### 0007-05/06/2014 3-56 PM

Form

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

ONB No. 1545-0047 2012 Open to Public Inspection

Ā	For the 2012 (	calendar year, or tax year beginning 10/01/12 and ending 09/30/1	.3	D Employ	er Identification number
B	Check If applicable:	C Name of organization		Z Modernia	
Π,	kádress change	CURAMERICAS GLOBAL, INC.		56-	1400098
$\overline{\Box}_{1}$	Vame change	Doing Budhess As	Room/suite	£ Telepho	12 Company of the Com
=	nitial return	Number and street (or P.O. box if mail is not delivered to street address)		919	-510-8787
<u></u>		318 WEST MILLBROOK ROAD, SUITE 105	/4( \		
	Terminated	City, town or post office, state, and ZIP code  PAT.ET.GH  NC 27609		<b>⊘</b> Gross recei	ns 1,938,730
	Amended rollen	RALEIGH NC 27609  F Name and address of principal officer:	1		glower glower
	Application pending	is the state of th	#(a)  8 this 2 ⊋	roup retem for a	periods growing
		BRENDA BOOTH 318 WEST MILLBROOK RD, SUITE 105	H(b) Are all of	Betes included	, Yes No
		RALEIGH NC 27609	≝ "N¢	o," aítach a #st.	(see instructions)
IP		1 4 (month of 1 527	7		
,	Tax-exempl status:	http://www.ciramericas.org	H(c) Group ex		
	14-may-14	1 V	ear of formation: 1	983	M State of legal domicile: NC
	Form of organization	ummary			A Landon Market
900	# Delaffuel	accribe the organization's mission or most significant activities:			
	מוזים	AMERICAS CLOBAL PARTNERS WITH UNDERSERVED COMMUNITIES	TO MAKE		.,,
Activities & Governance	MEA	SURABLE AND SUSTAINABLE IMPROVEMENTS IN THEIR HEALTH	AND WELL	BEING.	
Ē		***************************************			
₹	2 Check t	nis box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asset	S, <u>f</u>	_
õ	3 Number	of voting members of the governing body (Part VI, line 1a)			6
ή. SQ	4 Number	of independent voting members of the governing body (Part VI, line 1b)		. 4	8
₩.	5 Total nu	imber of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	28
Į.	6 Total nu	imber of volunteers (estimate if necessary)		. 6	0
۹,	7a Total ur	related business revenue from Part VIII, column (C), line 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 7a	ŏ
	b Net unn	elated business taxable income from Form 990-T, line 34	Prior Ye	- 17b	Current Year
				9,955	1,931,850
4		utions and grants (Part VIII, line 1h)	14.42.84.14.44.	***************************************	0
Revenue	9 Program	e service revenue (Part VIII, line 2g)	V-44-1-4	655	15
જુ	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,027	6,865
	11 Omerre	venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,79	7,637	1,938,730
	12 Total re	and similar amounts paid (Parl IX, column (A), lines 1–3)	***************************************		0
	13 Grants	and sinster amounts part (Fart IX, column (A), fine 4)			0
	missing 41	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	75	6,467	738,428
Expenses	15 Octables	tand tradecing food (Part IX column (A) fine 11e)		*******************	U
8	h Total fit	ndralsing expenses (Part IX, column (D), line 25) > 24,257			
Ä	17 Othere	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,092	1,118,817
	18 Total ex	conses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,559	1,857,245 81,485
	19 Revent	re less expenses. Subtract line 18 from line 12	Beginning of C	70,078	End of Year
ŏ				7,293	454,409
Net Assets or	20 Total a	ssets (Part X, line 16)		4,522	304,610
AS.	21 Total li	abilities (Part X, line 26)		52,771	149,799
<b>2</b>	22 Net ass	sets or fund balances. Subtract line 21 from line 20			\$CQ++++++++++++++++++++++++++++++++++++
	Part II	Signature Block of perjury, I declare that I have examined this return, including accompanying schedules and statement perjury.	ents, and to the b	est of my kno	wiedge and bellef, it is
Į.	Inder penalties (	of perjury, I declare that I have examined this feaths, including accompanying dominion of which preparer is complete. Declaration of preparer (other than officer) is based on all information of which preparer is	as any knowleds	ge.	
	100, 101, 601, 611	Breada Booth		7	<u>-17-2014</u>
n:		Signature of offices		Date	
	gn	BRENDA BOOTH CHAIR	PERSON		
1.16	ore	Type or print name and tibe			
	Print/1	ype preparer's name Preparer's signature	Date	Check	handre
Pa		Y I, MASS	05/0	6/14 sell-9	
	eparer Firm's	Design Mormon & Co. P.A.	** **** ******************************	Firm's EIN	56-1057695
	e Only	PO Box 87047			ስነር. ለመጽ <u>በ</u> ን ፊነ
	Flem's	address Fayetteville, NC 28304	· · · · · · · · · · · · · · · · · · ·	Phone no.	910-484-0145
Ma	y the IRS disc	uss this return with the preparer shown above? (see instructions)	<u> </u>	3335	X Yes No

Form 8868

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1645-1709

(Rev. January 2013)

Department of the Treasury

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•	Y

epartment of the James Revenue S	reasury ervice			**************************************		C-With Control of the	<b>&gt;</b> X
If you are	ervice Liling for an Automatic 3-Month Extension	, complete only Part I	and check this box	2 of this form)	/		
a not comp	eta Part II unless you have already been 9	Lättiett still announding a.	THOUGH CALLETTE	-			
		noce it was need a 3-8	conth automatic extension of	time to tile to mo	LEELIGE	for	
						m	
					ρħ		
1868 to reque	st an extension of time to file any of the form nsfere Associated With Certain Personal Be	anafil Contracts, which	must be sent to the IRS in p	aper format (see			
Return for Tra					rofits		***************************************
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part	required to file Form 990-T and requesting :	an automatic 6-month	extension - check this box ar	nd complete			<b>▶</b> □
<ul> <li>corporation</li> </ul>	tedaked to me Lour page, and reducerne .						
Part I only	orations (including 1120-C filers), partnershi	ps. REMICs, and trust	s must use Form 7004 to req	uest an extension	of tit	ne	
All other corp	orations (including 1120-c alord), partitions	<b>F- 11.</b>					. Itw.atians
to file income	tax returns.		######################################	nter filer's identif	ying	number, see	) instructions
<u></u>	Name of exempt organization or other file	er see instructions.		Employer Identif	icatio	n number (El	N) OF
Type or	Name of exempt programs attorn or other the	,, ••• management					
print	CURAMERICAS GLOBAL,	INC.		<u>56-14000</u>			Married International Control of the
	Number, street, and room or suite no. If	a P O. box, see instruc	tions.	Social security r	บบบ	er (SSN)	
File by the	318 WEST MILLBROOK I	ROAD, SUITE	105				**************************************
due date for filing your	City, town or post office, state, and ZIP of	ode. For a foreign add	ress, see Instructions.				
return. See	City, town or post onice, state, and and	NC 27609	)				***************************************
instructions.	RALEIGH						01
Enter the Re	turn code for the return that this application	is for (file a separate a	pplication for each results)				***************************************
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	**************************************	Return	Application	Return			
Applicatio	n	Code	ls For	Code			
Is For		01	Form 990-T (corporation)				
hrappenner plant memory and com-	or Form 990-EZ	02	Form 1041-A				08
Form 990-		03	Form 4720		ppg a deployed the second	and the second state of the second	09
	(individual)	04	Form 5227	10			
Form 990-	PF	05	Form 6069				11
Form 990-	T (sec. 401(a) or 408(a) trust)	06	Form 8870		*Mrdfff###		1 12
Form 990-	T (trust other than above)  CURAMERICAS GL		·• · · · · · · · · · · · · · · · · · ·				
	318 W. MILLBRO	OK RD SUITE	#105				
		, i				NC 2'	7609
<ul> <li>The book</li> </ul>	s are in the care of > RATEIGH		***************************************				
	. 010 E100707	FAX N	o, 🕨				
	ne No. ▶ 919-510-8787 ganization does not have an office or place	" china mana in tha I fait	an States check this box		44>,,		▶ ∐
<ul> <li>If the or</li> </ul>	ganization does not have an office or place for a Group Return, enter the organization's	of business in the Exer		- A Day of the Control of the Contro			`
<ul> <li>If this is</li> </ul>	for a Group Return, enter the organization	s for part of the group,	check this box	and attach			
for the whol	e group, check this box	acian le for	,,		···	<u> </u>	
	e names and EINs of all members the exter est an automatic 3-month (6 months for a c		file Form 990-1") extension of	time			
1   requ	est an automatic 3-month (6 months for a c 05/15/13 to file the exempt organ	orporanor return for the o	rganization named above. Th	ne extension is			
until	05/15/13 to file the exempt organ	iiZatičii ietain iet eie a	· <b>3</b> ·····				
	organization's return for:						
<b>▶</b> [_	calendar year or						
	70/01/10		/13				
<b>▶</b> [ <u>3</u>	tax year beginning 10/01/12 a	to enough And and	a. Thinitial return	Final return			
2 If the	tax year beginning 107047.44 14 tax year entered in line 1 is for less than 12	( months, chack leaso:	134 F 1 1140000 2 200000				······································
1 1				/			
3a If this	Change in accounting period application is for Form 990-BL, 990-PF, 99	10-T, 4720, or 6069, er	Hat the fallfatted ray, lend must		3a	\$	MANUEL CONTRACTOR OF THE PROPERTY OF THE PROPE
			· · · · · · · · · · · · · · · · · · ·			X	
	Broken to for Form 990-PF 990-T 472	20, or 6069, enter any	peg enter any refundable credits and 35 \$				
	The second secon	ABBL GAGINGAILIGHT dus	The state of the s		}*************************************		
e Rala	nce due. Subtract line 3b from line 3a. Incli	пое доль бядышын мин	this form, it required, by use	'a [	3c	\$	
ν πεν βet	PS (Electronic Federal Tax Payment System	n). See instructions.	0000	and Form 9870 C			tructions.
Caution I	PS (Electronic Federal Tax Payment Syster f you are going to make an electronic fund y	vithdrawal with this Fo	m 8868, see Form 8453-EO	DULL OF THE OCH OF STREET		Form	8868 (Rev. 1-201)
~ + 4 4 4 4 5 4 5 5 5 5 1 1 4 4	A. Same Same State of the same					* 041311	

