

FRITH-SMITH & ARCHIBALD, LLP
6355 TOPANGA CANYON BLVD, SUITE #400
WOODLAND HILLS, CA 91367

INSTRUCTIONS FOR FILING
CURECERVICALCANCER
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2016

SIGNATURE...

THE ORIGINAL 8453-EO SHOULD BE SIGNED AND DATED BY AN
AUTHORIZED OFFICER OF THE CORPORATION.

FILING...

RETURN YOUR SIGNED 8453-EO AUTHORIZATION TO:

FRITH-SMITH & ARCHIBALD, LLP
6355 TOPANGA CANYON BLVD, STE #400
WOODLAND HILLS, CA 91367

OR FAX YOUR SIGNED 8453-EO AUTHORIZATION TO:

FRITH-SMITH & ARCHIBALD, LLP
MARY ARCHIBALD, CPA
818-774-3780

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL
DELAY THE PROCESS OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON NOVEMBER 15, 2017. WE WOULD APPRECIATE
YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE
PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN
IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE
CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR
RETURN.

Cumulative E-File History 2016

California

Locator: 9188KO
Taxpayer Name: CureCervicalCancer
Return Type: 990, 990

Submitted Date 11/8/2017 8:41:39 PM
Acknowledgement Date 11/8/2017 9:25:46 PM
Status Accepted
Submission ID 95300920173125000003

Print

Close

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: CURECERVICALCANCER
California corporation number: 3613244
FEIN: 46-3942138
Street address: 468 N CAMDEN DRIVE #200
City: BEVERLY HILLS
State: CA
Zip code: 90210

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: (1) X Cash (2) Accrual (3) Other
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending? Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 17 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total gross receipts: 380,407.00), Expenses (Total expenses: 312,014.00), and Filing Fee (Total due: 68,393.00).

Sign Here: PATRICIA GORDON, Title: FOUNDER/BOARD CHAIR, Date:
Preparer's signature: TAXPAYERS COPY, Date:
Firm's name (or yours, if self-employed) and address: FRITH-SMITH & ARCHIBALD, LLP, 6355 TOPANGA CANYON BLVD, STE #400, WOODLAND HILLS, CA 91367
Telephone: 818-774-1500

May the FTB discuss this return with the preparer shown above? See instructions. X Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations
 regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income. Attach schedule	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	ATCH. 2.	00
	12	Other salaries and wages	12	114,273	00
	13	Interest	13		00
	14	Taxes	14	17,608	00
	15	Rents	15	38,762	00
	16	Depreciation and depletion (See instructions)	16	2,400	00
	17	Other Expenses and Disbursements. Attach schedule	17	138,971	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	312,014	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		517,898.		592,174.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	12,000.		12,000.	
b Less accumulated depreciation	(2,400)	9,600.	(4,800)	7,200.
11 Land				
12 Other assets. Attach schedule	ATCH 4	15,000.		15,000.
13 Total assets		542,498.		614,374.
Liabilities and net worth				
14 Accounts payable		3,590.		7,073.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		538,908.		607,301.
22 Total liabilities and net worth		542,498.		614,374.

Schedule M-1 Reconciliation of income per books with income per return
 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	68,393.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	68,393.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	68,393.			

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name CURECERVICALCANCER	Identifying number 46-3942138
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	380,407.
2 Total gross income (Form 199, line 8)	2	380,407.
3 Total expenses and disbursements (Form 199, Line 9)	3	312,014.

Part II Settle Your Account Electronically for Taxable Year 2016

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of Officer _____ Date 11/09/2017 Title FOUNDER/BOARD CHAIR

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address _____	FEIN _____			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <u>P00370997</u>
	Firm's name (or yours if self-employed) and address _____	FEIN <u>95-4714778</u>		ZIP code _____
		<u>FRITH-SMITH & ARCHIBALD, LLP</u>		<u>95-4714778</u>
		<u>6355 TOPANGA CANYON BLVD, STE #400</u>		<u>CA 91367</u>
		<u>WOODLAND HILLS</u>		

CURECERVICALCANCER

46-3942138

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
CONTRIBUTIONS UNDER \$5,000 468 N. CAMDEN DR. #200 BEVERLY HILLS, CA 90210	12/31/2016	115,504.
JOSEPH DROWN FOUNDATION 1999 AVENUE OF THE STARS STE 2330 LOS ANGELES, CA 90067-6043	12/31/2016	60,000.
ANTHEM FOUNDATION 2121 ALTON PKWY #250 IRVINE, CA 92606	12/31/2016	10,000.
JUDY CARMEL 9404 PROVENCE GARDEN LANE LAS VEGAS, NV 89145	12/31/2016	50,000.
NORAH & KERRY CLARK 8515 FOX CLUB LANE CINCINNATI, OH 45243	12/31/2016	10,000.
JOANIE HALL 7 SPRING MILL LANE HAVERFORD, PA 19041	12/31/2016	10,500.
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD. #1500 LOS ANGELES, CA 90025	12/31/2016	22,303.
RICHARD & SANDRA JACOBSON 2572 CHACO TRAIL SAINT GEORGE, UT 84770	12/31/2016	5,000.

CURECERVICALCANCER

46-3942138

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
FERN JENNINGS 3412 PUEBLO WAY LAS VEGAS, NV 89169	12/31/2016	5,000.
KAVNER 25154 MALIBU ROAD #2 MALIBU, CA 90265	12/31/2016	15,000.
MACNAUGHTON HOUSEHOLD 481 KINGSWOOD LANE DANVILLE, CA 94506	12/31/2016	5,000.
PAGNINI AND LANGER 2433 SOLAR DRIVE LOS ANGELES, CA 90046	12/31/2016	20,000.
RIESCHEL HOUSEHOLD 1920 4TH AVENUE #1204 SEATTLE, WA 98101	12/31/2016	5,000.
ELIZABETH TAYLOR AIDS FOUNDATION 269 S. BEVERLY DR. SUITE 147 BEVERLY HILLS, CA 90212	12/31/2016	24,400.
NONCASH CONTRIBUTIONS UNDER \$5,000 468 N. CAMDEN DR. #200 BEVERLY HILLS, CA 90210	12/31/2016	4,700.
SALESFORCE THE LANDMARK ONE MARKET, SUITE 300 SAN FRANCISCO, CA 94105	12/31/2016	18,000.

TOTAL CONTRIBUTION AMOUNTS

380,407.

ATTACHMENT 2

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
PATRICIA GORDON	FOUNDING DIRECTOR/BOARD CHAIR	0.
JUDY CARMEL	DIRECTOR	0.
JUDY LANER	DIRECTOR	0.
JOHN EINCK	DIRECTOR	0.
CAROLINE NITSCHMANN	DIRECTOR	0.
ARNO MUNDT	DIRECTOR	0.
CATHERINE MACNAUGHTON	DIRECTOR	0.
JOANIE HALL	DIRECTOR	0.

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 3PART II - OTHER EXPENSES

LEGAL EXPENSES	2,800.
ACCOUNTING EXPENSE	6,437.
OTHER FEES FOR SVCS	17,949.
OFFICE EXPENSES	28,621.
INFO. TECHNOLOGY	7,505.
TRAVEL EXPENSES	46,973.
CONFERENCES	750.
INSURANCE	2,548.
STIPENDS	23,250.
FUNDRAISING	2,138.

TOTAL OTHER EXPENSES

138,971.

ATTACHMENT 4SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES	15,000.	15,000.
TOTAL OTHER ASSETS	<u>15,000.</u>	<u>15,000.</u>