PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

Т

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	e 2023 calendar year, or tax year beginning and	ending		
B c a	heck if pplicabl	e: C Name of organization		D Employer identific	cation number
	Addre chang	E CURE VIOLENCE GLOBAL			
	Name chang			82-347122	23
	Initial return		Room/suite	E Telephone number	
	Final return	100 N TAGATTE CT CTE 1800		312-265-2	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,538,015.
	Amen return	ded CHICAGO, IL 60602		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: MONIQUE WILLIAMS		for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2017 N	l State of legal domicile: IL
Pa	rt I	Summary			
Ð		Briefly describe the organization's mission or most significant activities:			SISTANCE
Activities & Governance		AND TRAINING PROGRAMS TO HELP REDUCE GUN			
er né		Check this box if the organization discontinued its operations or dispos	ed of more	I	
Ň					10
ۍ «		Number of independent voting members of the governing body (Part VI, line 1b)			10
es 4		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			27
viti		Total number of volunteers (estimate if necessary)			11
∖ cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,322,004.	1,591,263.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,216,657.	2,915,035.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		128.	2,630.
Ē	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		260,940.	29,087.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,799,729.	4,538,015.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,571,000.	2,370,097.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e B	b	Total fundraising expenses (Part IX, column (D), line 25) 230, 46	55.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,222,858.	2,151,442.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,793,858.	4,521,539.
		Revenue less expenses. Subtract line 18 from line 12		5,871.	16,476.
or				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,558,962.	1,822,983.
Net Assets (- und Balanc	21	Total liabilities (Part X, line 26)		1,609,701.	1,857,246.
- Net	22	Net assets or fund balances. Subtract line 21 from line 20		-50,739.	-34,263.
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer				Date			
Here	MONIQUE	WILLIAMS, EXECUTIV	VE DIRECTOR						
	Type or print na	me and title							
	Print/Type prepa	arer's name	Preparer's signature		Date	Check		PTIN	
Paid	MEGAN AN	IGLE	MEGAN ANGLE			ir self-emp	loyed P(085073	3
Preparer	Firm's name	PORTE BROWN LLC				Firm's EIN	36-26	563358	
Use Only	Firm's address	9014 HERITAGE PAR	KWAY, SUITE	308					
		WOODRIDGE, IL 605	17			Phone no. 7	08-42	29-1040	
May the II	RS discuss this	return with the preparer shown abo	ove? See instructions				Σ	X Yes	No
LHA For	Paperwork Re	duction Act Notice, see the separ	rate instructions.	332001 12-21-23				Form 990 ((2023)

Form	990 (2023) CURE VIOLENCE GLOBAL	82-347122	23 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO REDUCE VIOLENCE GLOBALLY USING DISEASE CONTROL AND	BEHAVIOR CH2	ANGE
	METHODS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service	nes?	Yes X No
•	If "Yes," describe these changes on Schedule O.]
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expens	es, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$3,175,065. including grants of \$)	(Revenue \$ 2,94	44,122.)
	CURE VIOLENCE GLOBAL DELIVERS COMPREHENSIVE TRAINING A		
	ASSISTANCE SERVICES TO CITIES AND COMMUNITY-BASED ORGA		
	THE U.S. AND INTERNATIONALLY TO REDUCE COMMUNITY AND (<u>DF</u>
	VIOLENCE UTILIZING AN EPIDEMIOLOGICALLY GROUNDED PUBLI APPROACH.	C HEALTH	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		·	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses3,175,065.		orm 990 (2023)
332002	12-21-23	F	orm 330 (2023)
002002	2		

Eorm	000	(2022
⊦orm	990	(2023)

 Form 990 (2023)
 CURE
 VIOLENCE
 GLOBAL

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		- 21
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	L.		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 23	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

332003 12-21-23

3 2023.05000 CURE VIOLENCE GLOBAL

Form	990	(2023)
	330	

 Form 990 (2023)
 CURE
 VIOLENCE
 GLOBAL

 Part IV
 Checklist of Required
 Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Vee	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable [1b] U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c		
332004	(gambling) winnings to prize winners?		990	(2023)
JJ2004	4	1 OIII		(2020)