um 990 (2012) CURAMERICAS GLO	MAT. TNO	56	-1400098	Page 2
Manual Ctatement of Program Sc	arvice Accor	nplishments	<u> </u>	{****·
Check if Schedule O conta	ins a respon	se to any question in this P	art III	<u></u>
man a distribution of mice and				
ATTENDATIONS OF AUTODAT, DAD!	TNERS WI	TH UNDERSERVED CO	OMMUNITIES TO MA	KE
MEASURABLE AND SUSTAIN	ABLE IMP	ROVEMENTS IN THE	IR HEALTH AND WE	LLBEING.
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	,	~~		MB495
Did the organization undertake any significa	nt program servi	ces during the year which were no	t listed on the	F**** (********************************
prior Form 990 or 990-EZ?				Yes X No
If "Yes," describe these new services on Sc	hedule O.			
3 Did the organization cease conducting, or m	rake significant o	hanges in how it conducts, any pro-	ogrem	
services?	· ·			Yes X No
tentes II donadha thaga changag an Schedt	ite O.			
and a standard of a single standard and a standard security	accomplishmer	ats for each of its three largest pro-	gram 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 se	ervice reported.		
the total exhereas? aim to cours! Il out!				
EDUCATION AND ACCESS T INCLUDES GOAL OF IMPRO TO BUILDING OF HEALTH MATERNAL AND CHILD HEA BUILDING, MALARIA MANA ACTIVITIES ARE CONDUCT AND LIBERIA) THROUGH D	VING PRI SERVICE LTH, FAM GEMENT A ED IN DE	MARY HEALTH CARE PROVIDERS. SPECI ILLY PLANNING, WA ND HIV/AIDS PREV VELOPING NATIONS	PROGRAMS THAT A ALIZES IN COMMUN TER AND SANITATI ENTION AND TREAT (SUCH AS GUATEM	ITY-BASED ON, CAPACITY MENT.
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* ***********************************				W-1,
4b (Code: ) (Expenses \$	······································	including grants of \$	) (Revenue	\$ }
Andreas Transfer Agency Control of the Control of t		·		.,-,
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* *************************************				
. ,		A CONTRACTOR OF THE PROPERTY O		
4c (Code: ) (Expenses \$		including grants of \$	) (Revenue	\$
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*				
		***!***********************************	***************************************	
		******************************		
4d Other program services. (Describe in Sch	edule O.)	······································		
(Expenses \$	including gran	ts of \$	) (Revenue \$	<u></u>
4e Total program service expenses	1,49	5.877	40/10/2	Va

	56-1400098	<del></del>	Pag	<u>16 3</u>
	990 (2012) CURAMERICAS GLOBAL, INC. 56-1400098  ***IV** Checklist of Required Schedules			
Pa		\\	es	<u>No</u>
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
			X	-
	Schaffle of Londons (See absorbed)	*		
	the street of believe combain activities of petral of or it oppositely to	3		X
	a tractical Respondence Concentrate Part 1	<u> </u>		
	The supplied of the supplied and the supplied and the supplied of the supplied	4	1	X
	TALLET EATING A FOLLOW STAND AND THE PROPERTY OF THE PROPERTY		l	
	accurements or similar amounts as defined in Revenue Procedure 50-13. If 100, 500, 500, 500, 500, 500, 500, 500,	5		X
				***************************************
	to the same stories and shade of any similar relief of the same stories and the same stories and the same stories are same stories and same stories and same stories are same stories are same stories and same stories are same stories and same stories are same stories are same stories and same stories are same stories are same stories and same stories are same stories and same stories are same stories and same stories are same st	1		
ű	hours the right to provide advice on the distribution or investment of announces in such tands of books.	6	1	X
			1	4
7	the second including assembly including assembly to preserve open space,	7		X
	LILIAND THE CONTRACT OF THE CO			Y
8	The the organization maintain collections of works of art, historical freasures, or other strains associated the control of th	8		X
9	to be the part Y line 21, for eacrow or clistodial account naturally, serve as a	and Aleman	ĺ	
·	The state of the s	9		X
	to a strive a populate Schadule II Fall IV			
10		10	X	
	ar allocabilities of allocabilities and allocabilities of the second of			
11	endowments, permanent endowments, or quasi-continuous stress, and the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI,			
			-	
a	Old the organization report an amount for land, buildings, and equipment in Part X, line 107 if 165,	118	X	l
			***************************************	
b	the second for investments weather securities in Fan A. Into 12 that is 5 % or more	11b		X
	A THE POLICE TO A VISION ART IN THE PROPERTY OF THE PROPERTY O	1		
¢	The state of the second for investments and the second sec	11c		X
	The state of the s			
ď	and the second of amount for other assets in Part X. line 10 mail is 5% or mote of as followed assets	114	X	
		116		
e	the ather techniciae in Mari X 1876 207 H YES, COMPACE DEFORM P. W	-		
f		111		X
	the transfer to another the another thought the thought the transfer to the tr	34		
12a	the armedization obtain senarate, independent audited thancing statements has the tax years in 1997, warming	12a	X	
b	and the same state of the same state of the same state of the same same same same same same same sam	12b		X
	the state of the state of the second state of the state o	13		X
13	The state of the s			X
14a	ts the organization a school described it section in objective view.  Did the organization maintain an office, employees, or agents outside of the United States?		Ì	
b	Did the organization maintain air office, employed of agents of more than \$10,000 from grantmaking.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	1	1	
	. , ,	14b	X	
	The state of the s			
15	foreign investments valued at \$100,000 of trails.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		X
	TO A THE ENGLISH AND LEADING WINDOWS IN THE CONTROL OF THE CONTROL			
16	organization or entity located outside the crimed oracles. In order than \$5,000 of eggregate grants or assistance  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of eggregate grants or assistance	16		X
	The state of the s			
17	to Individuals located outside (ne United Otales) in 100, of expenses for professional fundralsing services on Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on	17		X
	ALL III A A A A A A A SE WAS A CONTRIGIO SCHOOL CO. PROBLEM CO. PROBLEM CONTRIGION CONTR			
18	then six only then six one in the part of the six of th	1		X
- "	and the state of t	`		
19	The second section report more than \$15,000 of gross income from gaming activities on many virginity of the section of the sec	1.0		X
,		20:		X
20	$\mathcal{L}_{\mathbf{a}} = \mathcal{L}_{\mathbf{a}} = $		9	
	a Did the organization operate one or more hospital ractions? If the organization attach a copy of its audited financial statements to this return?		Form 9	90 (201)

AAG

ci.i	Til Checklist of Required Schedules (continued)	***************************************	Yes	Νo
	Elid the organization report more than \$5,000 of grants and other assistance to any government or organization			
	Did the organization report more man \$5,000 of grants and other adsortance by grants I and II in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
1	in the United States on Part IX, column (A), little 17 in Test, complete deflected in Individuals in the United States  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	Did the organization report more than \$5,000 of grants and base assistance to antividuous a transfer of the properties o	22		X
	on Part IX, column (A), line 27 if "Yes," complete schedule 1, Part IX, column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes," complete schedule 1, Part IX, Column (A), line 27 if "Yes, Col			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	and the same of th		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		χ.
	employees? If "Yes," complete Schedule J			
1	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	24a		X
	through 24d and complete Schedule K. If "No," go to line 25	24b		
}	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		Ì
	s. JL. way tay ayang tapping 7	24d		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		***************************************	<b> </b>
ì	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		2
	with a disqualified person during the year? If "Yes," complete Schedule L, t"an I	100	·	
,	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?	256		2
	# Wan II complete Schodule   Part 1	25b	ļ	∽
	When a topp to at his a turrent or former officer, director, inistee, key employee, highest compensated employee, or			2
	elegarified respon outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	+
	the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Tanana
	eubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	7
	antity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		4
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Root N/ instructions for applicable filling thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? if "Yes," complete Schedule L., Part IV	28a	ļ	_ 2
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		١.
7	Schedule L, Part IV	28b	ļ	12
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		١.
;	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		13
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	١
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	Lid the organization receive entitionions of art and order to be a set of the order to be a set	30	<u>,                                    </u>	]
	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	alia de la constante de la con		
	Did the organization inquidate, terminate, or dissolve and cease operation of the response of the property of the organization inquidate, terminate, or dissolve and cease operation of the organization inquidate, terminate, or dissolve and cease operation of the organization of the orga	31		
	Part I			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		1
	complete Schedule N, Part II			T
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. ]	1	T
-	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	34	1	
	or IV, and Part V, line 1			
a	Pixt the presentation have a controlled entity within the meaning of section \$12(0),137	.	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any fransaction with a	351	,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Fart V, line 2			1
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1	and the same of th	
	calvied expanization? If "Ves." complete Schedule R. Part V. line 2			╁
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule K,			ļ
	Page 175	. 37		
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part Vt, lines 1 to and		~2.35	1
,	19? Note. All Form 990 filers are required to complete Schedule O	. 38	******	90

