.

#### **Return of Organization Exempt From Income Tax**

	000	Return of O	rganization Exempt From	<b>Income Tax</b>		OMB No. 1545-0047								
Form	990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation												
Deser	depend of the Terror	Do not enter so	cial security numbers on this form as it ma	ay be made public.		Open to Public								
Interna	rtment of the Treasury al Revenue Service	Go to www.in	rs.gov/Form990 for instructions and the lat	est information.		Inspection								
AI	For the 2021 calendar	year, or tax year beginning	, and ending											
вс	check if applicable: C Name of	of organization			D Employer	Identification number								
A	Address change	CURAMERIC	AS GLOBAL, INC.											
$\square$		pusiness as				100098								
	Vame change Numbe	r and street (or P.O. box if mail is not delivere	ed to street address)	Room/suite	E Telephone	number 510-8787								
		WEST MILLBROOK ROAL	245 20	-	919									
	Final return/ City or erminated	town, state or province, country, and ZIP or fo				iots \$ 7,228,870								
	RAL		NC 27609		G Gross rece	ipts\$ 7,228,870								
	F Name a	and address of principal officer:		H(a) Is this a gro	oup return for su	bordinates? Yes X No								
L A		DREW HERRERA												
	318	B WEST MILLBROOK	ROAD, SUITE 105	H(b) Are all sub										
	RAI	LEIGH	NC 27609	lf "No,	" attach a list. S	see instructions								
1	Tax-exempt status:	501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1) or 527											
J		//www.curamerica	s.org	H(c) Group exe										
ĸ		orporation Trust Association	Other ►	L Year of formation: 1	.983	M State of legal domicile: NC								
	art I Summar					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10								
			significant activities:											
			WITH UNDERSERVED COMMUNI											
ဦ			MPROVEMENTS IN THEIR HEA											
Governance	MEASURABI	E AND SUSTAINABLE I	MPROVEMENTS IN THEIR HER											
ver														
G			ed its operations or disposed of more that			8								
øð			Part VI, line 1a)			8								
ies			erning body (Part VI, line 1b)			3								
ivit	5 Total number of i													
Activities &	6 Total number of v	6 Total number of volunteers (estimate if necessary)												
	7a Total unrelated b	7a	0											
			990-T, Part I, line 11		7b	0								
				Prior Ye		Current Year								
e	8 Contributions and	5,640	724,047											
nue					6,866	6,455,965								
Revenue	10 Investment incon	ne (Part VIII, column (A), lines 3, 4	1, and 7d)		2,336	63								
Ř			-90, 100, and 110)	3	7,276	48,795								
	11 Other revenue (P	Part VIII, column (A), lines 5, 6d, 8												
			I Part VIII, column (A), line 12)		2,118	7,228,870								
	12 Total revenue – a		I Part VIII, column (A), line 12)	. 6,98	2,118	0								
	12 Total revenue – a 13 Grants and simila	add lines 8 through 11 (must equa ar amounts paid (Part IX, column (	I Part VIII, column (A), line 12)	6,98 		0								
	12Total revenue – a13Grants and simila14Benefits paid to a	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4)		2,118	0								
Ises	12Total revenue – a13Grants and simila14Benefits paid to a15Salaries, other ca	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (# ompensation, employee benefits (!	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10)			0								
benses	12Total revenue – a13Grants and simila14Benefits paid to a15Salaries, other ca16a Professional function	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits ( draising fees (Part IX, column (A),	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10)			0								
Expenses	12       Total revenue – a         13       Grants and simila         14       Benefits paid to a         15       Salaries, other ca         16a Professional fund       b         b       Total fundraising	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir	I Part VIII, column (A), line 12) (A), lines 1–3) A), line 4) Part IX, column (A), lines 5–10) line 11e) ne 25) ▶ 63,635		4,329	0 0 319,009 0								
Expenses	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fund</li> <li>b Total fundraising</li> <li>17 Other expenses</li> </ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11	I Part VIII, column (A), line 12) (A), lines 1–3) A), line 4) Part IX, column (A), lines 5–10) line 11e) he 25) ► 63,635 d, 11f-24e)	6,98 29 6,16	4,329 9,025	0 0 319,009 0 6,810,576								
Expenses	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fundation</li> <li>b Total fundraising</li> <li>17 Other expenses a</li> <li>18 Total expenses a</li> </ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         me 25) ▶         63,635         d, 11f–24e)         IX, column (A), line 25)	6,98 29 6,16 6,46	4,329 9,025 3,354	0 0 319,009 0 6,810,576 7,129,585								
	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fundation</li> <li>b Total fundraising</li> <li>17 Other expenses a</li> <li>18 Total expenses a</li> <li>19 Revenue less expenses a</li> </ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         me 25) ▶         63,635         d, 11f–24e)         IX, column (A), line 25)	6,98 29 6,16 6,46	4,329 9,025 3,354 8,764	0 0 319,009 0 6,810,576								
	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fundation</li> <li>b Total fundraising</li> <li>17 Other expenses a</li> <li>18 Total expenses a</li> <li>19 Revenue less expenses a</li> </ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         he 25) ▶         63, 635         d, 11f-24e)         IX, column (A), line 25)         12		4,329 9,025 3,354 8,764 urrent Year	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year								
	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fundation</li> <li>b Total fundraising</li> <li>17 Other expenses a</li> <li>18 Total expenses a</li> <li>19 Revenue less expenses a</li> </ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line rt X, line 16)	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         he 25) ▶         63, 635         d, 11f–24e)         IX, column (A), line 25)         12		4,329 9,025 3,354 8,764 urrent Year 2,727	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317								
et Assets or nd Balances	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fundraising</li> <li>17 Other expenses a</li> <li>18 Total expenses a</li> <li>19 Revenue less example</li> <li>20 Total assets (Parel 21 Total liabilities (Parel</li></ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line rt X, line 16)	I Part VIII, column (A), line 12) (A), lines 1–3) A), line 4) Part IX, column (A), lines 5–10) line 11e) ne 25) ► 63,635 d, 11f–24e) IX, column (A), line 25) 12		4,329 9,025 3,354 8,764 urrent Year 2,727 91,203	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961								
Net Assets or Fund Balances	<ul> <li>12 Total revenue – a</li> <li>13 Grants and simila</li> <li>14 Benefits paid to a</li> <li>15 Salaries, other ca</li> <li>16a Professional fund</li> <li>b Total fundraising</li> <li>17 Other expenses a</li> <li>18 Total expenses a</li> <li>19 Revenue less example</li> <li>20 Total assets (Para</li> <li>21 Total liabilities (Para</li> <li>22 Net assets or fundraised assets or</li></ul>	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column ( ompensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) d balances. Subtract line 21 from	I Part VIII, column (A), line 12) (A), lines 1–3) A), line 4) Part IX, column (A), lines 5–10) line 11e) ne 25) ► 63,635 d, 11f–24e) IX, column (A), line 25) 12		4,329 9,025 3,354 8,764 urrent Year 2,727	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317								
The Assets or Fund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to d         15       Salaries, other cd         16a       Professional fund         b       Total fundraising         17       Other expenses d         18       Total expenses d         19       Revenue less ext         20       Total assets (Par         21       Total liabilities (P         22       Net assets or fundamental data fund	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) d balances. Subtract line 21 from re <b>Block</b>	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) line 11e) the 25) ► 63,635 d, 11f-24e) IX, column (A), line 25) 12 line 20	6,98 29 6,16 6,16 6,46 51 Beginning of Ci 4,57 2,99 1,58	4,329 9,025 3,354 8,764 Jurrent Year 2,727 91,203 91,524	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356								
Fund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses (         18       Total expenses (         19       Revenue less exting         20       Total assets (Paral         21       Total liabilities (P         22       Net assets or function         art II       Signature	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column ( ompensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) ad balances. Subtract line 21 from re Block declare that I have examined this retu	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) line 11e) the 25) ► 63,635 d, 11f-24e) IX, column (A), line 25) 12 line 20 mrn, including accompanying schedules and sta		4,329 9,025 3,354 8,764 urrent Year 2,727 1,203 81,524 best of my kr	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356								
⊂ Net Assets or Fund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional fundraising         17       Other expenses of         18       Total fundraising         19       Revenue less expenses of         20       Total assets (Parallel assets of fundraising         21       Total liabilities (Parallel assets of fundrais)         22       Net assets or fundrais)         art II       Signature         Description of perjury, I       Description         Description       Signature	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) ad balances. Subtract line 21 from re Block declare that I have examined this retu Declaration of preparer (other than off	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) line 11e) the 25) ► 63,635 d, 11f-24e) IX, column (A), line 25) 12 line 20		4,329 9,025 3,354 8,764 urrent Year 2,727 1,203 81,524 best of my kr	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356								
과 또 Net Assets or Eund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses (1)         18       Total expenses (2)         19       Revenue less extination (2)         20       Total assets (Part 2)         21       Total liabilities (P         22       Net assets or function         art II       Signature         Met penalties of perjury, I         Je, correct, and complete.	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), lin (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line t X, line 16) Part X, line 26) ad balances. Subtract line 21 from re Block declare that I have examined this retur Declaration of preparer (other than off	I Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) line 11e) the 25) ► 63,635 d, 11f-24e) IX, column (A), line 25) 12 line 20 mrn, including accompanying schedules and sta		4,329 9,025 3,354 8,764 urrent Year 2,727 1,203 81,524 best of my kr	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356								
Bind Balances or Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses         18       Total expenses         19       Revenue less extination         20       Total assets (Paral         21       Total liabilities (Paral         22       Net assets or function         art II       Signature         Signature or       Signature or	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lin (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) ad balances. Subtract line 21 from re Block declare that I have examined this retu Declaration of preparer (other than off MUC AMOUNT	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         he 25) ▶         63, 635         d, 11f–24e)         IX, column (A), line 25)         12         line 20         Irrn, including accompanying schedules and staficer) is based on all information of which prep		4,329 9,025 3,354 8,764 urrent Year 2,727 91,203 1,524 best of my kr ige. /0 Date	0 0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356 nowledge and belief, it is $/4/32$								
과 또 Net Assets or Eund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses         18       Total expenses         19       Revenue less extination         20       Total assets (Paral         21       Total liabilities (P         22       Net assets or furm         art II       Signature or signature	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) d balances. Subtract line 21 from re Block declare that I have examined this retu Declaration of preparer (other than off Month HERRERA	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         he 25) ▶         63, 635         d, 11f–24e)         IX, column (A), line 25)         12         line 20         Irrn, including accompanying schedules and staficer) is based on all information of which prep		4,329 9,025 3,354 8,764 urrent Year 2,727 91,203 1,524 best of my kr ige. /0 Date	0 0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356 nowledge and belief, it is $/4/32$								
Bi C D Fund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to d         15       Salaries, other cd         16a       Professional fund         b       Total fundraising         17       Other expenses d         18       Total expenses d         19       Revenue less ext         20       Total assets (Par         21       Total liabilities (P         22       Net assets or fundation         art II       Signature of Signature of Signature of Type or prime	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) d balances. Subtract line 21 from re Block declare that I have examined this retu Declaration of preparer (other than off officer REW HERRERA t name and title	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         he 25) ▶         63, 635         d, 11f–24e)         IX, column (A), line 25)         12         line 20         Irrn, including accompanying schedules and staficer) is based on all information of which prep		4,329 9,025 3,354 8,764 urrent Year 2,727 91,203 1,524 best of my kr ige. /0 Date	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356 nowledge and belief, it is								
Bi C D Fund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses         18       Total expenses         19       Revenue less extination         20       Total assets (Paral         21       Total liabilities (P         22       Net assets or furm         art II       Signature or signature	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits (I draising fees (Part IX, column (A), expenses (Part IX, column (D), lir (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line et X, line 16) Part X, line 26) d balances. Subtract line 21 from re Block declare that I have examined this retu Declaration of preparer (other than off officer REW HERRERA t name and title	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         he 25) ▶         63, 635         d, 11f-24e)         IX, column (A), line 25)         12         line 20         trin, including accompanying schedules and static ficer) is based on all information of which prep         EXE         Preparer's signature		4,329 9,025 3,354 8,764 urrent Year 2,727 91,203 1,524 best of my kr ige. /0 Date	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356								
Bi C D Fund Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional fundraising         17       Other expenses of         18       Total fundraising         19       Revenue less expanses of         20       Total assets (Par         21       Total liabilities (P         22       Net assets or fundration         art II       Signature         Marce penalties of perjury, I       Signature o         Type or print       Type or print         Print/Type preparer       Print/Type preparer	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( bor for members (Part IX, column ( bor for members (Part IX, column (A), compensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), line (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line tt X, line 16) Part X, line 26) declare that I have examined this retur Declaration of preparer (other than off Modelines forficer <b>REW HERRERA</b> t name and title 's name	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         ne 25) ▶         63, 635         d, 11f-24e)         IX, column (A), line 25)         12         line 20         irrn, including accompanying schedules and staficer) is based on all information of which prep         EXE		4,329 39,025 3,354 8,764 urrent Year 2,727 1,203 31,524 best of my kr ige. /0 Date RECTOR	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356 nowledge and belief, it is /4/22 R								
<b>Big</b> Big Big Balances	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses of         18       Total expenses of         19       Revenue less ex         20       Total assets (Part         21       Total liabilities (P         22       Net assets or funct         art II       Signature or         Note       Signature or         Type or print       Print/Type preparer	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( bor for members (Part IX, column ( bor for members (Part IX, column (A), compensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), line (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line tt X, line 16) Part X, line 26) declare that I have examined this retur Declaration of preparer (other than off Modelines forficer <b>REW HERRERA</b> t name and title 's name	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         ne 25) ▶         63, 635         d, 11f-24e)         IX, column (A), line 25)         12         line 20         Irrn, including accompanying schedules and staticer) is based on all information of which prep         EXE         Preparer's signature         Januarf       Bana		4,329 39,025 3,354 8,764 urrent Year 2,727 91,203 81,524 best of my kr ige. /0 Date RECTOR	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356 nowledge and belief, it is /4/22								
<b>Dia Contract States or Balances</b>	12       Total revenue – a         13       Grants and simila         14       Benefits paid to o         15       Salaries, other co         16a       Professional function         b       Total fundraising         17       Other expenses ()         18       Total expenses ()         19       Revenue less ex         20       Total assets (Par         21       Total liabilities (P         22       Net assets or function         art II       Signature o         Net, correct, and complete.       Signature o         Inner       Print/Type preparer         LARRY L. BAS       Print/Type preparer	add lines 8 through 11 (must equa ar amounts paid (Part IX, column ( or for members (Part IX, column (A ompensation, employee benefits ( draising fees (Part IX, column (A), expenses (Part IX, column (D), lin (Part IX, column (A), lines 11a–11 Add lines 13–17 (must equal Part penses. Subtract line 18 from line tt X, line 16) Part X, line 26) d balances. Subtract line 21 from re Block declare that I have examined this retu Declaration of preparer (other than off Month HERRERA the name and title s name SS	I Part VIII, column (A), line 12)         (A), lines 1–3)         (A), line 4)         Part IX, column (A), lines 5–10)         line 11e)         ne 25) ▶         63, 635         d, 11f-24e)         IX, column (A), line 25)         12         line 20         Irrn, including accompanying schedules and staticer) is based on all information of which prep         EXE         Preparer's signature         Januarf       Bana		4,329 9,025 3,354 8,764 urrent Year 2,727 91,203 1,524 best of my kr ige. /0 Date RECTOF Check 6/22	0 0 319,009 0 6,810,576 7,129,585 99,285 End of Year 1,269,317 723,961 545,356 nowledge and belief, it is /4/22								