09341111 251678 10-2073004

2023.05000 CURE VIOLENCE GLOBAL 10-20731

Form	990 (2023) CURE VIOLENCE GLOBAL		82-3471	223	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	I	I			
	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	l	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	I			
•	organization is licensed to issue qualified health plans	13D				
	Enter the amount of reserves on hand			140		х
14a h				14a 14b		- 23
ы 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
15	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		х
10	If "Yes," complete Form 4720, Schedule O.		ne?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivition				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)
	5					,

09341111 251678 10-2073004

•			
2023.05000	CURE	VIOLENCE	C

Form	990	(2023)
------	-----	--------

Section A. Governing Body and Management

CURE VIOLENCE GLOBAL

82-3471223 Page **6**

Yes No

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing				1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other		1		
-	official and the standard standard standard of the standard				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
5			•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?		4		X
- 5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6					6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap						- 23
7a					7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st				<u>/a</u>		
D					71.		x
~	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				0.	v	
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						. .
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>Code.)</u>				
						Yes	No X
	Did the organization have local chapters, branches, or affiliates?				<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	J.			
					10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the	form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			<u></u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $_$ IL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section	າ 501(c)(3)ຮ	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				l finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	DARIA ZVETINA - 312-265-1162						
		_			_		
	100 N LASALLE ST, STE 1800, CHICAGO, IL 60602						

Form	990	(2023))
------	-----	--------	---

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	۶d
	Employees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau	I ECIO	i/ii us		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	nstitutional trustee	ar	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) MONIQUE WILLIAMS	40.00									
EXECUTIVE DIRECTOR (MAY-DECEMBER)				Х				155,053.	0.	49,322.
(2) R. BRENT DECKER	40.00									
CHIEF PROGRAM OFFICER						Х		141,074.	0.	44,876.
(3) DARIA ZVENTINA	40.00									
CHIEF OPERATING OFFICER				Х				137,338.	0.	43,687.
(4) RICARDO WILLIAMS	40.00									
NATIONAL DIRECTOR OF US PROGRAMS						X		125,567.	0.	39,943.
(5) GUADALUPE CRUZ	40.00									
DIRECTOR OF LATIN AMERICA PROGRAMS						X		122,098.	0.	38,839.
(6) CHARLES RANSFORD	40.00									
DIRECTOR OF SCIENCE AND POLICY						X		119,500.	0.	38,013.
(7) FREDRICK ECHOLS	40.00									
CEO & PRESIDENT (JANUARY-FEBRUARY)		Х		Х				42,543.	0.	13,533.
(8) JEREMY KAUFMAN	2.00									_
CHAIRMAN		Х		Х				0.	0.	0.
(9) GARY SLUTKIN	2.00									-
MEMBER		Х						0.	0.	0.
(10) SUSAN BISSELL	2.00									-
MEMBER		Х						0.	0.	0.
(11) ERIC GOOSBY	2.00								•	•
SECRETARY		Х		X				0.	0.	0.
(12) SCOTT LASSAR	2.00								0	0
MEMBER	0.00	Х						0.	0.	0.
(13) KHALIL MUHAMMAD	2.00							0	0	0
MEMBER	0.00	Х						0.	0.	0.
(14) DAN RATNER	2.00							0	0	0
MEMBER	2 00	Х						0.	0.	0.
(15) RIMA SALAH	2.00			37				0	0	0
VICE-CHAIR	2 00	Х		Х				0.	0.	0.
(16) DAVID KANIS	2.00			77					0	<u>^</u>
TREASURER	2 00	Х		Х				0.	0.	0.
(17) SEANNE MURRAY	2.00								0	<u>م</u>
MEMBER		Х						0.	0.	0.
332007 12-21-23				_	_					Form 990 (2023)

09341111 251678 10-2073004

7

2023.05000 CURE VIOLENCE GLOBAL

	orm 990 (2023) CURE VIOLENCE GLOBAL							82-3471223 Page 8					
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)			n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	>/	compens from t organiza and rela organiza	he ation ated
(18)	ANNE STROHM	2.00											
MEME	ER		X						0.		0.		0.
	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization	II, Section A	·····	·····		·····			843,173. 0. 843,173. ceived more than \$100,		0.	268,2	0. 213. 6
3 4 5	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> tion B. Independent Contractors	<i>such individual</i> um of reportabl 0,000? <i>If</i> "Yes, accrue compen	e co " co Isati	mpe <i>mple</i> on fr	ensa ete S om	tion Sche any	and edule unre	oth oth J fe elate	er compensation from t or such individual ed organization or individ	he organization		Yes 3 4 X 5	X X X
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensatio	on from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) mpensati	on
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lin	nitec	l to t	thos C		ted	above) who received mo	ore than		orm 990	(2000)