ለስስ <i>ነ</i>	2012) CURAMERICAS GLOBAL, INC.	56-1400098	<del></del>	Pag	e 5
Part V	Centamente Denording Other IRS FIIINGS and 14X	Compliance		ĺ	,
	Check if Schedule O contains a response to any que	estion in this Part V	<u>؞ئىشى ئىرىلى ئارىئىتىنى بالىكىك كەشىشىلىسلىرى ئارىلىشىلىسلىرى ارىئىرىلىتىنى تا</u>	Yes 1	No
<del> </del>		1 1	2		
1a Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0		
4 46 1	the state of the second to the second of the second second of the second	)16	<del></del>		
c Did t	he organization comply with backup withholding rules for reportable pays	ments to vendors and	10	X	
****	table empire (cambiled) winnings to prize Wiffiters?				
5 F-6-	the number of employees reported on Form W-3. Transmittal of vyage	and lax	8		
	the year covered with a few materials and a second of the covered	1 Sty Will a results		, X	,,,,,,
4 16 4	and the considered on line 2a did the groundzation file all required rece	ital authination revision in a			
	that the same on the preparation than 250, Volt may be required	EO 6-18G (200 HISTOCHOLIS)		a	X
A 5444	be example the property of the company of the compa	te driving and Appar L'TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	31	0	
b If "Ye	ne organization have unitated or organization of this year? If "No," provide an explanation of the state of the state of the state of the organization of the organiza	in In Schedule C			
4a Atar	ry time during the calendar year, did the organization have an interest in	dena account or other financial	- Annual Control of the Control of t		
over	ry time during the calendar year, the trace organization as a bank account, secul , a financial account in a foreign country (such as a bank account, secul	THES ACCOUNT, OF OTHER PRESCRIPTION	4:	a	X
acco	uni)?				
b If "Ye	es," enter the name of the foreign country:	roign Bank and Emancial Accounts.			
See	es," enter the name of the foreign country. > instructions for filing requirements for Form TD F 90-22.1, Report of For	and during the tay year?	5		X
5a Was	instructions for ming requirements to Form 151 Go assistance of the organization at party to a prohibited tax shelter transaction at any tire	ability the challer transaction?	5	b	X
b Did	the organization a party to a prohibited tax sheller transaction of any and taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notify the organization that it was or is a party to a prohibit taxable party notification that it was or is a party to a party notification that it was or is a p	JIDIRRI 18X SHENCE HOLDSCHAFF	5	<u>c        </u>	
c If Y	es" to line 5a or 5b, did the organization file Form 8886-T?	the 910 000 and did the			
6a Doe	es" to line 38 of 31, the the organization may be started by the organization have annual gross receipts that are normally greater	de contributions?		a	X
orga	inization solicit any contributions that were not tax deductible as charital	ment that such contributions of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b If "Y	es," did the organization include with every solicitation an express state	HIGH HIGH DOOM SOUTH THE THE	8	b	807F7777
gifts	were not tax deductible?				
7 Org	anizations that may receive deductible contributions under section the organization receive a payment in excess of \$75 made partly as a contribution receive a payment in excess of \$75 made partly as a contribution receive a payment in excess of \$75 made partly as a contribution of the	Antificition and partly for goods			
a Did	the organization receive a payment in excess of \$15 made party 23 5 5	**************************************	<u> </u>	a	X
and	services provided to the payor? "es," did the organization notify the donor of the value of the goods or se	uvices provided?		/b	
b  f"Y	es," did the organization notity the donor of the value of the goods of se- the organization sell, exchange, or otherwise dispose of tangible person	ast property for which it was			
c Did	the organization sell, exchange, or ornerwise dispuse or targuin person pired to file Form 82827	the brings and	375	7c	X
		1 1 1			
d If "Y	es," indicate the number of Forms 6262 used during the year the organization receive any funds, directly or indirectly, to pay premiun	ns on a personal benefit contract?		7e	X
	and the control of th	E a personal denem compact		71	X
		III) (HE DELIGNIZATION REF. ON COOPS S.	required?	79	X
g If th	e organization received a contribution of quanties interesting property is organization received a contribution of cars, boats, airplanes, or other	r vehicles, did the organization file a l	Form 1098-C7	7h	X
h litt	e organization received a communion of care, bodd, unfamiliar on sections organizations maintaining donor advised funds and sections.	tion 509(a)(3) supporting			
	are a street the automorphism are an incident of a fight advised Rifle II	Starrained by a aboutour.			
org	anizations. Did the supporting digarisation, or during the year?			8	
	the second serious and a second serious seriou		I"		
				9a	├
a Dio	the organization make any taxable distributions after butter, or relationships and the control of the control o	ed person?		9b	
b Did	ction 501(c)(7) organizations. Enter:				
	the fact and applied contributions included on Part VIII, Ime 12	10a	123 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a ini	nation less and capital confidence of costs receipts, included on Form 990, Part VIII, line 12, for public use of c	lub facilities 10b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b Gr	ction 501(c)(12) organizations. Enter:	ı	1		
- 0	una income from members or shareholders	11a			
a Gr	oss income from other sources (Do not net amounts due or paid to othe	er sources			
	· · · · · · · · · · · · · · · · · · ·	1_7.20		40-	188
	- 21- 4047(2)(4) non-everint charitable trusts, is the organization if	ing form seo in iieu oi Loi ii 164 i i	·\$F	12a	
h 16"	Yes," enter the amount of tax-exempt interest received or accrued dust	ng the year			
40 00	chan sourcited malified nonprofit health insurance issuers.			13a	
- 16	the appointation transact to issue middled health plans in more than or	se state?		194	
\$1.	was the instructions for additional information the organization mus	Elaborration of			
h E	der the amount of reserves the organization is required to maintain by t	ne states at water			
th	e organization is licensed to issue qualified health plans				
		1 1-25	promodel of the second	14a	
	Section of the sectio	nna me mx vear		14b	1
b 11	d the organization receive any payments for introductioning services of "Yes," has it filed a Form 720 to report these payments? If "No," provide	e an explanation in Schedule O	<u> </u>	Form 95	<u></u>

	(2012) CURAMERICAS GLO	BAL. INC.	56-1	400098			***************		<u>:ge {</u>
orm 990 Part V	A Ilananama	nt and Discinsiss For	each "Yes" response	to lines 2 through	7b b	elow, and I	for a "No	) <sup>E5</sup>	
F DEL W	manage to line to the or 10	in holow describe the circu	Jmstancës, processes	s, or changes at ou	SHEU	CHO O' OOM	21 125 0100	ons.	(4.P)
	Check if Schedule O contains	s a response to any question	on in this Part VI		نطستين	<u> </u>			X
action	A. Governing Body and Man	agement				**************************************	***************************************		
CONS				L			E20000000	Yes	No
la Ent	er the number of voting members of the	governing body at the end of t	he tax year		<u>1a</u>	6	-		
143 k-111 147 h	ere are material differences in voling rig	hts among members of the go	verning body, or						
24 AF	e governing body delegated broad author	nity to an executive committee	o or similar						
cor	nmilitee, explain in Schedule O.	·			:				
in Eins	or the number of voting members includ	ed in line 1a, above, who are i	ndependent	, , , , , , , , , , , , , , , L	1b	6			
E Did	any officer, director, trustee, or key entr	loyee have a family relationsh	ip or a business relation	ship with					X
	enthor officer director trustee or key er	nolovee?					12		
e Entai	the avenivation delegate control over r	nanagement duties customaril	y performed by or under	the direct					X
	waster of officers disorders or touches	: nr kev emploveës to a mana	idement company or our	er person:			13		X
e 651.0	was amanipation make any algoriticant of	hannes to its coverning docuit	ients since the prior ron	H SON MOS HIGGE			4	***************************************	X
5 Dic	the organization become aware during	the year of a significant diversi	ion of the organization's	assets?			5	v.ca7-	X
e Pala	the executation have members of sloc	kholders?					6		*
7a Dio	the organization have members, stocki	olders, or other persons who	had the power to elect or	r appoint					x
ABI	or more members of the governing bot	<b>W</b> ?					7a	******	_^
b Are	any governance decisions of the organ	ization reserved to (or subject	to approval by) member	\$,					×
	The second secon	anina hadu?					7b	(0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
B Dk	ckholders, or persons other than the go I the organization contemporaneously do	cument the meetings held or	written actions undertake	en during the year by	the f	ollowing:		www.	333
# Th	a savamina harly?			.,			8a	X	ļ
h ===	an assemble with authority to act on be	half of the governing body?					8b	*V-	1
n le i	hare any officer director, trustee, or key	employee listed in Part VII, S	ection A, who cannot be	rescred at					3
		the second and the particle and addition	reces in Schanible U		ا ماستندادار ماساع ا		9		<u></u>
ectio	n B. Policies (This Section B re	quests information abou	ut policies not requi	red by the intern	al K	evenue C	oge.)		- K
	Caller market Commence and Commence of the Com	•					{	Yes	N
0a Die	i the organization have tocal chapters, b	ranches, or affiliates?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10a		
1. 11.	vers I slid the enganization base written t	olicies and procedures govern	ning the activities of such	ı çhapters,					
. 21	Water and broughes to specify their fine	rations are consistent with the	i organization's exempt p	surposesi			10b	x	╂~~
ta Ha	s the amanization provided a complete	copy of this Form 990 to all me	embers of its governing i	ody before filing the	form	7	11a		
h De	scribe in Schedule O the process, if any	, used by the organization to r	eview this Forth 990.				******	X	
	tillang authorition is a realist conflict	of interest policy? If "No." 001	to line 13				12a 12b	*******	+
to YAI	are officers, directors, or trustees, and k	ey employees required to disc	lose annually interests to	iat could give rise to	CONTI	icts?	120		+
c Di	d the organization regularly and consiste	ntly monitor and enforce comp	pliance with the policy ( ii	res.			40.	X	-
de	scribe in Schedule O how this was done	<b>.</b>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				12c	X	1
	afferilia nations a conduction unitality	hlower rollov?					. <u>  12</u>	X	┢
. 150	a the accompation house a written docum	ent retention and destruction r	policy?				14		
e fo	a standard for determining company	ition of the following persons is	nclude a review and app	roval by					
in	tanandent nersons, comparability data,	and contemporaneous substat	unation of the denoctation	it win accessor:			15a	X	180
a Ti	ne organization's CEO, Executive Direct	or, or top management official					,	~ <del>~~~</del>	╁┈
h 0	har officers or key employees of the org	anization					150		
1#	"Vee" to line 45e or 45h, describe the 05	ocess in Schedule O (see insti	ructions).						
16a D	d the organization invest in, contribute a	asets to, or participate in a jost	nt venture or sumar arra:	ngement					
	er a resent to a matter descine the second						16a	d	
t. 11	"Van " Aid the erganization follow a writte	an policy or procedure requiring	g the organization to eva	iluate its					
	utionation is taint venture arrangements	i flutter applicable tecetal fax i	SAM WHO HAVE STEEDS TO SH	Indiana win			16b		88000 
. 01	genization's exempt status with respect	to such arrangements?	Mark (Caraca Caraca Car		****		1100	<u> </u>	L
Sectio	n C. Disclosure		معسرة والخلوان المسلسم مستسين والمستحدة والمستسيدة والمستحدة والمستسيدة والمستحدة والمستحدة والمستحدة والمستحدة			***********************			.,,
(	- 1 15 - Level of the which a page of this Fr	orm 990 is required to be filed	▶ NC		4.00	andré			
1R S	ection 6104 requires an organization to	maks its Forms 1023 (or 1024	. If applicable), 990, end :	990-T (Section 501(c	2)(3)8	only)			
4	valiable for public inspection, indicate he	w you made these available.	Check all that apply,						
(A)	Another sushaite	a X lingn request	Other (explain in Sche	dule O)					
19 0	escribe in Schedule O whether (and if s	o, how), the organization made	e its governing documen	is, conflict of interest	polic	À			
_	and Engaginal eleterments available to the i	makin during the tax vear.							
20 S	tate the name, physical address, and te	ephone number of the person	who possesses the boo	ks and records of the	3	W13 T 2027 11.	(AE		
	rgenization: > CURAMERICAS C	HABOLI	318 W.	TAT TITUTION OF THE	J, ,	TELUA N	105 119~5	1 / 1	ឧ។
	EIGH	······································		NC 276	03		·—	10m 9	*****