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Par	990 (2021) CURAMERICAS GLOBAL, INC. 56-1400098 rt III Statement of Program Service Accomplishments	Page 2
i ai	Check if Schedule O contains a response or note to any line in this Part III	
1 8	Briefly describe the organization's mission:	<u>L</u>
	URAMERICAS GLOBAL PARTNERS WITH UNDERSERVED COMMUNITIES TO MAKE	
MF	EASURABLE AND SUSTAINABLE IMPROVEMENTS IN THEIR HEALTH AND WELLE	BEING.
2 [	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
l	If "Yes," describe these new services on Schedule O.	
3 C	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
CU ED	(Code: ) (Expenses \$ 6,632,830 including grants of \$ ) (Revenue \$ JRAMERICAS GLOBAL STRIVES TO ALLEVIATE SUFFERING BY IMPROVING HE DUCATION AND ACCESS TO HEALTH CARE FOR FAMILIES AND COMMUNITIES.	MISSION
TO	NCLUDES GOAL OF IMPROVING PRIMARY HEALTH CARE PROGRAMS THAT ARE D BUILDING OF HEALTH SERVICE PROVIDERS. SPECIALIZES IN COMMUNITY ATERNAL AND CHILD HEALTH, FAMILY PLANNING, WATER AND SANITATION,	-BASED
BU	JILDING, MALARIA MANAGEMENT AND HIV/AIDS PREVENTION AND TREATMEN CTIVITIES ARE CONDUCTED IN DEVELOPING NATIONS (SUCH AS GUATEMALA	VT.
KE	INYA AND LIBERIA) THROUGH DOMESTIC NON-PROFIT INSTITUTIONS.	
• •		
b (C	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N/I		
· · ·		
•••		
· · · · · · · · · · · · · · · · · · ·		
•••	aut ad Sman-sal closements for the second fi singleting as eaching singleting as eaching singleting as eaching	
· · · · · · · · ·	int auriliau (mae-sol tistament) of the Lighter int auriliau (mae-sol tistament) of the Lighter intervented by a concost intervented by a concost	
· · · · · · · · · · · · · · · · · · ·	auri ed Emanazal tosiemen muleting az reame fi rea concellar fi rea concellar concellar fi rea concellar fi	
· · ·	nt aurit au Enancial tistement. To the Lowest a colonal - mpleting all eache / / / Yes, "complet - de lowest - de lowe	
  	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
  	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
  (Cc	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
   	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
  (Cc	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
   	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
· · · · · · · · · · · · · · · · · · ·	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
· · · · · · · · · · · · · · · · · · ·	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
· · · · · · · · · · · · · · · · · · ·	Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	
; (C( N/2	Code:       ) (Expenses \$ including grants of \$ ) (Revenue \$         A         A         her program services (Describe on Schedule O.)	
c (Cd N/2	Code: (Revenue \$ ) (Expenses \$ including grants of \$ ) (Revenue \$	

3004	08/16/	2022	8:37	AM	
------	--------	------	------	----	--

•				
Form 990 (	2021)	CURAMERICAS	GLOBAL,	INC.
Part IV	C	hecklist of Require	ed Schedule	S

#### 56-1400098

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)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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)			x
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	2.1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
5000 C	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
	complete Schedule D, Part III	8	-	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1	1 -	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<b>A</b>	1.1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	9 - 1951 195		
	VII, VIII, IX, or X, as applicable.	Sec. 2		del tradi
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b	, ,	x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d	X	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	×
	Schedule D, Parts XI and XII	120		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		2	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	х	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 45
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
	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		<b>^</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		n Passar
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	14.00		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 199	

DAA

	art 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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	1.		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	Sec.		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<u> </u>
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," 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			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified			
	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	1000	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		~
	complete Schedule N. Part II	20		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301 7701-2 and 301 7701-32 If "Ves." complete Schedule P. Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
••	or IV and Dat V line 4	·		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	and the second	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
2	controlled entity within the meaning of section 512/b)/13)2 /f "Voo " complete Sabadyle D. Dad V. Kun D			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
50	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37		36		X
51	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	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			
Da	19? Note: All Form 990 filers are required to complete Schedule O. rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Га				
	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 1a 25	74		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
DAA				

Form 990 (2021)

•				
Form 990 (2021)	CURAMERICAS	GLOBAL,	INC.	

