

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CURECERVICALCANCER		<b>D</b> Employer identification number 46-3942138
	Doing business as		<b>E</b> Telephone number (310) 601-3002
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90210		<b>G</b> Gross receipts \$ 425,760.
<b>F</b> Name and address of principal officer: PATRICIA GORDON 468 N CAMDEN DRIVE #200, BEVERLY HILLS, CA 90210		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: WWW.CURECERVICALCANCER.ORG		<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other	
		<b>L</b> Year of formation: 2013	<b>M</b> State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: DEDICATED TO THE EARLY DETECTION AND PREVENTION OF CERVICAL CANCER AROUND THE GLOBE FOR THE WOMEN WHO NEED IT MOST.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	8.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	12.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	6,200.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	340,686.	425,760.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	340,686.	425,760.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,095.	181,135.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 23,546.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	251,442.	272,613.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	433,537.	453,748.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-92,851.	-27,988.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 517,658.	End of Year 486,975.
	<b>21</b> Total liabilities (Part X, line 26)	3,208.	513.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	514,450.	486,462.

**Part 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.

<b>Sign Here</b>	Signature of officer	Date			
	PATRICIA GORDON <b>TAXPAYER'S COPY</b> FOUNDER/BOARD CHAIR	11/04/2019			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY ARCHIBALD CPA		11/04/2019		P00370997
	Firm's name	Firm's EIN	Firm's address		
FRITH-SMITH & ARCHIBALD, LLP	95-4714778	6355 TOPANGA CANYON BLVD, STE #400 WOODLAND HILLS, CA 91367			
	818-774-1500				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

**Part 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:

DEDICATED TO THE EARLY DETECTION AND PREVENTION OF CERVICAL CANCER  
AROUND THE GLOBE FOR THE WOMEN WHO NEED IT MOST.

**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  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 242,352. including grants of \$ ) (Revenue \$ )

THE MAIN OFFICE IN LA IS THE CENTER OF OUR OPERATIONS WHERE ALL  
FULL TIME CURECERVICALCANCER STAFF MEMBERS ARE BASED. GENERAL  
PROGRAM FUNDS ARE DIRECTED TOWARD OPERATING EXPENSES, SALARY OF  
PROGRAM RELATED STAFF, AND GENERAL PROGRAM-RELATED SUPPLIES AND  
EQUIPMENT. SUPPLIES AND EQUIPMENT ARE FREQUENTLY PURCHASED IN BULK  
AND ALLOCATED TO SPECIFIC PROGRAMS AS NECESSARY.

**4b** (Code: ) (Expenses \$ 150,863. including grants of \$ ) (Revenue \$ )

PROVIDING TRAINING AND RESOURCES FOR EARLY DETECTION AND  
PREVENTION OF CERVICAL CANCER FOR WOMEN IN RESOURCE POOR  
COUNTRIES.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 393,215.