3004-05/06/2014 3.5%				an an a an a	2000	Page 7
Form 990 (2012)	CURAMERICA	S GLOBA	L, INC.	56-1400	JUYB	
Part VII	Compensation of Independent Cort Check if Schedule	f Officers, D htractors e O contains	a response to any qu	Key Employees, High	ىرىيى ئىلىنى ئىلىنىڭ ئ ئىلىنىڭ ئىلىنىڭ ئىلىنى	
***************************************	Officers Directors	Trustees, Kev i	Employees, and Highest	Compansated Employees		شجا عمسيد دوران المستحديد والمرابع المستحديد والمرابع المستحديد والمستحديد والمستحد والمستحديد والم
1a Complete the organization's tall of the compensation. It is all of the List the organization and the List all of \$100,000 of republic List all of organization, multist persons in the companization, multist persons in the companization organization.	s table for all persons in x year.  The organization's currenter-0- in columns (D) the organization's currenter portable compensation in any related organization's form portable compensation into organization's form the following order: formers and formers.	required to be list ant officers, directly, and (F) if ant key employed the highest component (Box 5 of Formons.  Let officers, key from the organiser directors or ordable compenyidual trustees of the highest officers of the compenyidual trustees of the persons.	sted. Report compensation octors, trustees (whether in no compensation was paidless, if any. See instruction benseted employees (other W-2 and/or Box 7 of Forn employees, and highest or zation and any related organization from the organization directors; institutional trustees that received, in sation from the organization directors; institutional trustees that the conditions in the condition	tor the calendar year enough dividuals or organizations), r i. s for definition of "key employ than an officer, director, true 1 1099-MISC) of more than \$ compensated employees who	egardiess of amount of vee." stee, or key employee) 1100,000 from the received more than ector or trustee of the ons. es; highest	
maja4411	(A) ne and Title	(B) Average hours per week (Bst any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  The check more than one officer and a director/trustee)  The check make the check	(D) Reponable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation town the dipartization and related organizations

(**) Name and Täle	Average hours per week {jist any	\$ox	. unie	88 DES	mora sson l iracio	thee oi'i s both e ethrustee	n	Reportable compensation from the organization	Reportable compensation from related erganizations (W-2/1099-MISC)	amount of compensation tipes the
	hours for related organizations below defied line)	Individua) trustee or cirector	Institutional trustee	Officer	Key employee	Highest compensaled employee	Farner	(M-34:099-WISC)	(**	organization and related organizations
(1) FRANCESCA FLOREY	., <sub>у у у у у у у у у у у у у у у у у у у</sub>									
	40.00	4.5						61,145	o	0
EXECUTIVE DIRECTOR	0.00	X						Vall Jan 199		***************************************
(2) ROGER FOLLAS	40 00					are to the second				
	40.00	x						46,224	0	0
INTERIM EXEC. DIRECT (3) ANDREW HERRERA	0.00			<del> </del>		1		, , , , , , , , , , , , , , , , , , ,		
(3) ANDREW HERREINA	40.00				1					
DIRECTOR	0.00	x		-	1			37,333	2	<u> </u>
(A) WES JONES		1		T	T				ļ	
(4) *******	1.00							_	d	0
DIRECTOR	0.00	X		<u></u>	ļ	<u></u> _		Q.	<u> </u>	<u> </u>
(6) BETSY JORDAN-BEI	T					manual ma				
	1.00									0
DIRECTOR	0.00	X	<b> </b>	ļ	-	<del>- </del>	<u> </u>		17000	
(6) NATHAN ROBISON	1.00									
	0.00	x		-		1			)	0
DIRECTOR	1 2.0%	<del>  **</del>	1	+			<del></del>	the second secon		
(7) ROB FIELDS	1.00									0
DIRECTOR	0.00	X			]				)	<u> </u>
(8) HENRY PERRY	par annual de la company de la			Ī					***	
	1.00						al character		<u>,                                    </u>	0
FOUNDER	0.00	X	1	<u>.</u>	4		<b>.</b>		)	<u> </u>
(9) BRENDA BOOTH					-					
	2.00					Total Control			0	0 0
CHAIRPERSON	0.00	X	+-	-				Privil management the privil p	**************************************	
(10)			1					**************************************		
	-									Let-Appendix and the control of the
(11)		1			Ť				***	***
X 2								4		
					<u> </u>				**************************************	Form <b>990</b> (2012

orm 9	0 (2012) CURAMERIC	AS GLUDA	tees:	Ke	≀C ⁄En	olar	vees	, an	d Highest Compensated	imployees (continued)	A17
Part	(A) Name and title	(B) Average hours per week (list any	(dd ben off	not c	Pos Pos heck ss pa	i) ii)on more rson l irecto	than or s both :	36 art 0)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
		nours for related organizations below dotted lins)	มาสู่ vidual bustee or director	estituttonal trustae	Otficer	Key employee	Highest compensated	Forrær	(W-2/1089-MISC)		organization and related organizations
(12)									%*Cope		
(13)	ر هر است در بر بر بر بر است در بر		_								
(14)	And the state of t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									MANAGEMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT AS
(15)	The state of the s				-		<u> </u>		A4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	The state of the s	- 1-4-4-1
				-						And the second s	and the same and t
(16)						-		-	The state of the s		Alliyu and the state of the sta
(17)	and the second of the second o		,		-Antonomorphism			approximation of the second			
(18)			*****								
(19)	en mundelist (ett er mundeliste til ett er man er er eggette ett er en er er er eggette er er er er eggette et		- <del> </del> -								
1b	Sub-total		Gact	lan	Δ			 ◆ •			
c d_ 2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (i	ncluding but not	limile					-	144,70	2   100,000 in	
3	reportable compensation from  Did the organization list any f	ormer officer, di	recto	r, or	irusi	ee,	key e	ngle	oyee, or highest compensat	ed	Yes No
4	For any individual listed on lit	ne 1a, is the sum unizalions oreate	i of re r that	:рола 1 \$15	aoie 60,00	00n 107	if "Ye	នលេ: \$ុំ ជ	omplete Schedule J for suc	h	4 X
5	individual  Did any person listed on line for services rendered to the	organization? If	Yes	COH	i i	O CAL	· · · · · · · · · · · · · · · · · · ·	10 0	A Commission of the Commission		5 X
Sect 1	ion B. Independent Contrac Complete this table for your compensation from the orga	five highest com nization. Report	pensi comp	ated ensa	inde ition	for '	dent o	onti den	ractors that received more t dar year ending with or with	han \$100,000 of in the organization's tax ye (B) cription of services	ar. (C) Compensation
	Hane	(A) and business address		p(	4	<del></del>	<del></del>		Des	cription of services	2-ARIENT DOWN
	The holysman and the first state of the first state	And the second s			.restees s***	.,.,					And the latest transmission of the latest transm
White					,,,,,,,,,,,					······································	
	······································	<u></u>	parameter (P)						And the state of t	WAY (	HAMONET WANTER TO THE PARTY OF
2	Total number of independer received more than \$100,0	ni contractors (in	cludii	ng bi	il no	t lim	ited (	o the	ose listed above) who	0	Form <b>990</b> (201

	art VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII.												
		Check it Schedule (	O COManis e	Теэронго	(A) Total revenue	(B) Related or exempl function	(G) Unrelated Strainess revense	Revenus excluded from tax under sections					
						reversie		812, 513, or 514					
35		ederated campaigns	18										
30		viembership dues	16										
35		Fundraising events	10										
		Related organizations Sovernment grants (contributions)	1e	888,725									
25		All other contributions, gifts, grants,											
E S	. ;	erat similar amounts not included above	11	,043,125									
and Other Similar Amounts		Voncash contributions included in lines 1a		121,692	1,931,850								
·····	h	Total. Add lines 1a-1f	<u>, , , , , , , , , , , , , , , , , , , </u>	Busn. Code	1,302,000								
Program Service Revenue	0			***************************************	350/1000/0000000000000000000000000000000	44444444444444444444444444444444444444		**************************************					
Sey!	2a b						of spirit state of the Poly Communication of 1000 parameters.	**************************************					
ice	6						<u></u>	***************************************					
Serv	d				marketh-termenamental-termenamental-termenamental-termenamental-termenamental-termenamental-termenamental-terme								
LE ST	6					An in the second of the second							
100		All other program service reve											
<u></u>	<u> 8</u>	Total. Add lines 2a-2f Investment income (including	dividends inter		eripatura mariesia sestimpi Halisti injuranjura p								
		and other similar amounts)		•	15	15		A PARTY OF THE PROPERTY OF THE					
	4	Income from investment of tax	x-exempt bond	proceeds 🕨		THE THE PERSON NAMED AND THE P		, , , , , , , , , , , , , , , , , , ,					
	5	Royalties		<u> </u>									
		(i) Real		(ii) Personal									
		Gross rents		)-(-()-py									
		Less; rental exps.		+colotopa personal distribution (									
		Rental inc. or (loss)  Net rental income or (loss)	E,,,,,,,,,,,,	<b>&gt;</b>									
		Gross amount from [ 6] Securitie	1	(ii) Other	]								
	Į	sales of assets other than inventory											
	Þ	Less; cost or other											
	ļ	basis & sales exps.	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	1	Gain or (loss)		<b>&gt;</b>	##								
		Net gain or (foss)		<u> </u>									
3136	Ug	(not including \$											
evel evel		of contributions reported on line 1	ic).										
Other Revenue		See Part IV, line 18		<del></del>	-								
Š	b	Less: direct expenses	btrasea adaiasha	<b>_&gt;</b>			7,2440						
	C	Net income or (toss) from fur Gross income from gaming activi	Hes										
	9а	See Part IV, line 19			ulle.								
	ь	Less; direct expenses	b[	~~~~~~~	mil.								
	C	Net income or (loss) from ga	ımlıng acti <u>vitles</u>	<u> </u>									
	10a	Gross sales of Inventory, les											
		returns and allowances	. ?		7								
	b	Less: cost of goods sold Net income or (lass) from so		•	970								
		Miscellaneous Reven		Визп. Соб	11216/6-1-111111111111111111111111111111		-	1					
	116	OSER REVENUE			6,86	6,86		A CONTRACTOR OF THE PARTY OF TH					
	t				***************************************								
	0												
		All other revenue			6,80								
		Total, Add lines 118-110 Total revenue. See instruc			1,938,7	6,88	30	0 990 /2012					

Part IX

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

Check if Schedule O contains a response to any question in this Part IX (D) Fundralsing (C) Program service program service Do not include amounts reported on lines 6b. bee trainegerate екрепеса deneral expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and Individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,016 128,458 481,692 626,166 Other salaries and wages Pension plan accruals and contributions (Include 634 4,984 4,942 <u> 10,560</u> section 401(k) and 403(b) employer contributions) 30,852 30,852 Other employee benefits 4,169 33,439 33,242 70,850 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 52,424 52,424 Accounting Lobbying đ Professional fundralsing services. See Part IV, line 17 Investment management fees f Other, (# line 11g amount exceeds 10% of line 25, column 8,500 5,200 13,700 (A) amount, list fine this expenses on Schedule (3) Advertising and promotion 2,537 7,647 12 5,073 15,257 Office expenses 13 Information technology 14 Royaltles 12,000 15 12,945 24,945 Occupancy 16 86,923 2,082 89.005 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 280 19 280 Interest 20 2,805 21 Payments to affiliates 2,805 Depreciation, depletion, and amortization 1,832 22 377 2,209 Insurance 23 Other expenses, Remize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 604,883 604,883 OVERSEAS PROGRAM COST 36,459 88,142 124,601 CONTRACT LABOR 109,693 109,693 DONATED SERVICES AND SUPP C 16,630 16,630 REPAIRS FIELD 901 46,201 15,283 62,385 24,257 e All other expenses 337,111 1,495,877 1,857,245 Total functional expenses, Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) Form 990 (2012)

