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CLIENT'S COPY



CERTIFIED PUBLIC ACCOUNTANTS, LLP 551 FIFTH AVENUE - SUITE 400, NEW YORK, NY 10176 212-697-2299 FAX: 212-949-1768

OCTOBER 31, 2019

SARA'S CURE 489 FORT JOHNSON RD CHARLESTON, SC 29412-0000

DEAR SIR OR MADAM,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2018 FORM 990-EZ

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	
	SARA'S CURE 489 FORT JOHNSON RD CHARLESTON, SC 29412-0000
Prepared by	LUTZ AND CARR, CPAS LLP 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2018, or fiscal year beginning	, 2018, and ending	
Department of the Treasury	Do not send to the	IRS. Keep for your records.	
Internal Revenue Service	Go to www.irs.gov/Form8	3879EO for the latest information	٦.
Name of exempt organizatio	n		
SARA'S CURE			
SARA'S CURE			
Name and title of officer			

Employer identification number

82-5445706

20

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	140,900.
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize LUTZ AND CARR, CPAS LLP	to enter my PIN 29412
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating c program, I will enter my PIN on the return's disclosure consent screen.	-
Officer's signature ► Date ►	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 264930101 Do not enter all zer	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (<i>N e-file</i> Providers for Business Returns.	
ERO's signature Date	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To I	Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)
823051 10-26-18	

2018.04030 SARA'S CURE

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from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) fa Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) for the revenue (describe in Schedule 0) for Grants and similar amounts paid (list in Schedule 0) for Grants and similar amounts paid (list in Schedule 0) for Greate and other payments to independent contractors for Priofessional fees and other payments to independent contractors for Priofessional fees and other payments to independent contractors for Other expenses (describe in Schedule 0) for the expenses (d	eve	b	. , ,		3				
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d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 20,200. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 140,900. 9 140,900. 10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 30,000. 11 Escience 11 12 11 12 12 Salaries, other compensation, and employee benefits 12 13 4,7774. 13 4,7774. 14 5,240. 15 1666. 14 5,240. 15 1666. 16 13,439. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 13,439. 17 Total expenses. Add lines 10 through 16 17 53,619. 17 53,619. 18 <			gross income a	nd contributions exceeds \$15,000) 6b					
7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 140, 900. 10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 30, 000. 11 Benefits paid to or for members 11 12 140, 900. 11 12 Salaries, other compensation, and employee benefits 12 12 13 4, 774. 13 Professional fees and other payments to independent contractors 13 4, 774. 14 5, 240. 15 Printing, publications, postage, and shipping 15 166. 13, 439. 16 Other expenses. (describe in Schedule 0) SEE SCHEDULE O 16 13, 439. 16 Other expenses. Add lines 10 through 16 17 53, 619. 17 53, 619. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		c	Less: direct exp	enses from gaming and fundraising events 6c					
b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 20,200. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 140,900. 9 10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 30,000. 11 12 Salaries, other compensation, and employee benefits 11 12 12 Salaries, other compensation, and employee benefits 12 13 4,774. 14 5,240. 13 4,774. 14 5,240. 13 Printing, publications, postage, and shipping 15 166. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 13,439. 14 5,240. 15 166. 17 53,619. 17 53,619. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 87,281. 18 87,281.							6d		
