

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CURECERVICALCANCER

Employer identification number

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.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>488,103.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

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

I authorize FRITH-SMITH & ARCHIBALD, LLP to enter my PIN 8 3 6 9 8 as my signature
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 ▶

Date ▶ 07/13/2020

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.

9 5 3 0 0 9 9 5 4 7 1
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 ▶

Date ▶

**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)

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.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

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
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **CURECERVICALCANCER**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
468 N CAMDEN DRIVE #200
 City or town, state or province, country, and ZIP or foreign postal code: _____
BEVERLY HILLS, CA 90210

D Employer identification number: **46-3942138**

E Telephone number: **(310) 601-3002**

F Name and address of principal officer: **PATRICIA GORDON**
468 N CAMDEN DRIVE #200, BEVERLY HILLS, CA 90210

G Gross receipts \$: **488,103.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CURECERVICALCANCER.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2013** **M** State of legal domicile: **CA**

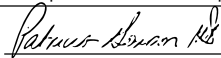
Part I Summary

Activities & Governance	1 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.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 6.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6.
	6 Total number of volunteers (estimate if necessary) 6 11.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 425,760. Prior Year 487,902. Current Year
	9 Program service revenue (Part VIII, line 2g) 9 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 201.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 425,760. 488,103.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 181,135. 223,951.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. 21,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,653.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 272,613. 291,760.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 453,748. 536,711.
19 Revenue less expenses. Subtract line 18 from line 12 19 -27,988. -48,608.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 486,975. Beginning of Current Year 444,095. End of Year
	21 Total liabilities (Part X, line 26) 21 513. 6,241.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 486,462. 437,854.

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.

Sign Here

▶  **07/13/2020**
 Signature of officer Date

▶ **PATRICIA GORDON** **FOUNDER/BOARD CHAIR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARY ARCHIBALD CPA** Preparer's signature: _____ Date: **07/13/2020** Check if self-employed PTIN: **P00370997**

Firm's name ▶ **FRITH-SMITH & ARCHIBALD, LLP** Firm's EIN ▶ **95-4714778**

Firm's address ▶ **6355 TOPANGA CANYON BLVD, STE #400 WOODLAND HILLS, CA 91367** Phone no. **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** (2019)

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 \$ 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.

4b (Code:) (Expenses \$ 171,573. 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 on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 452,786.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (6), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section 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-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 interest policy, and financial 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 books and records ERICA MOORE 11280 WHITMOORE PL GULFPORT, MS 39503 228-229-0478