. 000	(2012) CURAMERICAS GLOBAL, INC	· .	56·	-1400098	·/	Page 11
int X	Dalanaa Shaat			<del></del>		
	Check if Schedule O contains a response to any que	estion in this P	art X	<u>, , , , , , , , , , , , , , , , , , , </u>		
	A S S A C S			(4)		( <b>B)</b> End of year
				Beginning of year		344,247
	Cash—non-interest bearing	- The state of the		325,397		344,24/
1	Savings and temporary cash investments				2	**************************************
2	Pledges and grants receivable, net				3	**************************************
3	Piedges and grants receivable, the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8,124	4	40,405
4	Accounts receivable, net  Loans and other receivables from current and former office	era directora.				
5	Loans and other receivables from current and former care	week				
	trustees, key employees, and highest compensated employees	, y c c c .			5	
	Complete Part II of Schedule L	ne /se delinad	under section			
6	Loans and other receivables from other disqualified person	social de la constant	amployers and			
	4958(f)(1)), persons described in section 4958(c)(3)(B), a	HO COMMUNICATION	affalani Jempoyena ana			
	sponsoring organizations of section 501(c)(9) voluntary er	ubtokees nau	Citural y		6	
	organizations (see instructions). Complete Part II of Sche	aute L	*****	м, муно,	7	
7	Notes and loans receivable, net				8	
8	Inventories for sale or use			350	±1280381	35
9	Prepaid expenses and deferred charges					
108	a Land, buildings, and equipment; cost or		50,692			
T T	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	44,418		10c	6,27
t	Less: accumulated depreciation	[ 10b	**,**		11	<u> </u>
11	Investments—publicly traded securities				12	
12	Investments—other securities. See Part IV, line 11				13	1,414,4 mm - 1,417,414,414,414,414,414,414,414,414,41
13	er en		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	
14				264,343		63,12
15	Other angels See Part IV Ine 11					454,40
16	the state of the state of the 34	<u>)</u>	And the Commission of the Comm	81,042		80,89
17				OL, UZZ	18	
18					·**	,,,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19					19	
20	Tay avenut hand liabilities				20	A CONTRACTOR OF THE PROPERTY O
21		Schedule D			21	
1	the state of the s	directors,				
22	trustees, key employees, highest compensated employe	es, and				
	disqualified persons. Complete Part II of Schedule L				22	
	the same and the s	partles			23_	
23		arties	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	24	
24		o related third				
25	parties, and other liabilities not included on lines 17-24).	Complete Par	ŧΧ			. 002 71
1	of Schedule D			463,48		004 67
	and the second of the second o	*************		544,52	2 26	304,63
120	Organizations that follow SFAS 117 (ASC 958), che	gk here 🕨	X and			
	complete lines 27 through 29, and lines 33 and 34.		10000			70.0
Kel Assets of Fully Delaires	and the second s			-23,00		40 E
2	and the state of t					מית מיי
2	w w			27,95	7 29	27,9
2 2	9 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 98	8), check her	re ▶ and			
	Organizations that do not tonew area in the se	-13	· Ed			
ו c	complete lines 30 through 34.				30	
ğ   3	B Capital stock or trust principal, or current funds	at fund			31	
3	Paid-in or capital surplus, or land, building, or equipmen	n other founds			32	
j 3	Z Retained earnings, endowment, accumulated income,	or Califor Interes		62,77	1 33	149,7
	33 Total net assets or fund balances			ረለማ ტለ		3 1° # A
10	Total liabilities and net assets/fund balances	<u> </u>		- A	~~~~~~	Form <b>990</b> (

	990 (2012) CURAMERICAS GLOBAL, INC.	56-1400098			Page 12
	m				F-1:
	Reconciliation of Net Assets  Check if Schedule O contains a response to any question in this P	art XI	<del></del>		0 730
	Total revenue (must equal Part VIII, column (A), line 12)		j		8,730
7	Total expenses (must equal Part IX, column (A), line 25)				7,245 1,485
_	The state of the s				$\frac{1,483}{2,771}$
ა 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (	A))			5,543
<del>-</del> 5	Net unrealized gains (losses) on investments		. [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M	3,043
6	Donated services and use of facilities		, <u>                                    </u>		
7	Investment expenses				
~	man to the state of the state o			AA1	
n	out an about a serie or fund halances (explain in Schedule U)		. 9	w/ <del></del>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Particles)	art X, line		1 /	9,799
17	33, COLUMN (B))	خىنتىنىڭ ئىلىنىڭ يېلىرى <del>ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ</del> ئاتىنىڭ	10	上 **	7,122
D.	was a state of the same white was the same w				
	Check if Schedule O contains a response to any question in this i	<u>Part XII</u>	-	<del> </del>	Yes No
2a b	Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "O' Schedule O.  Were the organization's financial statements compiled or reviewed by an independent If "Yes," check a box below to indicate whether the financial statements for the year viewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and set whether the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year of separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and set of the year of the	t accountant? vere complied or varate basis vere audited on a varate basis			X
3a	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respond to the audit, review, or compilation of its financial statements and selection of an industry in the organization changed either its oversight process or selection process during the Schedule O.  As a result of a federal award, was the organization required to undergo an audit or the Single Audit Act and OMB Circular A-133?	ne tax year, explain in audits as set forth in aid not undergo the	,	2c 3a 3b	X
F-6*	it "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to	undergo such audits	· <u>****</u>	Land of the Land o	m 990 (2012)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**ተተለተ**ሶ

Employer identification number 56-1400098

			CURAMERICAS (	GLOBAL,	INC.		T 1 E1		<u> </u>	:	4 4 W W .		****	
P.	art I	Reaso	n for Public Charity	Status (All	organizations	s must con	npiete tr	ns par	L) See	msuu	Guoris.	***************************************		
ha:	araan	s ton al notest	nrivate foundation because	it is: (For lines	; † Harough 11, c	heck only one	; box.)							
1		A church, conv	rention of churches, or assor	dation of chur	ches described i	n section 17	A)(1)(d)0'	)(i).						
2	Same and	A school descri	ribed in section 170(b)(1)(A	)(II). (Attach 9	Schedule E.)									
3	1	4 1	annual of books of consider	organization	described in set	tion 170(b)(	1)(A)(iii).							
4	factive	A medical rese	earch organization operated	in conjunction	with a hospital o	lescribed in s	ection 1	70(b)(1)	(A)(III). E	inter the	a nospitai	's nan	H8,	
	Lurat													
5	{	An organizatio	n operated for the benefit of	a college or u	niversity owned	or operated t	y a gover	nmenta	i unit des	icinbed i	n			
_	L3	section 170th	M41(A)(iv), (Complete Part i	1.)										
6		A fadaral state	a or local coverement of do	vernmental ur	iit described in s	ection 170(t	)(1)(A)(v)	ļ.			**			
7	X	An organizatio	n that normally receives a si	.bstantial part	of its support fro	om a governr	nental uni	t or from	the gen	ега: рш	34C			
	ســـ	described in \$	ection 170(b)(1)(A)(vi). (Co	mplete Part II	.)									
8	[]	6	t neithear it bedimeach tour	m/hi/1i/Ai/vii	i. (Complete Par	t II.)				. 1				
9		An ampaulmotio	n that normally receives: (1)	more than 33	1/3% of its supi	port from con	tributions,	membe	ership tee	es, and	gross			
	43	unantak fonon	rainitina related to its exemi	d functions—s	subject to certain	exceptions,	800 (K) 18	n itthica i	LICHE OF I	747 10 CT 1	HS			
		aupport from d	iross investment income and	d unrelated bu	isiness taxable ir	rcome (less s	section or	1 (ax) fo	om busin	168868				
		acquired by th	e organization after June 30	, 1975, See <b>s</b> i	ection 509(a)(2)	. (Complete	Pan III.)							
10		Aindia	a proported and operated e	volusively to ta	est for public safe	ety. See sect	ion ova(s	2)(4).		11				
11		مرافح مختصم مستسانا فا	a preparation and and and electronic	volusively for t	the benefit of, to	perform the t	uncuons (	01, Of 10	catty out	ine	tion			
			no or more muhildiv supporte	d organizatior	is described in s	ecton buy(a)	its or acc	THOU DOE	rances. o	100 300	Lion			
		509(a)(3). Cho	eck the box that describes th	e type of sup	porting organizat	ion and com	olete lines	110 111	ondii iii	ik Litt kfal	n-function	nestles for	hatesoph	
		a Type	∣ b ∑Type∥	c []	Type fil-Function	onally integra	ted					trany a	uedienes.	
₩	[ ]	By checking th	his box, I certify that the orga	nization is no	t controlled direc	tly or indirect	iy by one	or more	disquani disquani	hed hers	(a)/1)			
		other than fou	ndation managers and other	than one or i	nore publicly suf	pported organ	uzanons c	escribe	n ili veca	nut ovot	(4)(1)			
		or section 509	(a)(2).			T 1 To	mall or T	ima ili a	unnadine	ri .				
f			nton received a written deter	mination from	the IRS that it is	sa iype i, iy	י זע יזו פּל	AND III S	appoint	¥				["]
		organization,	check this box				ne of the							,, i
g		Since August	17, 2006, has the organizati	on accepted a	any gift or contrit	Mint ii mii ta	th Ot 1110							
		following per	sons?			with namon	- daerrihe	et in AiA :	ละเก๋				Ye	5 No
		(i) A person	who directly or indirectly co	ntrois, either a	none or together	with bereon	s describe	- Variation -	ur ny				11g(i)	
		(iii) belov	v, the governing body of the	supported org	janization?								119(0)	
		(ii) A family	member of a person describ	ed in (i) above	B7								11g(iii)	
		(III) A 35% c	ontrolled entity of a person of	iescribed in (i)	or (ii) above?							,	\$	
<u>h</u>	<del></del>	Provide the f	ollowing information about the			(iv) le fan	organization	hir: (v)	ygu soffy	(vi)	1s fine	(vli)	Amount of mo	netary
		ne of supported	(B) EW		be of organization bad on lines 1-9	in col. (1) t	isted in your	the orga	ni ឧទ្ធវិឌុន្តរែ	organiza	tion in col.	•	support	
	út	rganizátlon		øbovi	e or IRC section	gainsaveg	document?		bouts bouts		ized in the l .S.?			
				(seè	Instructions))	Yes	No	Yes	No	Yes	No			
				m-1-10-11-11-11-11-11-11-11-11-11-11-11-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····	<u> </u>	1	1	1				
(A)							H-1						مدد للكالمساد المساورة المراواة	
					***************************************	,,	1	<u> </u>		***************************************				
(B)				Į					1					
1/11000				·	, , , , , , , , , , , , , , , , , , ,		1	<b></b>		** ***********************************				
(C)							1		i de		1			
450	************		4444											
(D)							,		-	-		*********		4
(E)				<i>J. J. Translation</i>									· · · · · · · · · · · · · · · · · · ·	
		***************************************												
~~	11													