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8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 20,200. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 > 9 140,900. 10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 30,000. 11 Benefits paid to or for members 11 11 12 12 Salaries, other compensation, and employee benefits 12 13 4,774. 13 Professional fees and other payments to independent contractors 13 4,774. 14 5,240. 14 Decupancy, rent, utilities, and maintenance 14 5,240. 15 1666. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 13,439. 17 Total expenses. Add lines 10 through 16 17 53,619. 17 53,619. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 87,281. 18		b	Less: cost of go						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 140, 900. 10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE 0 10 30, 000. 11 Benefits paid to or for members 11 11 12 12 Salaries, other compensation, and employee benefits 12 13 4, 774. 13 Professional fees and other payments to independent contractors 13 4, 774. 14 5, 240. 15 Printing, publications, postage, and shipping 15 1666. 13, 439. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE 0 16 13, 439. 17 Total expenses. Add lines 10 through 16 17 53, 619. 18 87, 281.			Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)				20 200	
10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE 0 30,000. 11 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 4,774. 14 Occupancy, rent, utilities, and maintenance 14 5,240. 15 Printing, publications, postage, and shipping 15 166. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE 0 17 Total expenses. Add lines 10 through 16 17 53,619. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 87,281.			Uner revenue (
11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 4,774. 14 Occupancy, rent, utilities, and maintenance 14 5,240. 15 Printing, publications, postage, and shipping 15 1666. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 13,439. 17 Total expenses. Add lines 10 through 16 17 53,619. 18 87,281.			Grante and eim	אינע ווודס ז, ב, ס, א, סט, סט, זיט, מוע ס ilar amounts naid (list in Schedule ח) SEE SCHEDI	ULE O				
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 4,774. 14 Occupancy, rent, utilities, and maintenance 14 5,240. 15 Printing, publications, postage, and shipping 15 166. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 13,439. 17 Total expenses. Add lines 10 through 16 17 53,619. 18 87,281.			Benefits naid to	or for members					
13 Professional fees and other payments to independent contractors 13 4,774. 14 Occupancy, rent, utilities, and maintenance 14 5,240. 15 Printing, publications, postage, and shipping 15 166. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 13,439. 17 Total expenses. Add lines 10 through 16 17 53,619. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 87,281.	ŝ		Salaries, other	compensation, and employee benefits					
15 16 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	nse								
15 16 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	adx	14					14		
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 87.281.			Other expenses	(describe in Schedule 0) SEE SCHED	ULE O				
18Excess or (deficit) for the year (Subtract line 17 from line 9)1887,281.19Net assets or fund balances at beginning of year (from line 27, column (A))190.									
819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)190 •	ţ						18	87,281.	
(Inust agree with end-or-year figure reported on prior year's return) [19] U	sse	19					40	0	
a 20 Other changes in pet assets or fund balances (explain in Schedule 0)	žА	0.0							
20Other changes in net assets or fund balances (explain in Schedule 0)200.21Net assets or fund balances at end of year. Combine lines 18 through 202187,281.	ž							-	
LHA For Paperwork Reduction Act Notice, see the separate instructions.	LHA						21		