332008 12-21-23

		-		ven				a in this Dout \////			
			Check if Schedule O c	conta	ains a respor	ise (or note to any lin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues								
Ω ^E			Fundraising events								
ifts ar A			Related organizations								
ni G			Government grants (contri			1,	201,692.				
ŝ			All other contributions, gifts,								
but			similar amounts not included				389,571.				
d d d		g	Noncash contributions included in I	lines 1	a-1f 1g \$						
aŭ		h	Total. Add lines 1a-1f					1,591,263.			
							Business Code				
e	2	а	SERVICE PROGR	AM:	S		611430	2,915,035.	2,915,035.		
e či		b									
en Se		с				_					
Program Service Revenue		d									
б Б		е				_					
ā			All other program service					0.015.005			
_			Total. Add lines 2a-2f					2,915,035.			
	3		Investment income (includ	•				2 6 2 0			2 6 2 0
	_		other similar amounts)					2,630.			2,630.
	4		Income from investment o		•						
	5		Royalties	·····							
	-		a .		(i) Real		(ii) Personal				
	6		Gross rents	6a				-			
			Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
	-		Net rental income or (loss)	·	(i) Securiti	 26	(ii) Other				
	'	а	Gross amount from sales of	7.		55		-			
		b	assets other than inventory	7a				-			
Ø			Less: cost or other basis	7b							
Revenue				76 7c				-			
eve			Net gain or (loss)								
Ъ	0		Gross income from fundraisir				·····				
Ğ	0		including \$								
Ŭ			contributions reported on								
			Part IV, line 18		-	8a					
						8b					
			Net income or (loss) from								
			Gross income from gamin		0						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
	10	а	Gross sales of inventory, le	ess r	eturns						
			and allowances			10a					
			Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of inventor	/					
s							Business Code				
e e	11	а	MISCELLANEOUS	II	NCOME		900099	29,087.	29,087.		
Miscellaneous Revenue		b						ļ			
Sev 1		С				_					
Β			All other revenue								
_			Total. Add lines 11a-11d					29,087.		0	2 620
	12		Total revenue. See instructio	ns				性,JJQ,UT2。	2,944,122.	0.	2,630.

CURE VIOLENCE GLOBAL

Form 990 (2023)

 $09341111 \ 251678 \ 10-2073004$

9

2023.05000 CURE VIOLENCE GLOBAL 10-20731

82-3471223 Page 9

2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	447,159.	118,269.	303,036.	25,854.
6	trustees, and key employees	<u></u>	110,205.	505,050.	25,054
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,346,220.	1,120,924.	206,491.	18,805.
8	Pension plan accruals and contributions (include			20071920	
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	434,840.	371,519.	50,873.	12,448.
10	Payroll taxes	141,878.	,	141,878.	/
11	Fees for services (nonemployees):				
	Management				
	Legal	59,638.	15,200.	44,438.	
	Accounting	99,720.		99,720.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
0	column (A), amount, list line 11g expenses on Sch 0.)	1,084,180.	907,404.	35,643.	141,133.
12	Advertising and promotion	5,280.	5,280.		
13	Office expenses	85,182.	28,952.	49,168.	7,062.
14	Information technology	87,267.	54,373.	28,990.	3,904.
15	Royalties				
16	Occupancy	120,180.	85,328.	28,844.	6,008.
17	Travel	423,198.	409,661.	13,443.	94.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	55,484.		55,484.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,033.	853.	7,120.	60.
23	Insurance	35,881.	3,705.	32,176.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	TELECOMMUNICATIONS	45,482.	32,878.	11,610.	994.
b	SPONSORSHIPS AND DONATI	17,500.	15,000.	2,500.	
С	REGISTRATION AND FILING	11,830.		0.054	11,830.
d	CREDIT CARD FEES	5,507.	E E10	3,354.	2,153.
	All other expenses	7,080.	5,719.	1,241.	120.
25	Total functional expenses. Add lines 1 through 24e	4,521,539.	3,175,065.	1,116,009.	230,465.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

7b, 8b, 9b, and 10b of Part VIII.