Schedule A (Form 990 or 990-EZ) 2012 CURAMERICAS GLOBAL, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support			**************************************			275 T 4 . 1
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Offis, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,108,956	1,988,453	1,181,887	1,789,955	1,931,850	8,001,101
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		S S S S S S S S S S S S S S S S S S S	and the second s	The state of the s	<u> </u>	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	WILLIAM TO THE PARTY OF THE PAR		·vwostaa			
4	Total, Add lines 1 through 3	1,108,956	1,988,453	1,181,887	1,789,955	1,931,850	8,001,101
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						8,001,101
<u>.</u>	Public support, Subtract line 5 from line 4.			PHO HUMANA			······································
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	dar year (or fiscal year beginning in)		1,988,453	1,181,887	1,789,955	1,931,850	8,001,101
7	Amounts from line 4	1,108,955	112001403	4/4/4/3/27			
8	Grass income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,068	3,368	2,545	-6,372	5,558	6,167
9	Net Income from unrelated business activities, whether or not the business is regularly carried on	and the hope has been a second and the second and t	<b>188</b>			May 1 (pq 1 + . +	West and the Control of the Control
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	- Andrewski -	232,340			232,340
11	Total support. Add lines 7 through 10						8,239,608
12	Grace receipts from related activities, etc. (	see instructions)				12	6,880
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)(	(3)	, m
	organization, check this box and stop here		<u> د د د و بر بر بر بر بر بر د د د د د د د د بر </u>	<u></u>	<del>؞ڐۼڞڶڎڞۺۺۺۺۺۺۿ</del> ۄٳڛ <i>ۏ؞ؿ</i> ۣڿۼؠۮڂڮڿڿڿڮ	<del>(444444-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</del>	
Sec	tion C. Computation of Public Su	ipport Percent	age		**************************************		
14	Public support percentage for 2012 (line 6,	column (f) divided	by line 11, column	(f))		14	97.11%
4点	Public support percentage from 2011 Sche	dule A, Part II, line	14			<u>15.1</u>	96.50%
16a	33 1/3% support test-2012. If the organi	ization did not chec	k the box on line 13	), and line 14 is 33	1/3% or more, che	ck this	<b>⊾</b> (₹7)
	hay and stop here. The organization quality	fles as a publiciy su	pported organization	)B			<u>▶ [X]</u>
b	33 1/3% support test-2011. If the organi	ization did not chec	k a box on line 13 r	or 16a, and line 15	ls 33 1/3% or more	1	<b>⊾</b> ∩
	chack this hox and stop here. The organiz	ation qualifies as a	publicly supported	organization	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>&gt;</b>
17a	10%-facts-and-circumstances test-20	12. If the organization	on did not check a	box on line 13, 16a	, or 16b, and line 1	4 is	
	10% or more, and if the organization meets Part IV how the organization meets the "fac	s the "facts-and-circ cts-and-circumstan	cumstances" test, c ces" test, The orga	heck this box and s nization qualifies as	stop here. Explain s a publicly support	in ed	▶ [7]
	arranization						
đ	10%-facts-and-circumstances test-20	11, If the organizati	on did not check a	box on line 13, 108	r, tob, or tra, and i	i <b>ne</b>	
	15 is 10% or more, and if the organization	meets the "facts-an	id-circumstances" l	est, check this box	and sup nors.	thy.	
	Explain in Part IV how the organization me	ets the "facts-and-c	arcumstances" test	, the organization	सम्बाधक क्षत्र सं क्ष्माक्रम	עיג	▶ □
	supported organization	,,,		tta and The shoot	this boy and eas		, L
18	Private foundation. If the organization dic	i not check a box or	n me 13, 168, 166,	Tra, or trb, check	/ SHZ DOV SUG SEC		▶ []
	Instructions						o-linth/shootharessee.

Schedule A (Form 990 or 990-EZ) 2012

CURAMERICAS GLOBAL, INC.

Checula A (	FORTH COUNTY CONTY			A fee Cambina	たれの/へいない
400 6 (4)	Command Calabilla for	Organizations	Describe	id in Section	DADIQUES
ran III	Support Schedule for	O : Martinaria		F #5 3.4 75 4	the manner

(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

	If the organization rails to	4-1	***************************************		A STATE OF S		
Sect	ion A. Public Support der year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		327 4000		Andrew Control of the			
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	***************************************	in the state of the later				· • • • • • • • • • • • • • • • • • • •
-	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	mandaga a tara a ta	hivi p				and the state of t
3	Gross receipts from activities that are not an unrelated trade or business under section 513	ggggan syween sommone of the garage and the state of the	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	A character and high planning and an analysis before	<u> </u>		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	and the state of t				3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	NAME AND ADDRESS OF THE PARTY O
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u></u>		<u> </u>		4Hmmm.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				49 Martin		and the second s
þ	Amounts included on lines 2 and 3 received from other than disquallified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					alaks processor commences of the commenc	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)					20 EN 1/12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Sec	tion B. Total Support	1	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(1) 2200	(0) (3)	1		
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	- unique his properties of the second				apapyamanahabilitatina	The state of the s
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			······································			
Ç	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	14// (fighter)	MINISTER CONTRACTOR OF THE PROPERTY OF THE PRO				444444
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4//1/10/10/10/10/10/10/10/10/10/10/10/10/		lolo)			
13	Total support. (Add lines 9, 10c, 11,			A STATE OF THE STA	Account to the latest and the latest		A THE PARTY OF THE
14	and 12.) First five years, If the Form 990 is for the	organization's fire	t, second, third, for	urth, or fifth tax yes	er as a section 501(	c)(3)	▶ [
	arounization, check this box and stop her	<b>e</b>	• • • 1.5.4.5	<del>^</del>	<u> </u>	www.marada.huba.fr.	· · · · · · · · · · · · · · · · · · ·
Se	- 43 C Computation of Public S	upport Percei	ntage				
15	mate was a second town for 2012 (line)	Continua (f) divide	d by line 13, colum	m (f))	, , , , , , , , , , , , , , , , , , , ,		
4.01	Chapter aumount percentage from 2011 Sch	edule A. Part III, III	ne 15	<u>ئىتىتىرىلىشىلىلىلىلىلىدە جەجەجىي</u>	والمتكنية والمتلاط المسلمة المستوالية والمستوالية والمستوالية والمتلاط المسلمة المستوالية والمستوالية والمستوالية والمستوالية والمتلاط وال	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	1939 Burgaman Lake 1999 (American Terresis American Terresis Ameri
Se	Carried to Camputation of Investm	ant Income Pe	ercentage	//		<del>.,</del>	%
17	to a second imposes parcentage for 2012	'ilne 10c, column (1	i) divided by line 10	3, cosumn (1))			***
18		a Calandala A Door	111 fester 17			harry h	ALT - CONTRACTOR OF THE PROPERTY OF THE PROPER
19a	THE PART HERE AND	anization did ant c	heck the box on lift	16 14, SHU III 🗀 E	2 HIGH C BROWN AND REA	AP CONCENTRA	<b>&gt;</b> [
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ŧ		حمقمهم لملكم بسيداد وساسي	ANII BA VAA A AAAA	TAINE MA. ZOL	1 11 11 15 10 15 10 01 10 10 10 10 10 10 10 10 10 10 10	With Contract and with the	<b>&gt;</b> [
	Hands State of the second state of the second	hie hav and stab t	iere. The organiza	BOU Granues as b	henith achiorog	N. S. C	* i
20	Private foundation. If the organization of	lid not check a box	on line 14, 19a, or	r 190, Check this bi	DX CHILD OCCURRACIONS	Schedule A (Form	
*****						MARKAMETER LO \$1 MESSS.	

Schedule A (Form 990	005 E71 3049	CURAMERIC	AS GLOBAL	, INC.		56	-1400098	) }	Page 4
Part IV Sup Part		rmation. Comple 7b; and Part III, I			e explanatio s part for an	ns required y additional	by Part II, line information.	: 10; (See	The state of the s
Part II, I	line 10 -	Other Inco	me Detail				***********	114,1-4/14/1	
SERVICE FE					2,800	,		********	414
SERVICES A	AND MATERI	ALS	\$	2	29,540		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********	**********
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Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-6047

2012

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

56-1400098

CURAMERICAS	GLOBAL, INC.
Organization type (check	
Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
1	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization Note. Only a section 501 instructions.	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ly one contributor. Complete Parts I and II.
	y one contributes. Complete the second secon
Special Rules	
under sections 5 the greater of (1 Complete Parts	
during the year, or educational p	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, urposes, or the prevention of cruelty to children or animals. Complete Parts 1, II, and III.
during the year. not total to more year for an excl applies to this o more during the	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did than \$1,000. If this box is checked, enter here the total contributions that were received during the usively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule reganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or year
Caution. An organization 990-EZ, or 990-PF), but Part I, line 2 of its Form	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990. It must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

### SCHEDULE D (Form 990)

Department of the Tressury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012

inspection

Name of the organization

Employer identification number

CI	JRAMERICAS GLOBAL, INC.		56-1400098
	rttl Organizations Maintaining Donor Advised Fur	ids or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV	1	
		(a) Cornor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		17-7-64-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the		<u> </u>
	funds are the organization's property, subject to the organization's exclusi	ive legal control?	Yes L. No
6	Did the organization inform all grantees, donors, and donor advisors in w	riling that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	m n
	conferring impermissible private benefit?	Kepfandurksingshiningstatus taking keptang keptang taking taking taking taking taking taking taking taking tak	Yes N
Pa	rt II Conservation Easements. Complete if the organ	<u>nization answered "Yes" to Forn</u>	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically i	
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d If the organization held a qualified conserve	ation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		500300000
			Held at the End of the Tax Ye
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
¢	Number of conservation easements on a certified historic structure include	led in (a)	20
d	Number of conservation easements included in (c) acquired after 8/17/06	i, and not on a	
	historic structure listed in the National Register	,	[24]
3	Number of conservation easements modified, transferred, released, extir	iguished, or terminated by the organizat	ion during the
	tex year >		
4	Number of states where property subject to conservation easement is loc	cated 🕨	
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	, , , , , , , , , , , , , , , , , , ,
	violations, and enforcement of the conservation easements it holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing		
•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year	
•	<b>&gt;</b> \$		
8	these each percentation essement reported on line 2/d) above satisfy the	e requirements of section 170(h)(4)(B)	
w	(i) and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation easemer	ils in Its revenue and expense statemen	it, and
•	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that de	escribes the
	organization's accounting for conservation easements.		
рa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	r Similar Assets.
20000000	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and b	alance sheet
	works of art, historical treasures, or other similar assets held for public as	chibition, education, or research in furthe	srance of
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balai	nce sheet
	works of art, historical treasures, or other similar assets held for public ea	chibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$
	III) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, pro	ovide the
	following amounts regulred to be reported under SFAS 118 (ASC 958) re	lating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