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Forn	n 990-EZ (2018) SARA'S CURE		:	82-	54457	06	Page 2
Pa	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any ques	tion in this Part II				X
			(A) Beginning of year		(B) E	nd of yea	
22	, , , , , , , , , , , , , , , , , , , ,		0	• 22		81,	549.
23	Land and buildings			23			
24	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE (D	0	• 24			732.
25	Total assets		0	• 25		87,	281.
26	Total liabilities (describe in Schedule O)		0	• 26			0.
27	······································		0	• 27		87,	281.
Pa	art III Statement of Program Service Accomplishme	ents (see the instru	uctions for Part III)			penses	
	Check if the organization used Schedule O to res		tion in this Part III	X	(Required 501(c)(3)		
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE (C			organizatio		
Desc	ribe the organization's program service accomplishments for each of its three largest program	n services, as measured by ex	penses. In a clear and concise		others.)	<i>,</i> ,	
manı	ner, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title.					
28	SEE SCHEDULE O						
	(Grants \$ 30,000.) If this amount includes foreign	grants, check here			28a	30,	000.
29	SEE SCHEDULE O						
	(Grants \$ 0 •) If this amount includes foreign	grants, check here			29a	16,	000.
30	· · · · · · · · · · · · · · · · · · ·	-					
	(Grants \$) If this amount includes foreign	grants, check here			30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign				31a		
32	Total program service expenses (add lines 28a through 31a)			🕨	32		000.
Pa	art IV List of Officers, Directors, Trustees, and Key I	Employees (list each	one even if not compensated -	see the	instructions f	or Part IV)	
	Check if the organization used Schedule O to res	spond to any ques	tion in this Part IV				
		(b) Average hours			alth benefits,	(e)Est	imated
	(a) Name and title	per week devoted t		emple	ibutions to oyee benefit		of other
		position	(if not paid, enter -0-)		and deferred	compe	nsation
LF	NNIE WOODS						
ΕX	ECUTIVE DIRECTOR	40.00	0.		Ο.		0.
MC	DLLY LISKA						
CH	IIEF OPERATING OFFICER	40.00	0.		Ο.		0.
KE	LLEY ARGRAVES, PH.D						
SC	IENTIFIC DIRECTOR	40.00	0.		Ο.		0.
JE	NAE HELLER						
BC	ARD MEMBER	1.00	0.		Ο.		0.
DR	U WILLIAMS						
	OARD MEMBER	1.00	0.		0.		0.
MA	RK GIBSON						
	DARD MEMBER	1.00	0.		Ο.		Ο.
		-					
		1					
		1					
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Form	1 990-EZ (2018) SARA'S CURE 8	2-54	45706		Page 3
Pa	art V Other Information (Note the Schedule A and personal benefit contract statement req	uireme	ents in th		
	instructions for Part V.) Check if the organization used Sch. O to respond to any ques	tion in [.]	this Part	V	X
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of e	each			
	activity in Schedule O		33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended				
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as the	se report	ed		
	on lines 2, 6a, and 7a, among others)?		35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0		35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and pro-				
	requirements during the year? If "Yes," complete Schedule C, Part III		35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.		
	Did the organization file Form 1120-POL for this year?		37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans mad				
	in a prior year and still outstanding at the end of the tax year covered by this return?		38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u>A</u>	_		
39	Section 501(c)(7) organizations. Enter:	-			
	Initiation fees and capital contributions included on line 9		_		
	Gross receipts, included on line 9, for public use of club facilities 39b N/	<u>A</u>	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	0.			
	section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.; section 4955 \blacktriangleright	0.			
D	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did transaction in a prior year that has not been reported on any				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		405		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		<u>л</u>
U	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed		<u>-</u>		
u		0			
e	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		<u> </u>		
Ū	transaction? If "Yes," complete Form 8886-T		40e		x
41	List the states with which a copy of this return is filed \triangleright SC				I
	The organization's books are in care of ► LANEEN WOODS Telephone no. ►	(877)829-	550	0
	Located at > 489 FORT JOHNSON RD, CHARLESTON, SC Z	IP + 4 ▮	2941	2-0	000
b	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		1	Yes	No
	account)?		42b		Х
	If "Yes," enter the name of the foreign country: 🕨				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR).	_		
C	At any time during the calendar year, did the organization maintain an office outside the United States?		42c		Х
	If "Yes," enter the name of the foreign country: 🕨				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A		
				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of				37
	Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead				v
-	of Form 990-EZ		44b	ļ	X X
	Did the organization receive any payments for indoor tanning services during the year?		44c		^
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation				
AE -	in Schedule 0				x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		4 0a		
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		45b		
	ידבנטון וסוי וידיט, דיטווו סטי מות טטונימטט די וומצ ווכני נט של טטוואופנכט ווזגנכמט טו דיטווו סטי-בג. סלל ווזגו טטוטווא		430 Form 9	90-F7	(2018)
			101110		(2010)