CURE VIOLENCE GLOBAL Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX

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

(A) Total expenses

Page 10 82-3471223

(C) Management and general expenses

(B) Program service expenses

(D) Fundraising expenses

X

332010 12-21-23

09341111 251678 10-2073004

10 2023.05000 CURE VIOLENCE GLOBAL Form 990 (2023)

10-20731

09341111 251678 10-2073004

33

Total liabilities and net assets/fund balances

1,558,962.

33

CURE VIOLENCE GLOBAL

Check if Schedule O contains a response or note to any line in this Part X

(A) Beginning of year (B) End of year 392,409. 627,659. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 18,791. 38,962. 3 3 Pledges and grants receivable, net 373,783. 435,818. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 25,838. 48,116. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 134,052. basis. Complete Part VI of Schedule D _____ 10a 124,777. 17,309. 9,275. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 473,304. 920,681. 15 15 Other assets. See Part IV, line 11 1,822,983. 1,558,962. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 262,690. 184,291. Accounts payable and accrued expenses 17 17 18 18 Grants payable 277,754. 207,025. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 558,617. 483,617. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 510,640. 982,313. 25 of Schedule D 1,857,246. 1,609,701. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -184,739. 27 -134,263. 27 Net assets without donor restrictions Net assets with donor restrictions 134,000. 100,000. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances -50,739. 32 32

-34,263. 1,822,983.

Form 990 (2023)

10 - 20731

Part X | Balance Sheet

Form 990 (2023)

Form	1990 (2023) CURE VIOLENCE GLOBAL	82-	-3471223	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,538		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,523		
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-50),7	<u>39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_		
_	column (B))	10	-34	1,2	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2023)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2023
Open to Public

. Inspection

Nar	ne of	the organization		~~ ~ ~ ~ ~					identification number
			VIOLENCE (2-3471223
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	6.	
The	orgar	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)((iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	he college	or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	5 09(a)(2) .	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.	
а	ı 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b)	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	; [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	y integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
c	1 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e	,	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
<u></u>		vide the following information			() Is the same	Para Patad			
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
_									
Tota	al								

Schedule A	(Form !	990)	2023

CURE	VIOLENCE	GLOBAI

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge					-			
4	Total. Add lines 1 through 3								
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)								
	Public support. Subtract line 5 from line 4. ction B. Total Support								
	• •	(-) 0010	(1-) 0000	(-) 0001	(-1) 0000	(-) 0000			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
-	Amounts from line 4 Gross income from interest,								
8	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instructi	ons)			12			
	First 5 years. If the Form 990 is for th	,	,						
	organization, check this box and sto	0		,	5	()()			
Se	ction C. Computation of Publi								
	Public support percentage for 2023 (I			column (f))		14	%		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%		
	33 1/3% support test - 2023. If the					nore, check this bo	x and		
	stop here. The organization qualifies								
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation					
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop h e	ere. Explain in Parl	t VI how the organi	zation		
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization				
b	10% -facts-and-circumstances test	: - 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the			
	organization meets the facts-and-circl	umstances test. Th	he organization qu	alifies as a publicl	y supported organ	ization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	8a, 16b, 17a, or 17	b, check this box a	and see instruction	s		
						Schedule A	(Form 990) 2023		

332022 12-21-23

CURE VIOLENCE GLOBAL

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

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

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2234801 2041915. 1320812. 1582944. 1591263. 8771735. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1634626. 2359730. 3216657. 2915035.11044672. 918,624. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4506298.19816407. 3153425 3676541. 3680542. 4799601. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 309,841. 1283500. 235,000. 223,375. 181,463. 2233179. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 540,305. 167,700. 285,012. 1522501. 2515518. 1283500. c Add lines 7a and 7b 775,305. 391,075. 594,853. 1703964. 4748697. 5067710. Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (f) Total 9 Amounts from line 6 3153425 3680542. 4506298.19816407. 3676541 4799601 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 128. 2,630. 2,758. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 128. 2,630. 2,758. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 2,007. 17,340. 29,087. 48,434. assets (Explain in Part VI.) 3693881. 3153425. 3682549. 4799729. 4538015.19867599. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 75.84 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 80.49 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .01 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

09341111 251678 10-2073004

2023.05000 CURE VIOLENCE GLOBAL

15

CURE VIOLENCE GLOBAL

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



10b Schedule A (Form 990) 2023

16

Schedule A	(Form 990) 2023	CURE	VIOLENCE	GLOBAL
Part IV	Supporting C	organizations (continued)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controllec	the supporting	a organization.	
Section C. Ty	ype II Supr	porting Orga	anizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the organization of the support of the suport of the support of the