•

•,	►.					
Form	990 (2021) CURAMERICAS GLOBAL, INC. 56-140	0098			F	Page 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			Yes	120000
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					Γ
ъ.	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ns.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	еO		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financi	al accou	int)?	4a		X
ь	If "Yes," enter the name of the foreign country					1000
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by th	8		· .	=
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			143		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		_		
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	12b	(i) Addition of the contract of the second secon	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
ũ	Note: See the instructions for additional information the organization must report on Schedule O.			1		
ь	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	and an even			
1/2				14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration o	r			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		energian energian de la constant de La constant de la cons		- 1	
46	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	16		X
	If "Yes," complete Form 4720, Schedule O.		converter totalacionena contratorionen en succession - succession -			
47	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	-	
	activities that would result in the imposition of an excise tax under section 4564, 1562 6, 16664, 1667, 1662 6, 16664, 1667, 1662 6, 16664, 1667, 1677, 1667, 1677, 1667, 16777, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 1677, 16777, 16777, 16777, 16777, 16777, 16777, 16777, 1			· · · · ·		
	II TES, COMPLETE FORT 0003.				. 000	

-

~	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	ction A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
Ia	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	1b	8			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		
2	any other officer, director, trustee, or key employee?			2		X
	Did the organization delegate control over management duties customarily performed by or under the direct	t				
3	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	s filed?		4	-	X
4	Did the organization make any significant changes to its governing documents once the presence of a significant diversion of the organization's assets?			5		X
5	Did the organization become aware during the year of a significant diversion of the organization			6		X
6	Did the organization have members or stockholders?					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		X
	one or more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		X
	stockholders, or persons other than the governing body?	he vear by the	e following:			
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during		87 (88) I II	8a	Х	
а	The governing body?			8b	Х	
b	Each committee with authority to act on behalf of the governing body?					
9	the second first director trustee or key employee listed in Part VII, Section A, who cannot be reached			9		x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Internal R	evenue Co	ode.)		30
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule of the tion B. Policies (This Section B requests information about policies not required by the	momari			Yes	No
				10a		X
10a	Did the organization have local chapters, branches, or affiliates?					
b	the law written policies and procedules doverning the deather			10b		
			rm2	11a	Х	
110	the second of a complete conv of this Form 990 to all memorie of the getter of	e ming the lo				
1.20	The set Cabadula O the process if any, used by the organization to review the review the			12a	х	
b	Describe on Schedule O the process, a chyp Did the organization have a written conflict of interest policy? If "No," go to line 13		nflicte?	12b	X	
12a	i i i i i i i i i i i i i i i i i i i	ive rise to co				
b	Were officers, directors, or trustees, and key employees require to explain the policy? If "Yes," Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	х	1
C	a to the O how this was done			13	X	
	describe on Schedule O now this was cone Did the organization have a written whistleblower policy?			14	x	<u> </u>
3	Did the organization have a stantion and destruction policy?			14	-	
4	Did the organization have a written document retention and desired on purposed of the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by			19		6
5	Did the process for determining compensation of the following persons include a retrievely and deci- independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci- independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci-	sion?		150	x	1
	independent persons, comparability data, and contemporaneous substantiation of the angle of the		••••••	15a 15b	X	
а	The organization's CEO, Executive Director, of top management enters			150		-
b	Other officers of hoy employed and schedule O. See instructions.			8		1
	If "Yes" to line 15a or 15b, describe the process on Schedule C. Cooking the second strangement Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					x
6a	Did the organization invest in, contribute assets to, or participate any with a taxable entity during the year?			16a		•
	What a standard requiring the oldanization to overse			2.1		
b	If "Yes," did the organization follow a written policy of procedure requiring the and take steps to safeguard the				1	
	If "Yes," did the organization follow a written policy of procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			16b		
	organization's exempt status with respect to such arrangements?					
act	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed ► NC NC	-T (section 5	i01(c)			
, Q	List the states with which a copy of this Form 990 is required to be filed <b>F</b> RC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	2				
	(3)s only) available for public inspection. Indicate new year material of autor (available of Schedule O)					
	(3)s only) available for public integration of Schedule O)	f interest pol	icy, and			
	and on Schedule Q whether (and if so, how) the organization made its governing documents,					
9	financial statements available to the public during the tax year.					
	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and 318 W. MILLBROOK RD, SUITE #	105				
0	State the name, address, and telephone number of the person who possesses the organization of the person who person w	7609	919	-51	0-8	78
	RAMERICAS GLOBAL NC 2	1005			m 990	

Form 990 (2021) CURAMERICAS GLOBAL, INC. 56-1400098

Page 6

Form 990 (2021) CURAMERIC								56-140			ge 7
		irec	tors	s, T	rus	tees	s, K	ey Employees, High	est Compensated E	mployees, and	
Independent Cor										ſ	
								any line in this Part V			
1a Complete this table for all person								Compensated Employees on for the calendar year er			
<ul> <li>organization's tax year.</li> <li>List all of the organization's cu</li> </ul>	rrent officers. d	irect	ors. 1	trust	ees	(whe	ther	individuals or organization	s), regardless of amount o	f	
compensation. Enter -0- in columns	(D), (E), and (F)	) if no	con	nper	isati	on w	as p	aid.			
List all of the organization's cu											
<ul> <li>List the organization's five cur who received reportable compensati \$100,000 from the organization and</li> </ul>	ion (box 5 of For any related orga	m W aniza	-2, F	orm	109	9-MI	SC,	and/or box 1 of Form 1099	-NEC) of more than		
<ul> <li>List all of the organization's fo \$100,000 of reportable compensation</li> </ul>	rmer officers, ke	ey en Inizal	nploy tion a	ees	, and any r	d hig elate	hest ed or	compensated employees ganizations.	who received more than		
• List all of the organization's fo organization, more than \$10,000 of a See the instructions for the order in	rmer directors	or tr	uste tion	es ti from	hat r	eceiv	red,	in the capacity as a former	director or trustee of the izations.		
Check this box if neither the orga						tion	com	pensated any current office	er, director, or trustee.		
					C)						
(A)	(B)	(d	o not e		more	than o	ne	(D)	(E)	(F) Estimated amount	
Name and title	Average hours	bo	x, unle	ess pe	erson i	s both r/trust	an	Reportable compensation	Reportable compensation	of other	
	per week (list any	0.943						from the organization (W-2/	from related organizations (W-2/	compensation from the	
	hours for	Individual trustee or director	stituti	Officer	Key employee	ghest	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
	related organizations	tor to	onal		ploye	eem		1033-NEC)	1035-1120)		
	below dotted line)	Istee	Institutional trustee		8	Highest compensated employee					
			ě			lted					
(1) ANDREW HERRERA											
	40.00			x				105,000	0	10 A.	0
EXECUTIVE DIRECTOR	0.00	-	-	•	-	-	-	105,000	Ŭ		
(2) LAUREN EBERLY	1.00										
DIRECTOR	0.00	x						0	0		0
(3) JORDAN JONES											
	1.00				ļ.,						~
DIRECTOR	0.00	X						0	0		0
(4) TINA JONES	1 00										
	1.00	x		x		-		0	0		0
BOARD CHAIR (5) AMY MCCULLOUGH	0.00	-									
(5) Mill Meesellessen	1.00										
DIRECTOR	0.00	х				_		0	0		0
(6) HENRY PERRY											
	1.00							о	o		0
DIRECTOR	0.00	X		_		-		0	0		
(7) MICHELLE RICHTER	1.00									1	
VICE CHAIR	0.00	x		x				0	0		0
(8) NATHAN ROBISON											
<b>x</b> - <i>i</i> -	1.00									10	~
TREASURER	0.00	X		X	_	`	_	0	0		0
(9)	1.1										
							-				
(10)			-								
(11)											
										Form <b>990</b> (	2024
DAA										Form <b>JJU</b> (	2021)

-

.

Part VII	21) CURAMERIC Section A. Officers	, Directors, Tru	stee	e K	NC			_	56-140	0098			P	age
	(A) Name and title			(C) Position (do not check more than o box, unless person is both officer and a director/truste				one	Di Highest Compensated (D) Reportable compensation	(E) Reportable	Est	(F) imated a	mount	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	of othe ompensa from th ganizatio ed organ	ation le n and	s
				1			-							
					ž	e se Per							-	
····										la anna ann an			15 A	
						11 m.	1990-10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						N.1 2	3
	al rom continuation she add lines 1b and 1c)	ets to Part VII, s	Secti	ion /	۹				105,000					
2 Total n	umber of individuals (in ble compensation from	cluding but not	limite	d to	thos	e lis	ted a	bove	) who received more than	\$100,000 of			10	
3 Did the	organization list any fo	ormer officer, dir	ecto	r, tru					e, or highest compensated	a			Yes	N
4 For any organiz	ation and related organ	e 1a, is the sum nizations greater	of re than	port	able	com	pens f "Ye	sation	and other compensation omplete Schedule J for suc	ch		3		X
5 Did any for serv	v person listed on line 1 vices rendered to the or	a receive or according anization? If ")	rue d'es."	comp	oens	ation	n fron hedu	n any	v unrelated organization or	individual	entroping on	5	100	2
Section B. In	dependent Contracto	ors		21. I	£				in the second second		1			- 41
1 Comple compe	nsation from the organiz	ve highest comp zation. Report c (A) business address	ompe	ted i ensa	nder tion	for t	he ca	alenda		in the organization's tax ye	ar.		segue al	
2000 E K		21	i i i	a iş		Descrip	(B) Ilion of services		Con	(C) npensa	tion			
							<u>8. 3</u> -1 1. 4.19							
											theory in The L			
2 Total n	umber of independent of more than \$100,000	contractors (inclu	uding	but	not	limite	ed to	those	e listed above) who	0			en en esta	and a second

Form **990** (2021)