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	2018) SARA'S CURE					82-5445	706	F	Page 4
						г		Yes	No
	rganization engage, directly or indirectly, in po						40		Х
	omplete Schedule C, Part I	s Only					46		<u> </u>
	All section 501(c)(3) organizations must		19b and 52. ar	nd comple	te the tables for line	s 50 and 51.			
	Check if the organization used Schedule			-					
						г		Yes	No
	rganization engage in lobbying activities or hav	. ,					47		X
	panization a school as described in section 170 rganization make any transfers to an exempt n						48 49a		X X
	vas the related organization a section 527 orga						49a 49b		<u></u>
50 Complete	e this table for the organization's five highest c	ompensated employees ((other than offic	ers, directo	s, trustees, and key e	nployees) who e		eived	more
than \$10 ⁴	0,000 of compensation from the organization.	If there is none, enter "No	one."		-		_		
	(a) Name and title of each employee		(b) Average per week de		(C) Reportable compensation (Forms	(d) Health benefits contributions to		Estim unt of	
	NON	10 J	per week de positi		W-2/1099-MISC)	employee benefit plans, and deferred		npensa	
	NOF					compensation	+		
							_		
							+		
organizat	e this table for the organization's five highest c ion. If there is none, enter "None." NON lame and business address of each independe	1E) Type of service		Compe		
d Total nun	nber of other independent contractors each re	zeiving over \$100,000			►				
52 Did the o	rganization complete Schedule A? Note: All se	ction 501(c)(3) organizat	tions must attac	h a					
52 Did the o complete	rganization complete Schedule A? Note: All se d Schedule A	ction 501(c)(3) organizat	tions must attac	h a			X Ye		
Did the o complete	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this	ction 501(c)(3) organizat	tions must attac	h a Iles and sta	ements, and to the be	st of my knowled			
Did the o complete	rganization complete Schedule A? Note: All se d Schedule A	ction 501(c)(3) organizat	tions must attac	h a Iles and sta	ements, and to the be	st of my knowled			_
2 Did the o complete Inder penalties rue, correct, a	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this	ction 501(c)(3) organizat	tions must attac	h a Iles and sta	ements, and to the be	st of my knowled			
2 Did the o complete Inder penalties ue, correct, a Sign	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer LANEEN WOODS, EXECU- Type or print name and title	ction 501(c)(3) organizat return, including accom an officer) is based on all	tions must attac panying schedu I information of	h a Iles and sta	ements, and to the be	st of my knowled			_
2 Did the o complete Inder penalties ue, correct, a Sign	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer LANEEN WOODS, EXECU	ction 501(c)(3) organizat return, including accom an officer) is based on all	tions must attac panying schedu I information of	h a Iles and sta	ements, and to the be trer has any knowledg Check	st of my knowled e. Date			_
2 Did the o complete Inder penalties rue, correct, a Sign lere	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer LANEEN WOODS, EXECU Type or print name and title Print/Type preparer's name	ction 501(c)(3) organizat return, including accom an officer) is based on all JTIVE DIRECT	tions must attac panying schedu I information of	h a iles and stat which prepa	ements, and to the be arer has any knowledg	st of my knowled e. Date	lge and	belief,	_
2 Did the o complete Inder penalties rue, correct, a Sign Here Paid Preparer	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer LANEEN WOODS, EXECU Type or print name and title Print/Type preparer's name CHRIS BELLANDO	ction 501(c)(3) organizat e return, including accom an officer) is based on all PTIVE DIREC Preparer's signature	tions must attac	h a iles and stat which prepa	rements, and to the be arer has any knowledg Check self- emplo	st of my knowled e. Date j if PTIN yed P00	Ige and	5 belief,	_
2 Did the o complete Inder penalties rue, correct, a Sign Here Paid Preparer	rganization complete Schedule A? Note: All set d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer LANEEN WOODS, EXECU Type or print name and title Print/Type preparer's name CHRIS BELLANDO Firm's name ► LUTZ AND CAF	ction 501(c)(3) organizat e return, including accom an officer) is based on all TTIVE DIRECT Preparer's signature RR , CPAS LLH	tions must attac ipanying schedu l information of FOR	h a iles and stat which prepa	ements, and to the be arer has any knowledg Check self- emplo Firm's EIN	st of my knowled e. Date POO POO POO POO	541' 550	714 55	_
2 Did the o complete Inder penalties rue, correct, a Sign Here Paid Preparer	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer LANEEN WOODS, EXECU Type or print name and title Print/Type preparer's name CHRIS BELLANDO	ction 501(c)(3) organizations return, including accom an officer) is based on all UTIVE DIRECT Preparer's signature RR, CPAS LLI VENUE, SUIT	tions must attac ipanying schedu l information of FOR	h a iles and stat which prepa	rements, and to the be arer has any knowledg Check self- emplo	st of my knowled e. Date j if PTIN yed P00	541' 550	714 55	_
52 Did the o complete Jnder penalties rue, correct, au Sign Here Paid Preparer Use Only	rganization complete Schedule A? Note: All se d Schedule A s of perjury, I declare that I have examined this ind complete. Declaration of preparer (other that Signature of officer LANEEN WOODS, EXECU Type or print name and title Print/Type preparer's name CHRIS BELLANDO Firm's name ▶ LUTZ AND CAF Firm's address ▶ 551 FIFTH Z	ction 501(c)(3) organizations return, including accom an officer) is based on all UTIVE DIRECT Preparer's signature RR, CPAS LLE VENUE, SUIT IY 10176	tions must attactions must attaction in the second	h a iles and sta which prepa	ements, and to the be trer has any knowledg Check self- emplo Firm's EIN Phone no.	st of my knowled e. Date POO POO POO 212-69	541' 550	714 55 299	_