	Section D	All Type	III Supporting	Organizations
--	-----------	----------	----------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a government	al entity. Describe i	n Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-----------------------	---------------	-----------------	---------------------	-----------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

09341111 251678 10-2073004

2023.05000 CURE VIOLENCE GLOBAL

Yes No

Sche	edule A (Form 990) 2023 CURE VIOLENCE GLOBAL			82-3471223 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)

Seci	ION B - MINIMUM ASSEL AMOUNT		(A) Prior rear	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

19

CURE VIOLENCE GLOBAL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

1

2

3

Current Year

(iii)

Schedule A (Form 990) 2023

2023.05000 CURE VIOLENCE GLOBAL

332027 12-21-23

Schedule A (Form 990) 2023

2

3

Sect	ion D - Distributions
1	Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Schedule A	(Form 990) 2023	CURE	VIOLENCE	GLOBAL			82-3471223	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	9b, 9c, 11a, 11b n E, lines 1c, 2a,	, and 11c; Part IV, 2b, 3a, and 3b; Pa	Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	n C,
	(See instructions.)	8; and Par	t V, Section E, line	es 2, 5, and 6. Als	so complete this pa	art for any addition	ial information.	
332028 12-21-2	3						Schedule A (Form	990) 2023
502020 12-21-2				20				

		Supplement	al Einanaial Statementa	OMB No. 1545-0047	7
	HEDULE D	• •	al Financial Statements		<u> </u>
(Forn	n 990)		nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury	A	Attach to Form 990.	Open to Public	;
-			0 for instructions and the latest information.	Inspection Employer identification numb	hor
Nam	e of the organization	CURE VIOLENCE GLOB	AL	82-3471223	Jer
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the	
	organizatior	n answered "Yes" on Form 990, Part IV, lin	ie 6.		
			(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at en	d of year			
2	Aggregate value of	contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised fund		
•			exclusive legal control?		No
6	•		dvisors in writing that grant funds can be used o	•	
	impermissible priva		r donor advisor, or for any other purpose conferr		No
Par			ganization answered "Yes" on Form 990, Part IV,		NU
1		ervation easements held by the organizati			
-		of land for public use (for example, recrea		prically important land area	
		f natural habitat	Preservation of a cert		
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a co	nservation easement on the last	
	day of the tax year.			Held at the End of the Tax Y	ear
а	Total number of co	nservation easements		2a	
b	Total acreage restr	icted by conservation easements		2b	
с		vation easements on a certified historic str		2c	
d		vation easements included on line 2c acqu			
				2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	ization during the tax	
	year				
4		where property subject to conservation easily a subject to conservation easily a subject to conservation the subje			
5		ion have a written policy regarding the per	-	Yes	No
6	,	procement of the conservation easements it	handling of violations, and enforcing conservatic		NO
0	Stall and volunteer	nours devoted to monitoring, inspecting,	handling of violations, and emotering conservation	in easements during the year	
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year	
-					
8	Does each conserv	/ation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes	No
9	In Part XIII, describ	e how the organization reports conservati	on easements in its revenue and expense statem	nent and	
	balance sheet, and	l include, if applicable, the text of the footr	note to the organization's financial statements the	at describes the	
Dec	organization's acco	ounting for conservation easements.			
Pai		-	Art, Historical Treasures, or Other S	similar Assets.	
		the organization answered "Yes" on Form			
1a	U U		8, not to report in its revenue statement and bala		
		· ·	blic exhibition, education, or research in furtherar	ice of public	
h			ncial statements that describes these items. i8, to report in its revenue statement and balance	sheet works of	
b	-		exhibition, education, or research in furtherance		
		ng amounts relating to these items.	or research in unneraller		
				\$	
2			asures, or other similar assets for financial gain,		
-	U U	ints required to be reported under FASB A	•		
а	•			\$	
b					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