Cohee	dule D (Form 990) 2012 CURAMERI	CAS G	LOBAL,	INC.			56-140		<b></b>		Page Z
D.	H III Organizations Maintainir	ng Collec	tions of	Art, His	torical Tre	asures, or	Other Sir	nilar Ass	ets (c	ontinued	1)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and oth	er records,	check any	of the following	ng that øre a s	ignificant use	e of its			
a	Public exhibition		d 🗍	Loan or ex	change progr	ams					
b	Scholarly research		e 🗍	Other							
	Preservation for future cenerations										
4	Provide a description of the organization's c	ollections a	nd explain h	now they fu	rther the orga	nization's exe	mpt purpose	in Part			
	XIII										
5	During the year, did the organization solicit	وفيدا مصمصية الراق	deed on their	et of this ox	ranization's cr	ollection?		5.5.1.1.1.1.1.2.1.1.5.1.1.1.1.1.1.1.1.1.		Yes	No No
Pa	m IV Escrow and Custodial A	rrangem	ents. Cor	nplete if	the organiz	zation ansv	vered "Yes	s" to Form	1 990,	Part IV,	
**********	line 9, or reported an amo	unt on Fo	ırm 990, I	Part X, III	ne 21.		<del>, , a,                                  </del>	, ACQ-1, 44, -4, -4, -4, -4, -4, -4, -4, -4, -4			
1a	is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other	Intermedia	ry for conti	lbutions or oth	her assets not				Yes	No
b	if "Yes," explain the arrangement in Part XII	l and compl	ete the follo	wing table				t			
										Amount	144444
c	Beginning balance				***********		.,	. 10		**************************************	<del></del>
d	Additions during the year							194	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e	Distributions during the year							. 16	y	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	***************************************
f	Ending balance			,,,,,,,,,	*****					35	No
2a	Did the arganization include an amount on	Form 990, F	art X, line 2	217					• • • • • •	j Yes	IAO
d	If "Yes," explain the arrangement in Part XII	I. Check he	re if the exp	tanation h	as been provid	ded in Part XI	. 000 1300		40	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Pa	nt V Endowment Funds. Com			zation ar	iswered "Y	es to rom	1990, rai	(d) Three years	hody I	fai Sour V	eals back
		(a) Cur	rent year		Prioryear	(c) Two year	7,957		, 957	(6) 2 (6) 3	Antinamannament.
1a	Beginning of year balance		27,957		27,957	<u> </u>	7,931	41	, 2W 1	,.,	<del></del>
b	Contributions		**************************************	, <u> </u>		H			***************************************	p., p	#- <del>1017.7**********************************</del>
C	Net investment earnings, gains, and										
	losses		-	ļ							·~~~~~
	Grants or scholarships	ļ			,	M1144111111111111111111111111111111111		·		w. w.r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e	Other expenditures for facilities and										
	programs	Į.									40/40
f	Administrative expenses		27,957	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27,957	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,957	27	, 957		***************************************
g	End of year balance				*1444*******************************			700 T		L, v,	
2	Provide the estimated percentage of the cu	rrent year e	nd balance	(100 19, 0	himini (a)) noi	y ps.					
a	Board designated or quasi-endowment		<b>3</b> q								
	Permanent endowment > 100.00		07								
¢	Temporarily restricted endowment		76 1009/								
_	The percentages in lines 2a, 2b, and 2c share there endowment funds not in the poss	culu squae :	o excenizat	ion that an	held and adi	ministered for	the				
38		COSTUIN ON TO	ic organizat		¢ 310/4- 4-10- 1-11						Yes No
	organization by: (i) unrelated organizations									3a(i)	X
	**	*********				,,	.,			3a(ii)	X
ŧ.	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ns listed as	required or	n Schedule	R?					3b	
4	Describe in Part XIII the intended uses of the	he organiza	tion's endo	vment fund	is			······································	************************		
D.	in VI Land, Buildings, and Ec	ulpment	. See Fol	rm 990,	Part X, line	10.				66 i <del>n minmannny</del> testest	
	Description of property		a) Cost or allies	basis	(b) Cost or o	aher basis	, .	mulated		(d) Book v	alue
			(investatet)	\$	(othe	87)	depre	ciation		,	(Mariamana a sa sa papit - anguj
12	Land	AAAA P114 P144 P144 P144 P144 P144 P144	om distriction			.,					
	Buildings	- 1					التحصيصيان الالتان المستحصية				annellabiletten Aldr. WA
	Leasehold improvements		1444					······································	_		~ <1 FT 4
	Equipment	3	51	0,692			Intelligence of the second	44,41	8	and the total or the second	6,274
	Other				مرين المستحد ا						6 071
Tota	II. Add lines 1s through 1e. (Column (d) mus	t equal For	n 990, Part	X, column	(B), line 10(c)	).) 	<u> </u>	<u>)</u>	<u> </u>		6,274

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Con Enga QOO	Part X, line 12.	Annual Control of the	مراد المراد ا
(a) Description of security or category	(b) Book value	(c) Method of vi Cost or end-of-year i	
(including name of security)		Cost of Entractes	HELLIACA A COMMA
Financial derivatives	Wysers - 1 - 4 h) h) p		A STATE OF THE PROPERTY OF THE
Closely-held equity interests	44.	——————————————————————————————————————	THE THE RESERVE OF THE PROPERTY OF THE PROPERT
Chosely-tield equity and color		The second secon	#*************************************
) Other		ALLE CONTROL OF THE PROPERTY O	Ambalalalannayee, s. c.
(A)			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
(B)			<del></del>
(C)		301).	<del>   </del>
(D)			
(E)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(F)			
( <del>©</del> )		1 1	<del>*** *** *** *** *** *** *** **** ****</del>
<u>(t)</u>			
(i) I Tame 200 Part V cal (8) line 12)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related. See Form 990	Part X, line 13.		
Part VIII Investments Program Notice	(b) Book value	(c) Method of	
(a) Description of investment type		Cost of and-of-yea	. Witker Asine
(1)	The state of the s		and the second s
(2)	(A)		
Signature of the second	,		
(4)			######################################
(5)			April 6 m de consequenção de la Carresta de Carresta d
<u>(6)</u>			
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the state of t	
(8)			
(S)			
40)	(m)		
- I I I I I I I I I I I I I I I I I I I			
mast IV Other Assets, See Form 990, Fait A, into 10.	<del>(1</del>		(b) Book value
(a) Cascription			63,12
(1) INVESTMENTS, FAIR VALUE	##		
(2) FIELD ADVANCES	<del></del>		The state of the s
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(6) (7) (8) (9)			63,12
(6) (7) (8) (9) (10) (10) (10) Part Grand Earth 990 Part X col. (B) line 15.)			63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			63,12
(6) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2	(b) Book value		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2.  1. (a) Description of liability	(b) Octob Action	1 2 3	63,12
(6) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE	220,		63,12
(6) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS	220,	183	63,12
(6) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income (axes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT (5)	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT (5) (6)	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2!  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT (5) (6) (7)	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT (5) (6) (7) (8)	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT (5) (6) (7) (8)	220,		63,12
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2:  1. (a) Description of liability (1) Federal income taxes (2) UNEARNED REVENUE (3) ACCRUED WAGES AND BENEFITS (4) CURRENT MATURITIES OF L-T DEBT (5) (6) (7) (8)	220,	529	63,12

TITLE CLOBAL INC.	ij	6-1400098	Page 4
Schedule D (Form 990) 2012 CURAMERICAS GLOBAL, INC. Part XII Reconciliation of Revenue per Audited Financial S	Statements With Rev	enue per Return	
Part XI Reconciliation of Revenue per Audited Financial  1 Total revenue, gains, and other support per audited financial statements		1	1,944,273
1 Total revenue, gains, and other support per auditeu imandia statement.			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	5,543	
a Net unrealized gains on investments	2b		
b Donated services and use of facilities	2c		
c Recoveries of prior year grants	2d		5,543
d Other (Describe in Part XIII.)  e Add lines 2a through 2d	***************************************	2e	1,938,730
		3	1,930,130
The state of the s			
e included on Form 990 Part Vill, line /D	48		
the state of the s	4b		
		46	1,938,730
c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)		1,000,100
manufaction of Evnonces ner Audited Financia	Officiliality attention		1,857,245
the second the second that the second the second that the second t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
the state of hist not on Form 990 Part IX, IMO 25	, t		
a Donated services and use of facilities	2a		
b Prior year adjustments	4,35		
c Other losses			
d City (Banaraha in Dari XIII )	L	2e	
a Add Sape 2a through 2d			1,857,245
3 Subtract line 2s from line 1			44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
4 Amounta included on Form 990. Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, Inte 76	4a   4b		
h Other (Deported in Part XIII.)		40	
			1,857,245
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fact, income		in the second	***************************************
			DILLOCATION
	ALL SAMPLES IN THE COST TO D	rovide anv additional	
Complete this part to provide the descriptions required for Part II, lines 3, 3, and 4. Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.	Asso complete and have as t	· · · · · · · · · · · · · · · · · · ·	
information.			***************
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			Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 CURAMERICAS GLOBAL, INC.	56-1400098	Page 5
Schedule D (Form 990) 2012 CURAMERICAS GLOBAL, INC.  Part XIII Supplemental Information (continued)	At the latter of	درب مغیبر پارسیده مدرجو پورې پی محمد در بروزیر ایفنست
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### **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

CURAMERICAS GLOBAL, INC.