#### Form 990 (2021) CURAMERICAS GLOBAL, INC.

#### 56-1400098

Pa	rt VI		ent of	f Revenue	ains a	response or not	e to any line in thi	s Part \/III		
			Och				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f g	Federated camp Membership due Fundraising eve Related organiz Government grants (or All other contributions, and similar amounts mounts Noncash contributions lines 1a-1f Total. Add lines	es nts ations ontribution gifts, gra ot included	ns) Ints, Id above in	1a 1b 1c 1d 1e 1f 1g 5		a to take a star was and			
0.0		Total. Add lines	1a-11			Business Code	724,047			
e	2a	STATE AGEN	CIES	SERVICES		Dusinous oout	6,455,965	6,455,965		
e sric	b									
n Se	c									
Program Service Revenue	å									a construction and a
Pro	e									
		All other program						The state of the second se	water to the two hands a to be set of a set	and the second second
		Total. Add lines					6,455,965		and the second s	
	3 4 5	Investment inco other similar am Income from inv	iounts) vestme	) ent of tax-exemp	t bond j	proceeds	63	63		
	5	Royalties	 [	(i) Real		(ii) Personal		The second se	And the state of the state	2012 - 1 - 1 - 1 - 2 - 2 - 2
	6a	Gross rents	6a			(ii) Personal	- The main armediantic and the	Canadian Service Same St.		Second - Andrew
	b	Less: rental expenses	6b				and the second second	the Real Provide Street of the		and the state of the second
	c		6c				- and a state of the			al and the second second
	d			loss)		▶	Contraction and the second sec	Constant 2 No. 1 Sector Sec. 12	In a ready the ready table	1041
	7a	Gross amount from		(i) Securities		(ii) Other		S. C. P. C. States	A CONTRACTOR	
		sales of assets other than inventory	7a				生的液面和滑			
ne	b	· · · · · · · · · · · · · · · · · · ·			4.1			ANE -	於1878年1月	
Revenue		basis and sales exps.	7b				and the second property is the second		and the set of the set	
Rev	c	Gain or (loss)	7c			and the second second			And the second sec	States and States and States and
Jer	d	Net gain or (loss	s)			🕨		e restance in the second s		
oth	8a	Gross income from		aising events			State State	and the second of the		
		(not including \$					a la transmissione and	CREATE STATISTICS	A STATISTICS IN THE REAL PROPERTY OF	
		of contributions rep		on line			A PARTICIPACIÓN	Contraction of the second		
		1c). See Part IV, li			8a			Contraction of the second second		
		Less: direct exp			8b					
	C	Net income or (I		-	events		T. DA SANGAR MANAGEMENT		La francisco de la composición de la co	and a second
	98	Gross income fr activities. See P		-	9a			A Contraction of the second		A Springer
	ь	Less: direct exp			9b		- Attended and the			
		Net income or (I					The real particular second place particular		CORE AN COURSE OF CALL	
		Gross sales of i				·····		Carteria and Parson	CARTERING OF	國 1971年
		returns and allow			10a		A LAND AND AND AND AND AND AND AND AND AND			
	b	Less: cost of go	ods so	old	10b				New States	
		Net income or (I			entory .					La
S						Business Code	Last statistics at		March March Mar	
Miscellaneous Revenue	11a	PAYROLL PR	OTECT	NON			44,700	44,700		
llar 'enu	b	RENT					40,095	40,095	he title	
Rev	C			LE REDUCTION			-36,000	-36,000	USS DAME OF	
ž		All other revenu								Terra ( )
		Total. Add lines					48,795			Pri la
	12	Total revenue.	See in	structions		🕨	7,228,870	6,504,823	0	0

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.		(B) Program service	(C) Management and	(D) Fundraising expenses
1			expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			and all and a second free of the day of the second s	
2	Grants and other assistance to domestic			7 6 98.2 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			5 <sup>6</sup>	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1.00		
7	Other salaries and wages	285,584	217,044	39,982	28,558
8	Pension plan accruals and contributions (include	an all and a			1 101
	section 401(k) and 403(b) employer contributions)	9,339	5,977	1,961	1,401
9	Other employee benefits			0.070	0.100
10	Payroll taxes	24,086	18,546	3,372	2,168
11	Fees for services (nonemployees):				
а	Management				
b	• • • • • • • • • • • • • • • • • • • •	170 007	141 200	25.050	12,529
C	Accounting	178,987	141,399	25,059	12, 529
d	• • • • • • • • • • • • • • • • • • • •			and the state of the state of the	
e	Professional fundraising services. See Part IV, line 17			an an an tha an tha an	
f					
g					
	(A) amount, list line 11g expenses on Schedule O.)	the second se			
12	• • • • • • • • • • • • • • • • • • • •	33,999	19,423	9,273	5,303
13	Office expenses	33,333			
14	Information technology				
15	Royalties	145,798	145,798		
16	Occupancy Travel	82,473	65,978	16,495	1. J.A. 4
17 18				203 203	1.1.1.2
10	for any federal, state, or local public officials	Brack Second Second			and the second
19	Conferences, conventions, and meetings		A State of the second sec		
20					and the second
20	Interest Payments to affiliates	с.		1.01.030.44	
22	Depreciation, depletion, and amortization	14,572	11,512	2,040	1,020
23	Insurance	26,478	17,740	5,031	3,707
24	Other expenses. Itemize expenses not covered	(F)a (F)			a provide a second second
	above (List miscellaneous expenses on line 24e. If	An elizabeth a later a later a	61 Andrew Contractor		
	line 24e amount exceeds 10% of line 25, column	an and the second	i Alleria		a market and a second
	(A) amount, list line 24e expenses on Schedule O.)	A ALL AND A	A CONTRACTOR		
а	CONTRACT SERVICES	5,623,568	5,342,390	281,178	a bar hiller
b	OVERSEAS PROGRAM COST	272,452	272,452	and the second se	in the second second
c	DONATED SERVICES AND SUPP	145,037	145,037	and the second se	
d	EMPLOMENT BENEFITS FIELD	99,973	99,973		0.040
e	All other expenses	187,239	129,561	48,729	8,949
25	Total functional expenses. Add lines 1 through 24e	7,129,585	6,632,830	433,120	63,635
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)	K dec J''		1400	Form 990 (2021)

		(2021) CURAMERICAS GLOBAL, IN	С.	56-	-1400098		Page <b>11</b>
Pa	art X		te envline in	this Dort V			
		Check if Schedule O contains a response or note	to any line in		(A)		(B)
_					Beginning of year		End of year <b>448,914</b>
	1	Cash-non-interest-bearing			290,985	1	440,914
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4 022	3	76,359
	4	Accounts receivable, net			4,933	4	10,339
	5	Loans and other receivables from any current or former	officer, direc	tor,			
		trustee, key employee, creator or founder, substantial co		35%	Constant and the second second	and in t	
		controlled entity or family member of any of these perso				5	
Assets	6	Loans and other receivables from other disqualified pers			Contraction and Street of	N. Car	
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(	(3)(B)		6	
	7	Notes and loans receivable, net				7	
۷	8	Inventories for sale or use			C 011	8	1,922
	9	Prepaid expenses and deferred charges	. <b>. .</b>		6,011	9	1,922
	10a	Land, buildings, and equipment: cost or other			The construction of the second		
		basis. Complete Part VI of Schedule D	10a	580,513	100 706	1. A. 7. 1	448,134
	b	Less: accumulated depreciation	10b	132,379	462,706		440,104
	11	Investments—publicly traded securities		11	and the second s		
	12	Investments-other securities. See Part IV, line 11	et la	12			
	13	Investments-program-related. See Part IV, line 11		13	1		
	14	Intangible assets	2 000 002	14	293,988		
	15	Other assets. See Part IV, line 11			3,808,092		1,269,317
	16	Total assets. Add lines 1 through 15 (must equal line 3			<u>4,572,727</u> 2,445,200	16	171,051
	17	Accounts payable and accrued expenses		2,445,200	17.	1/1,001	
	18	Grants payable				18 19	
	19	Deferred revenue			and the second	20	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of		۵ H	N 10 10 10 10 10 10 10	21	and the second s
es	22	Loans and other payables to any current or former office	er, director,	0.50/			
iliti		trustee, key employee, creator or founder, substantial c			an Robert March	22	
Liabilities		controlled entity or family member of any of these perso				23	
_		Secured mortgages and notes payable to unrelated thin			442,896		428,559
	24	Unsecured notes and loans payable to unrelated third p			112,000	27	
	25	Other liabilities (including federal income tax, payables	Complete E	Part X		1. 1.	
		parties, and other liabilities not included on lines 17-24)			103,107	25	124,351
			0 001 000				723,961
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check her					
s							
JCe		and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			545,485	27	500,130
alaı	27			The second s	1,036,039		45,226
d B	28	Organizations that do not follow FASB ASC 958, cho	eck here 🕨	······ [	1、14、14年1月1日日1日1日	22.33	A CONTRACTOR
'n		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			and the second	29	
ts	30	Paid-in or capital surplus, or land, building, or equipmer				30	
SSG	31	Retained earnings, endowment, accumulated income, of			i i i	31	
tΑ	31			•	1,581,524	32	545,356
ž	32	Total liabilities and net assets/fund balances			4,572,727		1,269,317

Form 990 (2021)

3004 08/16/2022 8:37 AM •3

.

3004	08/1	6/2022	8:37	AM	
------	------	--------	------	----	--

Forr	m 990 (2021) CURAMERICAS GLOBAL, INC.	6-1400098			Pag	ge <b>12</b>
And Constant	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Pa	art XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	7,22		
2	Total expenses (must equal Part IX, column (A), line 25)		2	7,12		
3	Revenue less expenses. Subtract line 2 from line 1		3		99,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)	)	4	1,58		
5	Net unrealized gains (losses) on investments	2012-021 2020 20 1001	5		12,	987
6	Donated services and use of facilities		6		1	-
7	Investment expenses		7			
8	Prior period adjustments		8			440
9			9 -	-1,14	18,	440
10		X, line		. · · · _ ·		250
	32, column (B))		10	54	45,	356
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Pa	art XII				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Other	," explain on				4
	Schedule O.			100		v
2a	Were the organization's financial statements compiled or reviewed by an independent ac	countant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compiled or		1.10		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate	basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	X	-
	If "Yes," check a box below to indicate whether the financial statements for the year were	audited on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsit					
	the audit, review, or compilation of its financial statements and selection of an independent			2c	X	
	If the organization changed either its oversight process or selection process during the ta	x year, explain on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audit	s as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a	2000	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did					0
	required audit or audits, explain why on Schedule O and describe any steps taken to und	ergo such audits		3b		
				For	m 990	) (2021)

3004	08/	16/	2022	8:37	AM

SCHEDULE A

•)

(Form 990)

Public Charity Status and Public Suppor	Status and Public Sup	port
---	-----------------------	------

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.