832174 12-11-18

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ
J		550		

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection
tal and the second second second second

Nam	Name of the organization Employer identification number								
			'S CURE						2-5445706
Pa	τI	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The o	organ	ization is not a private found	dation because it is: (For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go							
7	Х	An organization that norma		ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org							
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, city	/, and state o	t the colleg	e or
10		university:	lly received (1) more	than 22 1/20/ of its our	nort from	oontributi	ana mambar	bin face o	and areas respired from
10		An organization that norma activities related to its exen							
		income and unrelated busi		-					-
		See section 509(a)(2). (Con				3363 acqu		ganzation	alter bulle 50, 1975.
11		An organization organized	,	ively to test for public sa	afety. See s	section 50)9(a)(4).		
12		An organization organized		•	•			arrv out the	e purposes of one or
		more publicly supported or	•	•	•		-		• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	<i>r</i> giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		☐ Type III functionally interest						Illy integrat	ed with,
		its supported organizatio		· ·	-		-		
d		Type III non-functionally						-	
		that is not functionally int	0	e ,	•		•	d an attent	iveness
-		requirement (see instruct	-						
е		Check this box if the orgation functionally integrated, or					стурет, туре	п, туре п	
f	Ente	er the number of supported		nally integrated support	ing organi	zation.			
		vide the following information	•	ed organization(s)					- L
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 5

Schedule A (Form 990 or 990-EZ) 2018 SARA'S CURE

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")					120,700.	120,700.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ſ					
	or expended on its behalf	l i					
3	The value of services or facilities						
	furnished by a governmental unit to	l i					
	the organization without charge	l i					
4	Total. Add lines 1 through 3					120,700.	120,700.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,546.
6	Public support. Subtract line 5 from line 4.						114,154.
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					120,700.	(f) Total 120,700.
8	Gross income from interest,						
	dividends, payments received on	l i					
	securities loans, rents, royalties,	ſ					
	and income from similar sources	ſ					
9	Net income from unrelated business						
	activities, whether or not the	ſ					
	business is regularly carried on	ſ					
10	Other income. Do not include gain						
	or loss from the sale of capital	l i					
	assets (Explain in Part VI.)					20,200.	20,200.
11	Total support. Add lines 7 through 10						140,900.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					X
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (14	%
	Public support percentage from 2017					15	%
16 a	33 1/3% support test - 2018. If the o	-					ox and
	stop here. The organization qualifies						▶∟
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	0	
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				• •		,
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 SARA'S CURE

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	6 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganization,
	check this box and stop here	<u></u>					>
	ction C. Computation of Publ						
15	Public support percentage for 2018 (ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20		- · · · · · · · · · ·				%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2018. If the	-					
1-	more than 33 1/3%, check this box a						►
C	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Cupperting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		V.	N
	Did the divertees twetters as manch while of one or more suprested eventiations have the neurophe		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form S	990 or 99	90-EZ)	2018

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Schedule A (Form 990 or 990 EZ) 2018 SARA'S CURE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations 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		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater am	ount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-fu	nctionally integrate	d Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 SARA'S CURE