Employer identification number 56-1400098

	CORAND	ERICHO CHOLICA	staide the Linited States	Complete if the organization answere	ed "Yes" to
Part I	- 000 B-48/ K	sa 4dh			
1 Forgran	to the area	nization maintain records	to substantiate the amount of its g	rants and other	
	a the grantage alighility	for the grants of assistar	nce, and the selection gracity used	(O gradua au-	X Yes No
grants or	assistance?				. 123 743 L.: 113
2 For gran	tmakers. Describe in Pa	nt V the organization's pr	acedures for manitoring the use of	its grants and other	
assistanc	e outside the United Stat	tes.			
			be duplicated if additional space is	needed.)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
3 Activities (a) Region	(b) Number of	following for	(d) Activities conducted in region (by type) (e.g.,	(e) if activity listed in (d) is a program service.	(f) Total expenditures for
(d) Hogies	offices in the	employees, agants, and independent	fegas (by type) (e.g., findraising, program services, investments,	describe specific type of solvice(s) in region	end investments in region
		contractors in region	grants to recipients		
vod volume and MANAGEMENT AND		**************************************	(ocated in the region)		
SOUTH A	MERICA		HEALTH CARE	HEALTH CARE PROGRAMS	57,633
(1) CENTRAL	AMERICA & CAR	IBEEAN	4		834,890
(2)		14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1 HEALTH CARE	HEALTH CARE PROGRAMS	05-1,050
SUB-SAH	ARAN AFRICA		COAT THE CADE	HEALTH CARE PROGRAMS	579,591
(3)	**************************************		6 HEALTH CARE		
	i	A			A CONTRACTOR OF THE PROPERTY O
(4)	***************************************		Annual Property of the Control of th		
(5)				441.414.414.414.414.414.414.414.414.414	
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(6)					
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(8)					National Address of the Address of t
(9)				444	
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(12)				, p <sub>1</sub> , p <sub>2</sub> , p <sub>3</sub> , p <sub>4</sub>	
44.83	77.				
(13)				A Property of the Control of the Con	
(14)					
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(15)	AND THE RESERVE OF THE PARTY OF	<u>,,</u>			
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(17)					1,472,114
3a Sub-total	And the second s	1	7		1
<b>b</b> Total from 60					
sheets to Pa	1	The second of th			
c Totals (a	1	1	7		1,472,114

7054 W	ድዶ ተለስስዕል		Page 4
Sche	dule F (Form 990) 2012 CURAMERICAS GLOBAL, INC. 56-1400098		terning the state of the state
	rtily Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 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)	Yes	<b>⊠</b> No
2	Did the organization have an interest in a foreign frust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund, (see Instructions for Form 8621)	Yes	X No
Ö	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 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		X No
		Schedule F (Fo	rm 990) 201

Schedule F (	Form 990) 201:
Part V	Supplen

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Supplementa	I information	

the state of the s
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)
(accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III
(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to
provide any additional information (see instructions).

(accounting method); and Part III, column (c) (est provide any additional information (see instruction		whence to other		The state of the s	y
Part I, Line 2 - Procedures for Mo	nitoring th	e Use of (	Grant F	ands	
RECEIVED AN AUDITED FINANCIAL STAT	CEMENT WHEN	POSSIBLE.	ORGANI	ZATION ALSO	
CONDUCTS ON-SITE VISITS DURING FIS	SCAL YEAR TO	MONITOR	APPROPR	IATE USE OF	
FUNDS.			*******		
			,		
Part I, Line 3 - Activities per Re	∋gion			***************************************	
Region	Exp	enditures	Inves	tments	,
SOUTH AMERICA	\$	57,633	\$	0	
CENTRAL AMERICA & CARIBBEAN	\$	834,890	\$	0	
SUB-SAHARAN AFRICA	\$	579,591	\$	0	
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### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service scillaxinagro ant to propis

CURAMERICAS GLOBAL, INC.

Employer Identification number 56-1400098

Par	11 Types of Property	p	THE RESERVE THE PROPERTY OF TH	(c)	(4)	NAME OF TAXABLE PARTY.
<del>144044441</del>	64- arriv	(a)	(6)	Nuncash contribution	14) Method of delermining	
		Chaok if	Number of contributions or	amounts reported on	soncash contribution amounts	
		applicable	iteats contributed	Form 990, Part VIII, line 19		Pelifornia proposition de la company
1	Art-Works of art		hindress	<u> </u>		· <u> </u>
	Art-Historical treasures	***************************************	(*************************************		The property of the second sec	***************************************
	Art—Fractional interests			ANN ALE	The state of the s	**************************************
-	Books and publications	<b></b>		visit - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		man and the state of the state
	Clothing and household					
· ·	goods			·		Annahada da anahada an
6	Cars and other vehicles		hanner de marke			The state of the s
7	Boats and planes			\$	Mark Walnut and the Control of the C	
8	Intellectual property				THE STATE OF THE S	
8	Securities—Publicly traded	)				
10	Securities—Closely held stock				- b-444	
11	Securities-Partnership, LLC,					
* *	or trust interests				W416	
12	Securities—Miscellaneous				and the same of th	least Heavenist
13	Qualified conservation					
14	contribution—Historic					
	structures					, p. p. p. p
14	Qualified conservation				1	
) f4	contribution—Other	1				DOLLAR DOLLAR DE LA CONTRACTOR DE LA CON
4 5	Real estate—Residential	1-10-1-			**************************************	manical contract of the contra
15	Real estate—Commercial					
16	Real estate—Other				والمراجعة والمرا	rabater per per per per per per per per per p
17					The state of the s	****
18	Collectibles					<del>,,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19	Food inventory  Drugs and medical supplies		10,00			********************
20		1				
21	Texidermy Historical artifacts	3	14-14-14-14-14-14-14-14-14-14-14-14-14-1			
22		1				Washington Committee of the Committee of
23	Scientific specimens Archeological artifacts	1				~~~
24		. 1	111111111111111111111111111111111111111		A Commence of the second secon	
25	Other > (	X	1	121,692		Arrivo's Character of the bill of fairs and being of the
26	Other > ( SERVICES	1				***************
27	Other (	11				443-244-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
28	Other ► ( Number of Forms 8283 received by	the organi	zation during the tax year	for contributions for		
29	which the organization completed F	orm 8283.	Part IV, Donee Acknowle	dgement	29	Yes No
					<b>5000</b>	Yes No
20.0	During the year, did the organization	receive b	v contribution any proper	iy reported in Part I, lines 1-	28 that	
30a	It must hold for at least three years	from the d	ate of the initial contribution	on, and which is not require	l to be	oa X
	used for exempl purposes for the er	ntire holdin	a period?		36	/a   A
	is are a democine the error agreement i	n Parf II.				
b	Does the organization have a gift ac	centance	policy that requires the re	view of any non-standard		ı X
31						
24.	the contract of the contract o	ulrd parties	or related organizations	lo solicit, process, or sell no	1104411	_
328	FOGS the orderivations are at some a	or process	<b>-</b>		3:	2a X
	and a way of the first through the				18888	
b	If "Yes," describe in Part II. If the organization did not report an	amount in	column (c) for a type of r	property for which column (a	i) is checked,	
33						
	describe in Part II.	**************************************	<del></del>		Schedula	M (Form 998) (2012)

Schedule M (Form S	(90) (2012) CURAMERICAS	GLOBAL,	INC.	e the informati	56-1400098 on required by Part I, lines 30b, 32t	<sub>₽age</sub> <b>2</b> O,
	and 33, and whether the ord	anization is re	porting in Part	I, column (b), f	he number of contributions, the part for any additional information.	
h		<del>*************************************</del>	organization (Alexandria de Artenio) (Artenio) (Artenio de Artenio de Artenio de Artenio de Artenio de Artenio		FALL COLUMN TO THE COLUMN THE COLUMN TO THE	
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SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012 Quen to Public Inspection

Department of the Treasury internal Revenue Service

Employer identification number Name of the organization 56-1400098 CURAMERICAS GLOBAL, INC. Form 990, Part I, Line 6 WORK TEAM PARTICIPANTS AND OFFICE ASSISTANCE Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 INFORMATION PROVIDED TO BOARD FOR REVIEW PRIOR TO FILING. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ANNUAL RECERTIFICATION OF CONFLICT OF INTEREST ANY CONFLICTS RESOLVED BY THE BOARD OF DIRECTORS. Form 990, Part VI, Line 15a - Compensation Process for Top Official EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED (AT A MINIMUM) ANNUALLY BY THE CURAMERICAS GLOBAL BOARD OF DIRECTORS. Form 990, Part VI, Line 15b - Compensation Process for Officers BUDGET APPROVED BY THE BOARD WHICH INCLUDES A REVIEW OF EMPLOYEE COMPENSATION. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ON ORGANIZATION'S WEBSITE AND UPON REQUEST.

FYE: 9/30/2013	Federal Statements	ements		
Form 990	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	ses for Service (Non-	employee)	
Description FEES Total	Total Expenses \$ 13,700	Program Service \$ 5,200	Management & General \$ 8,500	Fund Raising
	Form 990, Part IX, Line 24e -	- All Other Expenses	Total Control of the	**************************************
Description TELEPHONE DUES AND MEMBERSHIPS WORK TEAM EXPENSE TRAINING LEASE BANK AND PAYROLL FEES UTILITIES GRANT/FUND DEVELOPMENT Total	Expenses  \$ 14,924  12,470  9,583  6,919  5,946  4,487  2,428  901  \$ 62,385	Program Service \$ 9,583	Management & General \$ 9,224 12,470 5,946 4,727 4,487 2,428	Fund Raising \$

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3004 CURAMERICAS GLOBAL, INC. 56-1400098 FYE: 9/30/2013

# Federal Statements

# Schedule A, Part II, Line 1(e)

Schedule A, Fait II, Life Itel	
Description	Amount
GIFTS/DONATIONS GRANTS	\$ 185,388 84,872
SERVICE FEES	843
DR. & MRS. JOHN WESLEY JONES	7 7 L G
Cash Contribution	395, 741
FREDERICK & BRENDA BOOTH	c
Cash Contribution	43,480
DR. AND MRS. JOHN MATHESON	7 6 7
Cash Contribution	TOT OT
RONALD MCDONALD HOUSE CHARITIES	() () () ()
Cash Contribution	744,020
HAYMOUNT UMC	0000
Cash Contribution	32,838
PRENATAL VITAMINS	
MERIDIAN STREET UMC	0
Cash Contribution	\$ 00 <b>\</b>
MR. AND MRS. DAVID BARKMAN	( r
Cash Contribution	10,114
VANGUARD CHARITABLE ENDOMMENT PROG	0000
Cash Contribution	20,002
U.S. AGENCY FOR INTL DEVELOPMENT	
Cash Contribution	65/,513
U.S. DEPT OF HEALTH & HUMAN SERVICES	\$ 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	LAS 1 2 LAS
Hotal	\$ 1,931,850
Schedule A, Part II, Line 12	
Z < 2, 4 < 2, 5 < 5 < C	Amount

Amount	in to	CORIO	\$ 6,880
Description	Tax-exempt Interest on Savings and Temporary Cash Investments	OHER REVENUE	Total