2021	
Open to Publi	

OMB No. 1545-0047

Department of the Treasury		Attach to For	m 990 or F	orm 990-EZ.		Open to Publi	
nternal Revenue Service	► Go	to www.irs.gov/Form990 fo	r instructio	ons and the la	test information.	Inspection	
Name of the organization Employer ident CURAMERICAS GLOBAL, INC. 56-140							
		ty Status. (All organization		complete ti			
		ause it is: (For lines 1 through			no part.) Dee motion		
		issociation of churches describ			A)(i)		
		1)(A)(ii). (Attach Schedule E (I			·//·/·		
		rvice organization described in					
		ited in conjunction with a hosp				e hospital's name,	
5 An organization of	perated for the benef )(A)(iv). (Complete Page 1997)	it of a college or university own	ned or oper	ated by a gove	rnmental unit described	in	
		r governmental unit described	in section	170(b)(1)(A)(v)	).		
7 X An organization t		a substantial part of its support				blic	
		n 170(b)(1)(A)(vi). (Complete I	Part II.)				
9 An agricultural res	search organization d	escribed in section 170(b)(1)( e of agriculture (see instruction	A)(ix) oper				
10 An organization the receipts from action support from gros	vities related to its ex s investment income	(1) more than 33 1/3% of its s empt functions, subject to certa and unrelated business taxabl 30, 1975. See section 509(a)	ain exceptione (I	ons; and (2) no ess section 51	more than 331/3% of its		
		d exclusively to test for public			)(4).		
one or more publi	cly supported organiz	d exclusively for the benefit of, ations described in section 50 lescribes the type of supporting	9(a)(1) or s	ection 509(a)	2). See section 509(a)(	3). Check	
the supported supporting org b Type II. A sup control or mar	organization(s) the p ganization. You must porting organization s nagement of the supp	operated, supervised, or contro ower to regularly appoint or ele complete Part IV, Sections A supervised or controlled in con orting organization vested in the te Part IV, Sections A and C.	ect a majori A and B. nection with	ty of the directon	ors or trustees of the organization(s), by havin	ng	
c Type III funct	ionally integrated. A	supporting organization opera structions). You must complete	ted in connete Part IV	ection with, an Sections A. I	d functionally integrated <b>). and E.</b>	with,	
d Type III non-f that is not func requirement (s e Check this box functionally int	unctionally integrated. T ctionally integrated. T see instructions). You (if the organization re egrated, or Type III n	ed. A supporting organization of the organization generally must must complete Part IV, Sect accived a written determination on-functionally integrated supp	pperated in satisfy a d ions A and from the II	connection wit istribution requ I D, and Part \ RS that it is a T	h its supported organiza irement and an attentive /.		
	of supported organiza				·····		
g Provide the followi (i) Name of supported organization	(ii) EIN	the supported organization(s). (iii) Type of organization (described on lines 1–10	listed in ye	organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		above (see instructions))	191	ument?	instructions)	instructions)	
A)			Yes	No	Ach achieved		
B)				10.00	in Billion		
		i i i i i i i i i i i i i i i i i i i			tara Engan		
D)							
E)		and the second				La superior a superior de la superior de	
otal			al las entre	S.COMPETER .			

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

Sche	edule A (Form 990) 2021 CUE	RAMERICAS	GLOBAL, I	NC.	56	-1400098	Page 2
P	art II Support Schedule for O	rganizations De	escribed in Se	ections 170(b)	(1)(A)(iv) and	170/b)/1)/A)/vi	1
	(Complete only if you che	cked the box on	line 5 7 or 8	of Part I or if th	e organization	failed to qualify	under
_	Part III. If the organization	i fails to qualify ι	under the tests	listed below, p	lease complete	e Part III.)	
Sec	ction A. Public Support						*
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and			and the second sec			
	membership fees received. (Do not						
	include any "unusual grants.")	1,683,785	420,870	1,604,495	1,375,640	724,047	5,808,83
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						2. 2.
4	Total. Add lines 1 through 3	1,683,785	420,870	1,604,495	1,375,640	724,047	5,808,83
5	The portion of total contributions by	by the second second			1,373,040	/24,04/	5,000,051
	each person (other than a					- 14 A	
	governmental unit or publicly supported organization) included on		Sec. Sec.	and a support for an and	and a conversion set a		
	line 1 that exceeds 2% of the amount	attended in the	al a grade		and the states	Acres - I - A	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			and the second second	and the first first of		5,808,83
	tion B. Total Support		1.1	8			3,000,03
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,683,785	420,870	1,604,495	1,375,640	724,047	5,808,83
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,070	-21,689	98,289	84,005	13,050	182,72
9	Net income from unrelated business activities, whether or not the business is regularly carried on						102,72
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,601	260	2,597	9,146		16 60
1	Total support. Add lines 7 through 10		all and a set of a	Seven de la companya	5,110		16,60
2	Gross receipts from related activities, etc.	(see instructions)	. <sup>1</sup>			12	6,008,16
3	First 5 years. If the Form 990 is for the org	anization's first, see	cond, third, fourth,	or fifth tax year as	s a section 501(c)	(3)	12,188,58
_	organization, check this box and stop here	)					· · · ·
Sect	ion C. Computation of Public Su	pport Percenta	ae				
4	Public support percentage for 2021 (line 6, Public support percentage from 2020 Sale	column (f) divided b	by line 11, column	(f))		14	06 60 %
5	abile support percentage norm 2020 Sche	dule A, Part II, line	14			15	96.68%
6a	33 1/3% support test-2021. If the organi	zation did not check	the box on line 1	3. and line 14 is 33	3 1/3% or more cl	heck this	84.64%
	box and stop here. The organization qualit	ies as a publicly sur	oported organizati	on			
b	33 1/3% support test—2020. If the organized and the organized a	zation did not check	a box on line 13	or 16a, and line 15	is 33 1/3% or mo	re check	• [
	this box and stop here. The organization q	ualifies as a publicly	supported organ	ization			ΝΓ
7a	10%-facts-and-circumstances test—202	I. If the organization	did not check a t	oox on line 13 16a	a, or 16b, and line	14 in	r L
	10% or more, and if the organization meets	the facts-and-circu	mstances test ch	eck this hoy and e	ton hore Evalation	12	
	organization	ts-and-circumstance	es test. The organ	ization qualifies as	s a publicly suppo	rted	
b	in the second of our stances test-2020	. If the organization	I did not check a b	00x on line 13 16s	16h or 170 on	line	
	is is 10% of more, and if the organization i	neets the facts-and	-circumstances te	st check this box	and stop here F	see faile	
i	in Part VI how the organization meets the fa	acts-and-circumstar	ices test. The org	anization qualifies	as a publicly curve	norted	
	organization						<b>N</b> 1
3	Private foundation. If the organization did	not check a box on	line 12 16a 16h	47.		يبتر والمتحد والمتحد والمتحد	· · · · · · · · · · · · · · · · · ·
	nstructions		ine 13, 10a. 100.	1/a. or 1/h cher	k this how and an	0	

ched	* ule A (Form 990) 2021 CURA	MERICAS	GLOBAL,	NC	56	-1400098	Pag
	rt III Support Schedule for Org	anizations	<b>Described in S</b>	ection 509(a)(2	2)		
	(Complete only if you check If the organization fails to qu						rann.
	tion A. Public Support	(.) 0047	(1) 0040	(-) 2010	(4) 2020	(e) 2021	(f) Total
	dar year (or fiscal year beginning in)	(a) 2017	( <b>b</b> ) 2018	(c) 2019	( <b>d</b> ) 2020	(8) 2021	(1) 10(2)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1 A	ar Ja		
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						**************************************
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	n af e mar A sea					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				per advertise of		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	N. R. R. S.	a the second second	CONTRACTOR AND	elm sec - ×		
8	Public support. (Subtract line 7c from line 6.)		n staden versen mandeline vers	e service and a service of the servi	terinin and a second		-
	tion B. Total Support	201			÷		
alen	ndar year (or fiscal year beginning in) 🛛 🕨 📘	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		a di santa				5
0a	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				е., 1 <sup>.</sup>		
С	Add lines 10a and 10b		cuntum liter and	And the second	actives to		
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		and DA and The NGC WAR	ar an faith an an an Sanadh Dàis a Senar Sanadh Dàis a Senar	an an adhrand a su an an a		
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2 L	- denter si tradicio in Oktobrico dei fri	lan ing birth	n (Bruke) 7 h (Bruke)		
3	Total support. (Add lines 9, 10c, 11, and 12.)		n in sent e nation en				
4	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first,		h, or fifth tax year a			
iect	tion C. Computation of Public Sup	oport Perce					·····
5	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colur	nn (f))		15	2 10 1
6	Public support percentage from 2020 Sched	ule A, Part III,	line 15			16	
ect	tion D. Computation of Investmen	t Income Pe	ercentage		a. Anna Airean Airean an Airean a		
7	Investment income percentage for 2021 (lin	e 10c, column (	f), divided by line 1	3, column (f))		17	1
B	Investment income percentage from 2020 So	chedule A, Part	III, line 17			18	
9a	33 1/3% support tests-2021. If the organi	zation did not c	heck the box on line	e 14, and line 15 is	more than 33 1/3	3%, and line	3
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2020. If the organi	and stop here zation did not c	e. The organization heck a box on line	qualifies as a publi 14 or line 19a, and	cly supported orga line 16 is more th	anization an 33 1/3%, and	•
	line 18 is not more than 33 1/3%, check this	box and stop	here. The organiza	ion qualifies as a p	ublicly supported	organization	
	Private foundation. If the organization did						

Schedule	A	(Form	990)	202
		•		1000

30

Schedu	Le A (Form 990) 2021 CURAMERICAS GLOBAL, INC. 56-14	00098		Page
	t IV Supporting Organizations	000000		Fage
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, co	omplete Se	ctions /	4
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12d	, Part I, co	mplete	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and cor			
ect	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		31	
	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.	1		
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).	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.	3 <b>a</b>		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		200	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3 <b>c</b>		-
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.	4a	-	
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	4b		
	despite being controlled or supervised by or in connection with its supported organizations.	40		
С	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)	4c	-	
	purposes.	40		
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 <b>Part VI</b> , 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	5a		
	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already			
b		5b		
	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
с	Substitutions only. Was the substitution the result of all event beyond the organization provide support (whether in the form of grants or the provision of services or facilities) to Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ي. ماني ا
6	Did the organization provide support (whener in the form of grants of the provider of charitable class benefited 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			
	by one or more of its supported organizations, of (iii) other supporting organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
_	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	(as defined in section 4956(c)(5)(c)), a family include of a dependence of a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
8	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
•	Was the organization controlled directly or indirectly at any time during the tax year by one or more		· · ·	
9a	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.	9a	-	
•	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	4		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	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.	90		
0.0	Was the organization subject to the excess business holdings rules of section 4943 because of section			
0a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes." answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
5	determine whether the organization had excess business holdings.)	10b Schedule A (		

