # # # # # # # # # # # # # # # # # #	5. 500 5 50000 8 50000 8 40000 8 40000	ON BUT TO SERVICE OF SUCH AS RESERVED AS RES	3	9	
ies			of the governing body (Part VI, line 1b)			4	9	
Σ	5 Total nur	mber of individuals employed in c	alendar year 2018 (Part V, line 2a)			5	5	
Act	6 Total number of volunteers (estimate if necessary)					6	1910	
	7a Total unr	elated business revenue from Pa	ert VIII, column (C), line 12			7a	0	
	<b>b</b> Net unre	lated business taxable income fro	om Form 990-T, line 38			7b	0	
					Prior Year	001	Current Year	
ne		tions and grants (Part VIII, line 1h	· * * * * * * * * * * * * * * * * * * *		1,959	,884	1,854,330	
eni	9 Program service revenue (Part VIII, line 2g)						0	
Rev	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				,812	13,143		
Life	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				3,	,098	55,797	
_			ust equal Part VIII, column (A), line 12	2)	1,974	794	1,923,270	
	2 7 1 K K 1 2 2 K K 1 2 2 K K K 1 2 K K K K				914	637	880,722	
	14 Benefits paid to or for members (Part IX, column (A), line 4)						0	
es	#1 POR 1 1/2 POR 2 1 P					526	660,872	
ens	16a Professional fundraising fees (Part IX, column (A), line 11e)					ā .	0	
Exp	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 357,618							
	Tr Other expenses (Part IX, Column (A), lines Tra-Tru, Tri-24e)				512,		198,806	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)						1,740,400	
. 0	19 Revenue less expenses. Subtract line 18 from line 12							
Vet Assets or	Beginning of Curro 20 Total assets (Part X, line 16)						End of Year	
		I liabilities (Part X, line 26)						
_ <u>u</u>	22 Net assets or fund balances. Subtract line 21 from line 20					525	1,814,470	
tr	ue, correct, and o	omplete. Declaration of preparer (other	d this return, including accompanying sche	dules and stateme	nts, and to the best	of my kn	owledge and belief, it is	
-	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					0	1	
Sic	30	Signature of officer				Date	05/17	
Sig	311	JAMES MINOW		EVECTI	DTITE DIDE			
Here  JAMES MINOW  Type or print name and title  EXECUTIVE DIRECTOR						<		
_			Preparer's signature		Date		# DTIN	
Pai						Check	if PTIN	
	narer	THADDEUS N. TOAL, CPA			08/17/2	181		
	Films hame / Locality Data & Limbert, Line							
230		ANNIA POTTE MD 21401-7369						
N.A.	Firm's ad		, MD 21401-7368		Phon	e no.	410-224-0343	
		s this return with the preparer sho					Yes No	
DAA		uction Act Notice, see the separate	instructions.				Form <b>990</b> (2018)	