Part IV, Section A, lines 1, 2, 3t line 1; Part IV, Section D, lines 3 Section D, lines 5, 6, and 8; and (See instructions.)	o, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V d Part V, Section E, lines 2, 5, and 6. Also complete this part f	/, line 1; Part V, Section B, line 1e; Part V or any additional information.
		Schedule A (Form 990 or 990-EZ
2028 10-11-18	12	Schedule A (Form 990 or 990-EZ

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

82-5445706

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Organization	type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SARA'S CURE

Page 2 Employer identification number

82-5445706

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	READER MOOD MCCLARY FOUNDATION INC. P.O. BOX 14503 CHARLESTON, SC 29422	- \$\$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMUNITY FOUNDATION FOR A GREATER RICHMOND 3409 MOORE STREET RICHMOND, VA 23230	- \$5,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ALAN SCHWEICKHARDT 355 OLD SOUTH WAY MOUNT PLEASANT, SC 29464	- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

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Schedule B	(Form 990,	990-EZ, or	990-PF)	(2018)
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Name of organization

Employer identification number

82-5445706

SARA'S CURE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
— I		— _	

09021031 759420 10562

15 2018.04030 SARA'S CURE

Page 4

art III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) thro completing Part III, enter the total of exclusively religious, charita Use duplicate copies of Part III if additional space	ugh (e) and the following line en able, etc., contributions of \$1,000 o	try For ora	anizations					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, address, and Z	(e) Transfer of gi IP + 4		tionship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and Z	IP + 4	Rela	ttionship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(e) Transfer of gi							
	Transferee's name, address, and Z	IP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, address, and Z	IP + 4	Rela	ationship of transferor to transferee					

SCHEDULE O	
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(Form 990 or 990-EZ) Department of the Treasury

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

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

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

Inspection Employer identification number 82-5445706

OMB No 1545-0047

Open to Public

AMOUNT:

8

20,200.

30,000.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

SARA'S CURE

DESCRIPTION OF OTHER REVENUE:

MISCELLANEOUS

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: RESEARCH GRANT

GRANTEE NAME: CHILDREN'S CANCER THERAPY DEVELOPMENT INSTITUTE

GRANTEE ADDRESS: 12655 SW BEAVERDAM RD. WEST BEAVERTON, OR 97005

DATE OF GIFT: 11/26/18

AMOUNT GIVEN:

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:AMOUNT:SUPPLIES146.MISCELLANEOUS12,752.CONFERENCE, CONVENTION AND MEETING329.TRAVEL212.TOTAL TO FORM 990-EZ, LINE 1613,439.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER ASSETS	0.	5,732.

FORM	990-EZ,	PART	III,	PRIMARY	EXEMPT	PURPOSE	-	THE	MISSION	OF	SARA'S	

CURE IS TO MAKE CLEAR CELL SARCOMA SURVIVABLE THROUGH EDUCATION AND

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

Name of the organization

SARA'S CURE

Employer identification number 82 - 5445706

Page 2

SCIENTIFIC RESEARCH WHILE ENSURING ALL PATIENTS AND CAREGIVERS IMPACTED

HAVE A VOICE AND PLATFORM TO ENACT CHANGE AND STRIVE TOWARD THE CURE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH

CC-TDI WAS CONTRACTED FOR COLLECTION OF CELL LINES FROM

AROUND THE WORLD, SEQUENCING OF PATIENT TUMOR TISSUE AND

THE HIRING OF A SCIENTIST DEDICATED TO CCS RESEARCH.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY OUTREACH

WE HELD SEVERAL EVENTS TO EDUCATE OUR LOCAL COMMUNITY

ABOUT OUR MISSION INCLUDING A KICKOFF IN APRIL , A MUSIC

FESTIVAL IN JUNE AS WELL AS A GOLF TOURNAMENT IN DECEMBER. THESE EVENTS

HELPED US RAISE FUNDS TO STARTUP OUR ORGANIZATION AND IGNITED

CONNECTIONS WITH OTHERS BATTLING CCS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.