31 2023.05000 CURE VIOLENCE GLOBAL

Sche		OLENCE GLOBAI					471223		age 2
Par	t III Organizations Maintaining C	ollections of Art, H	listorical Tre	asures, or	Other S	imilar Asse	ets _{(contin}	ued)	
3	Using the organization's acquisition, accessi	on, and other records, ch	neck any of the f	ollowing that	make signi	ficant use of it	ts		
	collection items (check all that apply).								
а	Public exhibition	d 🗌	Loan or excl	nange progra	m				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	w they further th	e organizatio	n's exempt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations of an	t, historical treas	ures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of the o	rganization's col	lection?		[Yes		No
Par	t IV Escrow and Custodial Arran	gements Complete if	the organization	answered "Y	es" on For	m 990, Part IV	/, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	-			-			
1a	Is the organization an agent, trustee, custodi	an, or other intermediary	for contribution	s or other ass	sets not inc	luded			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					,	Yes		No
	If "Yes," explain the arrangement in Part XIII.				-				
Par									
	•	(a) Current year	b) Prior year	(c) Two year	s back (d)	Three years ba	ck (e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
Ŭ									
f	Administrative expenses								
g									
2	End of year balance Provide the estimated percentage of the curr	rent vear end balance (lin	e 1 a. column (a))) held as:					
-	Board designated or quasi-endowment		•	11010 83.					
a b	Permanent endowment	%							
0		%							
C	The percentages on lines 2a, 2b, and 2c sho	•							
20			that are hold an	d administor	ad for the				
Ja	Are there endowment funds not in the posse	ssion of the organization	that are new an	u auministere			Г	Yes	No
	organization by:								
	(i) Unrelated organizations?(ii) Related organizations?								
h	If "Yes" on line 3a(ii), are the related organizations?	tions listed as required a							
4							30 _		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm								
	Complete if the organization answere		rt IV. line 11a. S	ee Form 990.	Part X, line	e 10.			
	Description of property	(a) Cost or other			,	umulated	(d) Bool	(volu	
	Description of property	basis (investment	• • •		• •	ciation	(u) 600	valu	e
10	Land		, 54515 (
-	Land								
b	Buildings								
	Leasehold improvements		1 2	4,052.	1 0	4,777.	(2 2	75.
	Equipment			±,0JZ•	12	±,///•		, 4	1
	Other								7 5
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, lir	<u>ne 10c. column (</u>	<u>(B))</u>				9,2	
						Sched	ule D (Form	990)	2023

	(Form 990) 2023		VIOLENCE	GLOBAL
Part VII	Investments -	Other Sec	urities	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
B) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Part IX Other Assets Complete if the organization answered "Yes"		
Part IX Other Assets Complete if the organization answered "Yes" (a)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes"	Description	
Part IX Other Assets Complete if the organization answered "Yes" (a)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7)	Description	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8) (9)	Description USE ASSETS	(b) Book value 920,68
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8)	Description USE ASSETS	(b) Book value 920,68
Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF I (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes"	Description USE ASSETS	(b) Book value 920, 68
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (column for the organization answered "Yes") Complete if the organization answered "Yes"	Description USE ASSETS	(b) Book value 920, 68
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (5) (6) (7) (8) (9) Control Lease Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description USE ASSETS	(b) Book value 920,68
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description USE ASSETS 	(b) Book value 920,68
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8) (9) Complete if the organization answered "Yes" (a) Description of liability (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITII	Description USE ASSETS 	(b) Book value 920,68
Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (3) FINANCE LEASE LIABILITIES	Description USE ASSETS 	(b) Book value 920,68
Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITII (3) FINANCE LEASE LIABILITIES (4)	Description USE ASSETS 	(b) Book value 920,68
Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF 1 (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (2) OPERATING LEASE LIABILITIES (4) (5) (4)	Description USE ASSETS 	(b) Book value 920,68
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF T (2) (3) (4) (5) (6) (7) (8) (9) Cother Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITII (3) FINANCE LEASE LIABILITIES (4) (5) (6)	Description USE ASSETS 	(b) Book value 920,68
Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF T (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITII (3) FINANCE LEASE LIABILITIES (4) (5) (6) (7) (2) (3)	Description USE ASSETS 	(b) Book value 920,68
Other Assets Complete if the organization answered "Yes" (a) (1) OPERATING LEASE RIGHT OF T (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITII (3) FINANCE LEASE LIABILITIES (4) (5) (6)	Description USE ASSETS 	(b) Book value 920,68

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 CURE VIOLENCE GLOBAL		82-3	3471223 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,538,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,538,015.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,538,015.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		nses per Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	4,521,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	<u>2</u> a		
b				
С	Other losses			
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			4,521,539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,			4,521,539.
Pa	rt XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISION OF ASC TOPIC 740, INCOME TAXES,

RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE

ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION,

AND THE STATE OF ILLINOIS. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX

POSITIONS.

