For the Calendar or Fiscal Year Beginning 3/1, 1977 and Ending 2/28, 1978

CT No. 34653

NAME. The Committee for Freedom of Choice in Cancer Therapy, Inc.

C/O, ADDRESS. 146 Main Street, Suite 408

FILED UNDER THE PROVISIONS OF GOVERNMENT CODE 12586.

Corporate or Organization No. 675884
Federal Employer Identification No. 94-2201631

IF TAX EXEMPT, ENTER CODE SUBSECTION UNDER WHICH YOU RECEIVED EXEMPTION:
Federal 501(c)(_____) State 23701

For Registry Use Only
Analyzed by ________ Date ________

Revenue and Expenditures
1. Gross revenue from all sources—complete statement at top of page 3. 155,916
2. Expenditures for your exempt purposes—complete Schedule A, page 2.
3. All other expenditures and costs
4. Increase (decrease) in fund balances (line 1 less lines 2 and 3)

Assets, Liabilities and Fund Balances
5. Cash and checking and savings accounts—itemize on page 3.
6. Investments (current market value $______)
7. Land and buildings (current market value $______)
8. Other assets—complete Schedule B, page 2, if more than 50% of line 9.
9. Total assets (Sum of lines 5 through 8).
10. Total liabilities
11. Fund balances ("net worth"—line 9 less line 10).

Assets, Liabilities and Fund Balances
BEGINNING OF YEAR END OF YEAR
5. Cash and checking and savings accounts—itemize on page 3.
6. Investments (current market value $______)
7. Land and buildings (current market value $______)
8. Other assets—complete Schedule B, page 2, if more than 50% of line 9.
9. Total assets (Sum of lines 5 through 8).
10. Total liabilities
11. Fund balances ("net worth"—line 9 less line 10).

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Pursuant to the provisions of Government Code §7473(a) and 12586(a), I also certify that I am authorized to and do authorize disclosure to the Attorney General of all financial records pertaining to this organization, and held by a California financial institution identified on page 3, including any other account(s) from which said account(s) were derived or to which transferred. This authorization is effective for one year from the date hereof and until a succeeding authorization is filed. A photographically reproduced copy of this authorization shall be as effective as the original.

Richard H. Diggins, Secretary
3/21/79

SIGNATURE OF PRINCIPAL OFFICER OR TRUSTEE
(SEE INSTRUCTIONS)

REvised 3-78

PRINTED NAME
TITLE
DATE
20 List all directors, trustees, and principal officers even if they serve without compensation. In addition, list all employees receiving annual compensation of $15,000 or more. Attach additional list if necessary.

<table>
<thead>
<tr>
<th>NAME AND MAILING ADDRESS</th>
<th>POSITION</th>
<th>HOURS DEVOTED PER WEEK (AVERAGE)</th>
<th>ANNUAL COMPENSATION</th>
<th>SOCIAL SECURITY NUMBER FOR THOSE COMPENSATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Bradford, 146 Main Street, Los Altos, CA</td>
<td>Pres/Dir</td>
<td>40</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Frank Salaman, 368 Walsh Road, Atherton, CA</td>
<td>VP-Sec/Dir</td>
<td>20</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>J.D. Anderson, 368 Walsh Road, Atherton, CA</td>
<td>Trea/Dir</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Bob Modisette, P.O. Box 778, Carpinteria, CA</td>
<td>Dir</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

21 Did you disburse funds or assets to any organization in which any of your officers or directors holds an interest; or did any officer or director receive anything of value not reported above as compensation?  ☐ Yes  ☒ No  If “Yes,” attach explanation.

22 Check your appropriate classification under the federal Internal Revenue Code:
   a  ☐ Private foundation (Section 509(a) IRC)
   b  ☐ Operating foundation (Section 4942(j)(3) IRC)
   c  ☐ Nonexempt charitable trust (Section 4947(a)(1) IRC)
   d  ☐ Not a private foundation
   e  ☒ Status undetermined or unknown

23 Private foundations list here any managers of the foundation (see Section 4946(b) IRC) who have contributed 2 percent of the total contributions received by the foundation before the close of any taxable year (but only if they have contributed more than $5,000). See Section 507(d)(2) IRC.

24 Private foundations list here any managers of the foundation (see Section 4946(b) IRC) who own 10 percent or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10 percent or greater interest.

**Schedule A—Expenditures**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside services</td>
<td>$22,663</td>
</tr>
<tr>
<td>Office expense</td>
<td>8,014</td>
</tr>
<tr>
<td>Printing</td>
<td>53,710</td>
</tr>
<tr>
<td>Postage &amp; UPS</td>
<td>23,765</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,434</td>
</tr>
</tbody>
</table>

Total $109,586

**Schedule B—Other Assets**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
</table>

Total $
Statement of progress and accomplishments during the year in carrying out your exempt (charitable) purposes. Include the various programs or services provided and the number of persons who received each service, or comparable information.

- Ran doctor/patient referral service for patients interested in physicians working in the field of metabolic therapy - several hundred inquiries were handled during the year.
- Provided educational materials on metabolic therapy to the general public - several thousand people received these materials.
- Conducted educational seminars for physicians and laymen interested in increasing their knowledge of metabolic therapy - several hundred physicians and laymen attended the various seminars.

List of All Checking and Savings Accounts:

<table>
<thead>
<tr>
<th>California Financial Institution and Branch Location</th>
<th>Type of Account</th>
<th>Number of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank, Los Altos, CA</td>
<td>Checking</td>
<td>0214-25678</td>
</tr>
<tr>
<td>Wells Fargo Bank, Los Altos, CA</td>
<td>Checking</td>
<td>0214-29506</td>
</tr>
<tr>
<td>United California Bank, Los Altos, CA</td>
<td>Checking</td>
<td>630-5-14014</td>
</tr>
<tr>
<td>Bank of America, Los Altos, CA</td>
<td>Checking</td>
<td>1447-01184</td>
</tr>
</tbody>
</table>

Schedule C—Paid Fund-Raisers

Complete questions below for each paid fund-raiser used during the year. Attach schedule if necessary.

Name and address: 

Type of event or solicitation held: 

Did you receive an accounting of the gross receipts and expenses? 

Gross receipts collected in the name of your organization (Include in line 25). 

Deduct: Amount retained by or paid to the fund-raiser.

All other expenses related to the solicitation or event. 

Net amount received by your organization. 

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>