Schedul	CURAMERICAS GLOBAL, INC. 56-140	0098		Page
Part		0030		Page
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		The contract	2.4
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		101	14
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		S	
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		e *	5
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		1	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1000-11	15
	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 officers, directors, or trustees were allocated among the		1.15	6.
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		20
2	Did the organization operate for the benefit of any supported organization other than the supported		See.	18 8
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			a star
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100	× .	1
0 41	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
4	Were a majority of the argonization's directors or trustees during the tax year also a majority of the directors		165	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 S. 1 1 1		38
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	5 g - 1		1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		1000
Secti	the supported organization(s). 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			100
	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	8		
	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			New York
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			Sec. 1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1943) 1943
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			1.1
3	a significant voice in the organization's investment policies and in directing the use of the organization's	1 1 4		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	175		1958 - P 1968 - P
	supported organizations played in this regard.	3		100
Secti	on E. Type III Functionally Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).	8	
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	instructions)	· · ·	
2	Activities Test. Answer lines 2a and 2b below.	1.11	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	- 3		
	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	×	125	
_	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> 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		1
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		THE .	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			\$2.
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
				1911 1996

	Integrated 509(a)(3) Supporting			
	d the Integral Part Test as a qualifying trust o			
Instructions. All other Type III non-ful	nctionally integrated supporting organization	s must compl	ete Sections A through t	(B) Current Year
Section A – Adjusted Net Income		<i>e</i>	(A) Prior Year	(optional)
1 Net short-term capital gain		1	6	£.
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3.	n telle	4		
5 Depreciation and depletion	and the second	5	2 M	
6 Portion of operating expenses paid or inc	urred for production or collection			
of gross income or for management, con				
property held for production of income (se		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-ex	empt-use assets (see			
instructions for short tax year or assets h	A TANK THE AND A TANK TO A TANK THE A TANK THE A TANK THE A			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b.		
c Fair market value of other non-exempt-us	se assets	1c		in a second s
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other f	actors		and the second	
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to no	on-exempt-use assets	2		*
3 Subtract line 2 from line 1d.	The second	3		
4 Cash deemed held for exempt use. Enter	0.015 of line 3 (for greater amount,	42 1	and the second	
see instructions).	, <b>j</b>	4		
5 Net value of non-exempt-use assets (sub	tract line 4 from line 3)	5	2 C C C C C C C C C C C C C C C C C C C	
6 Multiply line 5 by 0.035.		6	2	1
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to li	ine 6)	8		
Section C – Distributable Amount	and a second			Current Year
1 Adjusted net income for prior year (from	Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount for prior year (fro	m Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.		4	14 - X	i and i a
5 Income tax imposed in prior year		5	The State of the second	1. S. 1. S. 1.
6 Distributable Amount. Subtract line 5 fro	om line 4, unless subject to			
emergency temporary reduction (see inst		6		
7 Check here if the current year is the o	ganization's first as a non-functionally integr	ated Type III	supporting organization	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	6/2022 8:37 AM ule A (Form 990) 2021 CURAMERICAS GLO	BAL INC	56-1400	098 Page
Par				
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp	poses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations	4	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide	e details in <b>Part VI</b> )	in the second	
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 org	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			1 A
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required– <i>explain in Part VI</i> ). See instructions.			
2	Excess distributions carryover, if any, to 2021			
3	From 2016			
			the second second	
	From 2017	and the second second second	an a	
	From 2018		and the second	
	From 2019			
	From 2020			
	Total of lines 3a through 3e		1	
	Applied to underdistributions of prior years Applied to 2021 distributable amount		1	and the second s
	Carryover from 2016 not applied (see instructions)			
			en an	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D line 7: \$			
	Section D, and T.			
	Applied to underdistributions of prior years			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
b	Applied to 2021 distributable amount			
24 - S - S - S - S - S - S - S - S - S -	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		* N	
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		and the second second	
8	Breakdown of line 7:		and states in	
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
-	Excess from 2020	10 million and a second		
	Excess from 2021			
e				Schedule A (Form 990) 202

3004	08/1	6/2022	8:37	AM	
000-1	00/1	012022	0.37	MIN	

Schedule A (Fo Part VI	Supplementa III, line 12; Pa B, lines 1 and 3a, and 3b; P	al Information. art IV, Section A, 12; Part IV, Sect Part V, line 1: Part	Provide the e: , lines 1, 2, 3b tion C, line 1; rt V, Section E	, 3c, 4b, 4c, 5a Part IV, Sectio 3, line 1e; Part	uc. quired by Part II, line a, 6, 9a, 9b, 9c, 11a n D, lines 2 and 3; F V, Section D, lines 9 I information. (See i	, 11b, and 11c; Part Part IV, Section E, li 5, 6, and 8; and Par	a or 17b; Part IV, Se <b>cti</b> on nes 1c, <b>2</b> a, 2b,
Part I	I, Line 1	0 - Other	Income I	Detail			r s 1949 - Carolon Marcine
				\$	16,604		
							s. 
						er Edonesen is Rougens on org	ai annaic
							gigit in more represent
					ta indiata Summa a di s		
					n de Carlo ante en la composition de la Composition de la composition de la comp		
						ri, els empleta Anti-hanna qualitari j	dan series des
						······································	
					anderal press of a cars	8 - 1 902 1 - 200 89	
				an sharan ka			
							an an an an an Andrew States an Angrae an
				Colores and the second			· · · · · · · · · · · · · · · · · · ·
						······	
					En Water from		· · · · · · · · · · · · · · · · · · ·
			an a		the states the states		
					en Maria en Tra		
						•••••••	digana an
						······	
					alexande het forst sedan og s alexande		
			-95.93				

3004	08/16/2022	8.37	
3004	00/10/2022	0.37	АМ

.

#### SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

DAA

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.

Inspection

OMB No. 1545-0047

20 Open to Public

21

ame of the organization		Employer identification number
CURAMERICAS GLOBAL, INC.		56-1400098
Part I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds o Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		a a secondaria de la composición de la composi Composición de la composición de la comp
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	
funds are the organization's property, subject to the organization's excl		Yes N
6 Did the organization inform all grantees, donors, and donor advisors in		
only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose	
conferring impermissible private benefit?		Yes N
Part II Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check	all that apply).	
Preservation of land for public use (for example, recreation or educ		
Protection of natural habitat	Preservation of a certified	historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cor	
easement on the last day of the tax year.		Held at the End of the Tax Ye
a Total number of conservation easements		
b Total acreage restricted by conservation easements		
c Number of conservation easements on a certified historic structure incl		2c
d Number of conservation easements included in (c) acquired after 7/25/		2d
historic structure listed in the National Register	tin wished as terminated by the argoni	
Number of conservation easements modified, transferred, released, ex	anguished, or terminated by the organi	ization during the
tax year ►		
Number of states where property subject to conservation easement is I		
Does the organization have a written policy regarding the periodic mon		Yes
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation	
Staff and volunteer hours devoted to monitoring, inspecting, nandling o	i violations, and emotering conservation	reasements during the year
Amount of expenses incurred in monitoring, inspecting, handling of viol	ations and enforcing conservation eas	sements during the year
Amount of expenses incurred in monitoring, inspecting, nandling of viol	ations, and emotering conservation cat	
Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section $170(h)(4)(F)$	3)(i)
and section 170(h)(4)(B)(ii)?		Yes N
In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense staten	
balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	at describes the
organization's accounting for conservation easements.		
art III Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	er Similar Assets.
Complete if the organization answered "Yes" on F	Form 990, Part IV, line 8.	
a If the organization elected, as permitted under FASB ASC 958, not to re	eport in its revenue statement and bala	ance sheet works
of art, historical treasures, or other similar assets held for public exhibiti	ion, education, or research in furtherar	
service, provide in Part XIII the text of the footnote to its financial staten	nents that describes these items.	a heat works of
If the organization elected, as permitted under FASB ASC 958, to report	rt in its revenue statement and balance	e sheet works of
art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance	
provide the following amounts relating to these items:		► ¢
(i) Revenue included on Form 990, Part VIII, line 1		
(ii) Assets included in Form 990, Part X		
If the organization received or held works of art, historical treasures, or		provide the
following amounts required to be reported under FASB ASC 958 relating		C
<ul> <li>Assets included in Form 990, Part X</li> <li>Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul>	·····	Schedule D (Form 990) 20

chedule D (Form 990) 2021 CURAMER	ICAS GLOBAL,	INC.	56-14	400098	Page 2
Part III Organizations Maintain					(continued)
3 Using the organization's acquisition, accurate collection items (check all that apply):	ession, and other records,	check any of the follo	wing that make signifi	icant use of its	
a Public exhibition		oan or exchange prog			
b Scholarly research	e 🗌 O	ther			
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization</li> </ul>	le collections and evaluin h	and the state of the state of	menination's even t	urness in Bad	
4 Provide a description of the organization XIII.	s collections and explain h	low they further the o	rganization's exempt p	burpose in Part	
<ul><li>5 During the year, did the organization soli</li></ul>	cit or receive donations of	art historical treasure	es, or other similar		
assets to be sold to raise funds rather th					Yes No
Part IV Escrow and Custodial Complete if the organiza 990, Part X, line 21.		on Form 990, Par	t IV, line 9, or repo	orted an amount o	on Form
1a Is the organization an agent, trustee, cus		-			Yes No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part	XIII and complete the folio			·····	
	Xin and complete the fold	wing table.			Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				<u>1e</u>	
f Ending balance				1f	
2a Did the organization include an amount					Yes No
b If "Yes," explain the arrangement in Part Part V Endowment Funds.	XIII. Check here if the exp	lanation has been pro	bvided on Part XIII	••••••••••••••••••••••••••••••••••••••	<u></u>
Complete if the organiza	ation answered "Yes"	on Form 990, Par	t IV. line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,165,571	930,678	583,512	524,196	134,01
b Contributions		154,525	255,370	59,316	390,18
c Net investment earnings, gains, and	· · · · · · · · · · · · · · · · · · ·	80,368	91,796		
losses		80,508	31,730		
<ul><li>d Grants or scholarships</li><li>e Other expenditures for facilities and</li></ul>					
programs	1,148,440		2. 		
f Administrative expenses					
g End of year balance		1,165,571	930,678	<b>583</b> ,512	524,19
2 Provide the estimated percentage of the	current year end balance	(line 1g, column (a)) I	neld as:		
a Board designated or quasi-endowment	%				
b Permanent endowment	%				
c Term endowment ▶ %	1	- Andrew -			
The percentages on lines 2a, 2b, and 2c 3a Are there endowment funds not in the p		ion that are hold and	administored for the		
organization by:					Yes No
(i) Unrelated organizations		mandan and the second second		and the second	3a(i) X
					3a(ii) X
b If "Yes" on line 3a(ii), are the related org					3b
4 Describe in Part XIII the intended uses of	of the organization's endow	ment funds.			
Part VI Land, Buildings, and E		in the second	and the state base	and the second states of the	
Complete if the organiza		which was the second second second second		and the second se	
Description of property	(a) Cost or other ba (investment)	sis (b) Cost or o (othe		Accumulated epreciation	(d) Book value
1a Land		E12		120 270	110 12
b Buildings		512		132,379	448,13
c Leasehold improvements	Manual Annual			TRACK TO PART	
d Equipment					•
e Other Total. Add lines 1a through 1e. (Column (d) m	ust equal Form 990. Part 2	X, column (B). line 10	.)		448,13
		,		Scher	dule D (Form 990) 20
		And Frederic State		State State	
		The Martin A		to the minister "	
DAA				and and and a second	