332054 09-28-23

SCHEDULE F	Statomo	nt of Act	ivities Outside the Ur	nitad Sta	ntae 🗆	OMB No. 1545-0047
(Form 990)			inswered "Yes" on Form 990, Part IV			2023
Department of the Treasury	-	-	Attach to Form 990.		0	pen to Public
Internal Revenue Service	Go to _W	ww.irs.gov/Forn	1990 for instructions and the latest i	nformation.		spection
Name of the organization					Employer ide	entification number
CURE VIOLENCE G					82-3471	223
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answere	d "Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gra the selection criteria used to award the		· · · ·	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance o	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
		in the region				
NORTH AMERICA -				VIOLENCE PF	EVENTION	
MEXICO	0	1	PROGRAM SERVICES	TRAINING		168,802.
				VIOLENCE PF	EVENTION	250 546
CENTRAL AMERICA	0	2	PROGRAM SERVICES	TRAINING		350,546.
SOUTH AMERICA -				VIOLENCE PF	EVENTION	
COLUMBIA	0	1	PROGRAM SERVICES	TRAINING		43,204.
	0	4				E60 EE0
3 a Subtotal b Total from continuation		4				562,552.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	4				562,552.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

CURE VIOLENCE GLOBAL

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

I art in car be duplicated if ad	iunional space is needed	4.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

CURE VIOLENCE GLOBAL Schedule F (Form 990) 2023

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

Part III can be duplicated if additional space is needed.

37

Page 3

Schedule F (Form 990) 2023

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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	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 the 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Part V Supplemental Information

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.

332075 11-29-23	Schedule F (Form 990) 202
	39
41111 251678 10-2073004	2023.05000 CURE VIOLENCE GLOBAL 10-20

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	00	
•		Compensated Employees		20	Ľ٦	j –
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organizatior		Employer i			mber
		CURE VIOLENCE GLOBAL	82-3	47122	3	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chet)			
	If any of the later					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if ar	w of the following the exercitation used to establish the compensation of the exercitation's				
3		y, of the following the organization used to establish the compensation of the organization's ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the second second				
		tion of the CEO/Executive Director, but explain in Part III.				
	·	ompensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	-	eive payment from an equity-based compensation arrangement?		4.		X
	•	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	The organization?			5a		X
	Any related organiz					X
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
	Any related organiz					X
	If "Yes" on line 6a o	r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lin	es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2023

LHA 332111 11-06-23

09341111 251678 10-2073004

82-3471223

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MONIQUE WILLIAMS	(i)	155,053.	0.	0.	0.	49,322.	204,375.	0.
EXECUTIVE DIRECTOR (MAY-DECEMBER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) R. BRENT DECKER	(i)	141,074.	0.	0.	0.	44,876.	185,950.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DARIA ZVENTINA	(i)	137,338.	0.	0.	0.	43,687.	181,025.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICARDO WILLIAMS	(i)	125,567.	0.	0.	0.	39,943.	165,510.	0.
NATIONAL DIRECTOR OF US PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GUADALUPE CRUZ	(i)	122,098.	0.	0.	0.	38,839.	160,937.	0.
DIRECTOR OF LATIN AMERICA PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES RANSFORD	(i)	119,500.	0.	0.	0.	38,013.	157,513.	0.
DIRECTOR OF SCIENCE AND POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 82-3471223

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

CURE VIOLENCE GLOBAL

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT A BOARD MEETING

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS AND KEY EMPLOYEES ARE PAID BASED ON AMOUNTS SET BY THE BOARD OF

DIRECTORS WITH CONSULTATION FROM A THIRD PARTY HUMAN RESOURCES COMPANY

BASED ON INDUSTRY COMPARABLE COMPENSATION CONSIDERATIONS

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON

REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS AND CONTRACTORS:

PROGRAM SERVICE EXPENSES	907,404.
MANAGEMENT AND GENERAL EXPENSES	35,643.
FUNDRAISING EXPENSES	141,133.
TOTAL EXPENSES	1,084,180.
TOTAL OTHER FEES ON FORM 990. PART IX. LINE 11G. COL A	1.084.180.

43

FORM 990, PART XII, LINE 2C:

NO CHANGES FROM PRIOR YEAR

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

Schedule O (Form 990) 2023

332211 11-14-23