## Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

OND NO. 1343-1676	OMB	No.	1545-1878
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, 2019, and ending For calendar year 2019, or fiscal year beginning \_ ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number CURECERVICALCANCER 46-3942138 Name and title of officer PATRICIA GORDON, FOUNDER/BOARD CHAIR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . . 1b b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . 2b 2a Form 990-EZ check here ▶ Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize FRITH-SMITH & ARCHIBALD, LLP as my signature to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

## Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

A F	For the	e 2019	calendar year, or tax year beginning	, <b>2019</b>	, and ending				, 20		
_			C Name of organization			D	Employer idea	ntification n	umber		
В	Check if ap	pplicable:	CURECERVICALCANCER				46-3942	2138			
	Addre		Doing business as								
	<b>⊤</b> '	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nui	mber			
	+	return	468 N CAMDEN DRIVE #20	00		(	310) 60	1-3002			
	-	return/	City or town, state or province, country, a				, , , , , , ,				
	termir Amen		BEVERLY HILLS, CA 902	• ,		٦	Gross receipts	. \$	488	,103.	
	return Applic		F Name and address of principal officer:	PATRICIA GORDON		_	(a) Is this a grou		Yes	X No	
	pendi		, ,		00210		subordinates	?		$\vdash$	
_	_		468 N CAMDEN DRIVE #20			—   "	(b) Are all subord		Yes	No	
<u>!                                    </u>		empt sta		) <b>(</b> insert no.) 4947(a)(1)	or 527			ach a list. (see		)	
<u>J</u>			WWW.CURECERVICALCANCER.		1.		(c) Group exemp				
				Association Other	L Year of f	formation	: 2013 <b>M</b> :	State of lega	al domicile:	CA	
P	art I		ımmary								
	1		y describe the organization's mission o					ECTION	AND		
ce			VENTION OF CERVICAL CANC	CER AROUND THE GLOBE F	OR THE WO	MEN V	WHO NEED				
nar		I TI	MOST.								
Governance	2	Check	k this box 🕨 🔛 if the organization d	iscontinued its operations or dispos	ed of more than	า 25% of	its net assets	S			
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3		6.	
Activities &	4	Numb	er of independent voting members of t	he governing body (Part VI, line 1b)				4		6.	
tie	5	Total i	number of individuals employed in cale	endar year 2019 (Part V, line 2a)				5		6.	
Ę			number of volunteers (estimate if necess					6		11.	
Å			unrelated business revenue from Part V					7a		0.	
			nrelated business taxable income from					7b		0.	
				,			Prior Year		Current Y	ear	
_	8	Contri	ibutions and grants (Part VIII, line 1h)				425,76	0.	487	,902.	
nue			am service revenue (Part VIII, line 2g)				·	0.		0.	
Revenue			tment income (Part VIII, column (A), line					0.		201.	
ď			revenue (Part VIII, column (A), lines 5,					0.		0.	
							425,76		488	,103.	
_			revenue - add lines 8 through 11 (must				123/10	0.	100	0.	
			s and similar amounts paid (Part IX, colu					0.		0.	
			its paid to or for members (Part IX, colu				181,13	* *	222	<del>,</del> 951.	
ses	15		es, other compensation, employee bene				101,13				
Expenses	16 a		ssional fundraising fees (Part IX, column					0.		,000.	
Ä	b		fundraising expenses (Part IX, column (I				070 61	2	0.01	7.60	
	17		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				272,61		291,760. 536,711.		
							453,74				
	19	Reven	nue less expenses. Subtract line 18 from	n line 12			-27 <b>,</b> 98			,608.	
s or						Beginnir	ng of Current Y		End of Ye		
set	20	Total a	assets (Part X, line 16)				486,97			<u>,095.</u>	
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)				51			<b>,</b> 241.	
함	22	Net as	ssets or fund balances. Subtract line 21	from line 20			486,46	2.	437	<b>,</b> 854.	
Pa	art II	Siç	gnature Block								
Un	der per	nalties o	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	is return, including accompanying sched	ules and stateme	ents, and	to the best of	my knowle	dge and b	elief, it is	
tiut	e, corre	ct, and	// ()	officer) is based off all information of wif	icii preparei nas	ally Kilov	vieuge.				
0:-		<b>\</b> _	Jahus Donan KB				07/1	3/2020			
Sig		S	Signature of officer				Date				
He	re		PATRICIA GORDON	FOUNDE	R/BOARD C	CHAIR					
		T	Type or print name and title								
		Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN			
Paid		MAR	Y ARCHIBALD CPA		07/13/	2020	self-employe		037099	<del>3</del> 7	
	parer	Firm's	s name ▶FRITH-SMITH & ARC	HIBALD, LLP			irm's EIN ▶ 9				
Use	Only		s address >6355 TOPANGA CANYON BLVD,	· · · · · · · · · · · · · · · · · · ·	367			18-774			
Ma	v the		iscuss this return with the prepare							No	
_			Reduction Act Notice, see the separat	·	,				Form <b>99</b>		
										- (-0:0)	

CURECERVICALCANCER

Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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? 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?..... 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 \$ 281,213. 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. ) (Expenses \$ 4b (Code: 171,573. including grants of \$ ) (Revenue \$ PROVIDING TRAINING AND RESOURCES FOR EARLY DETECTION AND PREVENTION OF CERVICAL CANCER FOR WOMEN IN RESOURCE POOR COUNTRIES. ) (Expenses \$ ) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 452,786. **4e** Total program service expenses ▶

JSA 9E1020 2.000 Form **990** (2019)

Form 990 (2019) Page 3

CURECERVICALCANCER

Part	V 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	Х	
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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		Χ
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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, 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		X
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		Χ
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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
12 a	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? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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		Χ
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		Χ
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		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	$ \   \text{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		Χ

Form 990 (2019)

Part IV Checklist of Required Schedules (continued) Page 4

rail	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		Х
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
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	If "Yes," complete Schedule L, Part I	250		21
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
~=	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Λ
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	l		3.7
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA		Голи	aan	(0040)

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Par	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
	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	_		3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	3 7 3 7 3 7	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Х
_	sponsoring organization have excess business holdings at any time during the year?	8		Λ
9	Sponsoring organizations maintaining donor advised funds.	0.0		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	,,			
	Cross rescripte, included on Form coo, Fair Vin, into 12, for public doe of olds resimiles.			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

CURECERVICALCANCER 46-3942138 Form 990 (2019) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management		V	N
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	- 1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
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 reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b				
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,	_	_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,500		, . ( <b>-</b> )
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est n	olicv
	and financial statements available to the public during the tax year.		P	<b>-</b> , ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record ERICA MOORE 11280 WHITMOORE PL GULFFORT, MS 39503	s <b>&gt;</b>		
	ERICA MOORE 11280 WHITMOORE PL GULFPORT, MS 39503 228-229-0478			

Form **990** (2019)