Part VII	orm 990) 2021 CURAMERICAS GLOBAL, IN Investments – Other Securities.		56-1400098	ad Y line 12
	Complete if the organization answered "Yes" on F		(c) Method of	
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year	
1) Financial	I ALTER FIRST REAL FORMA ALTER ADDRESS A			
	eld equity interests			
3) Other				
(A)				
(B)				
(C)		A		
(D)				
(E) (F)				
(G)			and the second s	
(G) (H)				6
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		the rest	
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on F	Form 000 Part IV lir		art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	valuation:
	fet possibuor or magament	U) DOOR Value	Cost or end-of-yea	
(1)				
(2)				
(3)			· ·	
(4)				
(5)				
(6)				
(7)				
(8)		15. B 4	4.4	
(8) (9)				
(9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
(9)	Other Assets.		ne 11d. See Form 990, F	Part X, line 15.
(9) Total. (Colu			ne 11d. See Form 990, F	Part X, line 15. (b) Book value
(9) Total. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on		ne 11d. See Form 990, F	
(9) Total. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value
(9) Total. (Colu Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679
(9) Total. (Colu Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679 40,309
(9) Total. (Colu Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679 40,309
(9) Total. (Colu Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679 40,309
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679 40,309
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679 40,309
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 4 5 , 67 9 4 0 , 30 9 8 , 00 0
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE UNIT (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, lii	ne 11d. See Form 990, F	(b) Book value <b>2</b> 45,679 40,309
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 990, Part X,
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1.	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 990, Part X. (b) Book value
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 990, Part X, (b) Book value 99,582
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE (3) CUE	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 990, Part X, (b) Book value 99,583 14,33
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fedee (2) DUE (3) CUE (4) ACC	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT ERUED WAGES AND BENEFITS	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 0990, Part X, (b) Book value 99,583 14,33 10,183
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE (3) CUE (4) ACC (5) UNE	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 0990, Part X, (b) Book value 99,583 14,33 10,183
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE (3) CUE (4) ACC (5) UNE (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT ERUED WAGES AND BENEFITS	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 0990, Part X, (b) Book value 99,583 14,33 10,183
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE (3) CUE (4) ACC (5) UNE (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT ERUED WAGES AND BENEFITS	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 0990, Part X, (b) Book value 99,583 14,33 10,183
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE (3) CUE (4) ACC (5) UNE (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (6) (7) (8) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT ERUED WAGES AND BENEFITS	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 0990, Part X, (b) Book value 99,583 14,33 10,183
(9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fede (2) DUE (3) CUE (4) ACC (5) UNE (6) (7) (8) (9) (3) CUE (4) ACC (5) UNE (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONTRACT RECEIVABLE INVESTMENTS, FAIR VALUE PLEDGE RECEIVABLE umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ral income taxes TO HOPE THROUGH HEALTH RENT PORTION LONG-TERM DEBT ERUED WAGES AND BENEFITS	Form 990, Part IV, lii		(b) Book value 245,679 40,309 8,000 293,988 990, Part X, (b) Book value 99,583 14,33

Part XI Reconciliation of Revenue per Audited Finance		6-1 <b>40009</b> 8	Page 4
Complete if the organization answered "Yes" on F			
1 Total revenue, gains, and other support per audited financial statement	s	1	7,228,870
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		× .	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	20		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		<b>2</b> e	
Subtract line 2e from line 1		3	7,228,870
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b			
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b			
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			7,228,870
art XII Reconciliation of Expenses per Audited Finan			
Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements			7,129,585
Amounts included on line 1 but not on Form 990, Part IX, line 25:			
Donated services and use of facilities	2a		
Prior year adjustments	2b		
Other losses	2c		
Other (Describe in Part XIII.)			
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	7,129,585
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		
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)		7,129,585
art XIII Supplemental Information.			
ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	art V, line 4; Part X, int	e .
art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p			
	art to provide any additional mon	nation.	
		nation.	n, and the second
		nation.	n an a san ta
		nauon.	n in staar (s See see see see see see see see see see
		nauon.	 
		nauon.	
		nauon.	
		nauon.	

3004	08/1	6/2022	8:37	AM	
------	------	--------	------	----	--

•

.

Schedule D (Form 990) 2021         CURAMERICAS         GLOBAL ,           Part XIII         Supplemental Information (continued)	INC.	<b>56-14000</b> 98	Page 5
Supplemental information (continued)	- Add		
		•••••••••••••••••••••••	
· · · ·			· · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			nir ana ay anna kann na T
			an a
	•••••		
· · · · · · · · · · · · · · · · · · ·		5.449	and the second
			an an an an <b>an an</b> an Arthur an Ar
			a an and a
	· · · · · · · · · · · · · · · · · · ·	n de la companya de l	a a annaic an
			errection spine a confirmer
			······
			anine anni ana

SCHEDULE F (Form 990)			ctivities Outside th ion answered "Yes" on Form 99		0MP No. 1545-0047
Department of the Treas Internal Revenue Servic		Go to www.irs.gov	Attach to Form 990. //Form990 for instructions and the second	the latest information.	Open to Public Inspection
Name of the organization	n			Employer identific 56-1400	
Part I G	CURAME:	RICAS GLOBAI	tside the United States. C	Complete if the organization answ	
F0	orm 990, Part IV, line	e 14b.	4		
other assista		ibility for the grants or a	to substantiate the amount of its g ssistance, and the selection criter	ia used to	Yes X No
	<b>akers.</b> Describe in Part United States.	V the organization's pro	ocedures for monitoring the use of	f its grants and other assistance	
			be duplicated if additional space i		(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	<ul> <li>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</li> </ul>	expenditures for and investments the region
(1)					
(2)					
(3)					
(4)	1				
(5)				la l	
(6)					
(7)			2		
(8)					
(9)					
(10)				2	
(11)					
(12)					
(13)					
(14)					
(15)					
16)					
(17) 3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Part IV, lin	Prart IV, line 15, for any recipient who received more than	Dient who receive	enous or Enumes Outside in ad more than \$5,000. Part II (	1 \$5,000. Part II can be duplicated if additional space is needed.	additional spa	ce is needed.		·
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region		(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(T)								
(8)								
( <u>9</u> )								
(10)								- - -
(ii)					- 			
(12)							3	i i i i i i i i i i i i i i i i i i i
(13)				8	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	€* 8* J		
(14)				- s	· · · · · · ·			
(15)								
(16)								
	recipient organization anization by the IRS, o	is listed above that a or for which the grant	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	eign country, recognize on 501(c)(3) equivalency	d as a tax letter			
Joseph Total Augustation	net total number of other programmers or antitles	r entities					<b>A</b>	
							Schedule	Schedule F (Form 990) 2021

DAA

1000	AM
- Contraction	8:37
10000000000000000000000000000000000000	6/2022
	08/1
	3004

2	
ц	1
r	1
LNL	
F	ì
5	8
	•
E	
2	l
TARO	
2	1
2	j
V	)
A	ļ
C	)
5	,
NERTO	1
Ę	ļ
a	
α	
	)
C	)
5	1
1 202	2
6	5
ğ	Ś
5	
	5
ŕ	
ш	
٥	)
Ē	3
đ	ý

**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (I Part III

$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			5	(d) Amount of	(e) Manner of	(f) Amount of	(d) nescription	
	E	recipient	s	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
	(2)							
	(3)							
	(4)							
	(5)							
	(6)							
	(2)							
	(8)							
	(9)							
	(10)							
	(11)				3			
	(12)					5. 5.		
	(13)		- - 					
	(14)		1					
	(15)			~			1.5%	
	(16)		50 					
	(17)							

DAA

M 990) 202 202	Did the organization may be required to file Form 5471, Internation Return of U.S. Persons With Respect to       Image: Corporations (see Instructions for Form 5477)       Image: No         Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund uning the tax year? If "Yes," the organization may be required to file Form 8621, Intromation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing       No         Did the organization for Form 8621       Image: The organization may be required to file Form 8621, Internation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing       No         Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8655, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8656, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8657, International Boycotting countries during the tax year? If "Yes," the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to spareriely file Form 5713, International Boycott Report (see Instructions for Form 9713; don't file with Form 990)       No         Did the organization for the with Form 990)       Schedule F form 990       No	ω 4 τύ σ
No	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	N
No	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes</i> ," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	د
Page	3004 08/16/2022 8:37 AM Schedule F (Form 990) 2021 CURAMERICAS GLOBAL, INC. 56-1400098 Part IV Foreign Forms	3004 08/16/202 Schedule F Part IV

Schedule F (Form 990) 2021	Schedule F (			DAA
~				
		e state to		
		2	· · · · · · · · · · · · · · · · · · ·	
al da fast concernent				
	a and a second se			
	· · · · · · · · · · · · · · · · · · ·			
			•	
				RECONCILIATIONS COMPLETED MONTHLY
UND	L EXPENSES	RECEIPTS OF AL	STATEMENTS,	FUNDS AND RECEIVE MONTHLY BANK STA
EOF	PPROPRIATE USE	TO MONITOR A	SCAL YEAF	CONDUCTS ON-SITE VISITS DURING FISCAL YEAR TO MONITOR APP
ALSO	ORGANIZATION	:	REMENT WH	RECEIVED AN AUDITED FINANCIAL STATEMENT WHEN POSSIBLE.
	Grant Funds	the Use of	onitoring	Part I, Line 2 - Procedures for Monitoring
				Information. See instructions.
onal		le. Also complete this pa	its), as applicat	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
thod;		unds); Part I, line 3, colur	(monitoring of fi	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting met amounts of investments vs. expenditures per region): Part II line 1 (accounting method): Part III (accounting me
			• *	Part V Supplemental Information
Page 5		56-1400098		Schedule F (Form 990) 2021 CURAMERICAS GLOBAL, INC

3004	
08/16/2022	
8:37	
AM	

# SCHEDULE M (Form 990) .

**Noncash Contributions** 

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.

2021

Employer identification in Open To Public Inspection

nher

CURAMERICAS		GLOBAL, INC.		56-1400098
Part I Types of Property				
	Check if	(b)	(c) Noncash contribution	(d)
	applicable	items contributed	Amounts reported on Form 990, Part VIII, line 1g	noncash contribution amounts
1 Art — Works of art			-	
asures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household				
goods			14	
nd 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		12		
13 Qualified conservation				
contribution — Historic		P		
structures			2) 	
14 Qualified conservation		in a	99	
contribution — Other			7	
15 Real estate — Residential		-		
Real estate — Commercial				
17 Real estate — Other				
18 Collectibles		5		
19 Food inventory			Manual and Annual State In-	
20 Drugs and medical supplies				
21 Taxidermy				
Historical ar		-		
23 Scientific specimens				
Archeological artifact				
	×	4	145,037	~
27 Other ►( )				
28 Other ►( )	2			-
29 Number of Forms 8283 received by the organization during the tax year for contributions for	he organiz	ation during the tax year	for contributions for	

Schedule M (Form 990) 2021		
	describe in Part II.	
	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	33
	If "Yes," describe in Part II.	ъ
121	contributions?	
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	32a
11	contributions?	
	Does the organization have a gift acceptance policy that requires the review of any nonstandard	31
	If "Yes," describe the arrangement in Part II.	σ
. "Oa	to be used for exempt purposes for the entire holding period?	
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required	
	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through	30a
	which the organization completed Form 8283, Part V, Donee Acknowledgement 29	

.....

OM IN 1545-0074

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.	2021
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to Public Inspection
	CURAMERICAS GLOBAL, INC. 56-1400098	098
Form 990, P	<b>Part I, Line 6</b>	
WORK TEAM P	PARTICIPANTS, OFFICE ASSISTANCE AND PRACTICUM STUDENTS	FROM
GRADUATE UN	GRADUATE UNIVERSITY PROGRAMS RELATED TO GLOBAL HEALTH.	
Form 990, P	Part VI, Line 11b - Organization's Process to Review F	Form 990
INFORMATION	INFORMATION PROVIDED TO BOARD FOR REVIEW PRIOR TO FILING.	
Form 990, P	Part VI, Line 12c - Enforcement of Conflicts Policy	
ANNUAL RECE	OF CONFLICT OF INTEREST. ANY CONFLICTS	RESOLVED BY
THE BUARD O	OF DIRECTORS.	
Form 990, P	Part VI, Line 15a - Compensation Process for Top Official	ial
EXECUTIVE D	DIRECTOR'S COMPENSATION IS REVIEWED (AT A MINIMUM) ANNI	ANNUALLY BY
THE CURAMER	CURAMERICAS GLOBAL BOARD OF DIRECTORS.	
Form 990, P	Part VI, Line 15b - Compensation Process for Officers	
BUDGET APPR	BUDGET APPROVED BY THE BOARD WHICH INCLUDES A REVIEW OF EMPLOYEE	
COMPENSATION	N.	
Form 990, P.	990, Part VI, Line 19 - Governing Documents Disclosure Explan	anation
ON ORGANIZATION'S	TION'S WEBSITE AND UPON REQUEST.	
Form 990, Pa	Part XI, Line 9 - Other Changes in Net Assets Explanation	ion
TRANSFER OF	<b>ENDOWMENT</b> \$	-1,148,440
For Paperwork Reduction Act Notice, see the	Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

Form 990

**Two Year Comparison Report** 

For calendar year 2021, or tax year beginning

2020 & 2021

Identificatio Number

, ending

	_		hei													_	e n	se	es								Re	ve	n	u e					a
-	32 Number of employees	31. Number of independent voting members of governing body	30. Number of voting members of governing body	29. Retained earnings	28. Total liabilities	27. Total assets						22. Total expenses. Add lines 13 through 21	21. Other expenses	-		18. Other professional fees	17. Professional fundraising fees	16. Salaries, other compensation, and employee benefits	15. Compensation of officers, directors, trustees, etc.	14. Benefits paid to or for members	13. Grants and similar amounts paid	12. Total revenue. Add lines 1 through 11	11. Other revenue	10. Net gain or (loss) on sales of inventory	9. Net income or (loss) from gaming	8. Net income or (loss) from fundraising events	7. Net gain or (loss) from sale of assets other than inventory	6. Proceeds from tax exempt bonds	5. Investment income	4. Program service revenue	3. Government contributions and grants		1. Contributions, gifts, grants		CURAMERICAS GLOBAL, INC.
33.	32.	31.	30.	29.	28.	27.	76	26.	25.	24.	23.	22.	21.	20.	19.	18.	17.	16.	15.	14.	13.	12.	11.	10.	9.	8.	7.	6.	5.	4.	ų	2.	1		
157	З		ο α	57C'TRC'T	1991,20	001 00	.572.72	5,606,478		6,982,118	518,7	w	6,002,189	14,825	85,441	66,570		294,329				6,982,118	N						22,336	5,546,866			1,375,640	2020	
157	ω	0 00	α	acc'chc	ALC.	L C L	.269,31	6,504,823		7,228,870	,66	-	,471	Ч	145,798	-		319,009				7,228,870	48,						63	6,455,965			724,047	2021	56-1
				001,000, <b>1</b> -		CVC LYC C-	-3,303,410	898,345		246,152	-419,419	666,231	469,030	-253	60,357	112,417		24,680	-	-		701 947	212,113						-22,213	660,606			-651,593	Differences	56-1400098

Professiones long Galance A geste

ame CURAMERICA	AS GLOBAL, INC.					r Identification Number 1400098
-	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,683,785	420,870	1,604,495	1,375,640	724,047	
Membership dues						
Program service revenue				5,546,866	6,455,965	
Capital gain or loss						
Investment income	8,191	3,628	18,622	22,336	63	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						L.
Other revenue	30,675	6,594	30,797	37,276	48,795	
Total revenue	1,722,651	431,092	1,653,914	6,982,118	7,228,870	
Grants and similar amounts paid						
Benefits paid to or for members	· · · · · ·				4 T	
Compensation of officers, etc.			· · · · · · · · · · · · · · · · · · ·			
Other compensation	<b>19</b> 9,984	50,927	255,863	294,329	319,009	
Professional fees	40,928	10,604	41,173	66,570	178,987	
Occupancy costs	a second and a second and a second a s			85,441	145,798	
Depreciation and depletion	14,171	3,546	13,936	14,825	14,572	
Other expenses	1,127,766	187,901	1,133,492	6,002,189	6,471,219	
Total expenses	1,382,849	252,978	1,444,464	6,463,354	7,129,585	
Excess or (Deficit)	<b>3</b> 39,802	178,114	209,450	518,764	99,285	
Total exempt revenue	<b>1,72</b> 2,651	431,092	1,653,914	<b>6,9</b> 82,118	7,228,870	
Total unrelated revenue						
Total excludable revenue	38,866	10,222	49,419	.5,606,478	6,504,823	
Total Assets	1,148,382	1,653,188	1,945,653	4,572,727	1,269,317	
Total Liabilities	589,205	941,214	944,562	2,991,203	723,961	
Net Fund Balances	<b>5</b> 59, 1 <b>77</b>	711,974	1,001,091	1,581,524	545,356	

Name

### **Tax Return History**



Form 990

#### 3004 CURAMERICAS GLOBAL, INC. 56-1400098 FYE: 12/31/2021

## **Federal Statements**

#### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	_	Program Service	nagement & General		Fund Raising
TELEPHONE \$	68,134	\$	53,826	\$ 9,539	\$	4,769
DEVELOPMENT	23,401			23,401		
EQUIPMENT	21,427		21,427			
PAYROLL PROCESSING FEES	13,499		9,854	2,160		1,485
BANK CHARGES	11,084		9,422	776		886
REPORTING	10,150		10,150			
MARKETING	10,131			10,131		
INTEREST EXPENSE	9,010		7,118	1,261		631
REPAIRS	7,951		6,281	1,113		557
HOA FEES	4,333		4,333			
WORK TEAM EXPENSE	3,150		3,150			
EVENTS	2,721		2,721			
DUES AND MEMBERSHIPS	1,168		689	140		339
UTILITIES	735		573	103		59
FUNDRAISING EXPENSE	328			105		223
MEALS	17		. 17			
Total \$	187,239	· \$	129,561	\$ 48,729	S	8,949

# 3004 CURAMERICAS GLOBAL, INC.Federal Statements56-1400098Federal StatementsFYE: 12/31/2021Federal Statements

Schedule A, Part	II, Line 1(e)
Description	Amount
GIFTS/DONATIONS RONALD MCDONALD GRANT	\$ 695,059 28,988
Total	\$ 724,047

#### Schedule A, Part II, Line 12 - Current year

Description		Amount
STATE AGENCIES SERVICES Tax-exempt Dividends and Interest from Securities PAYROLL PROTECTION RENT PLEDGE RECEIVABLE REDUCTION	\$	6,455,965 63 44,700 40,095 -36,000
Total	\$ _	6,504,823