

Return of Organization Exempt From Income Tax

2016

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
A CURE IN SIGHT

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1210 Summerfield Lane E

City or town, state or province, country, and ZIP or foreign postal code
Creedmoor, NC27522

D Employer identification number
46-1274306

E Telephone number
(919) 885-5264

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

I Website: <http://acureinsight.org>

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 123,929**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	123,929	10	Grants and similar amounts paid (list in Schedule O)	10	0
2	Program service revenue including government fees and contracts	2	0	11	Benefits paid to or for members	11	0
3	Membership dues and assessments	3	0	12	Salaries, other compensation, and employee benefits	12	0
4	Investment income	4	0	13	Professional fees and other payments to independent contractors	13	4,589
5a	Gross amount from sale of assets other than inventory	5a	0	14	Occupancy, rent, utilities, and maintenance	14	8,187
b	Less: cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	6,401
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	16	Other expenses (describe in Schedule O)	16	131,152
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	150,329
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0				
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0				
c	Less: direct expenses from gaming and fundraising events	6c	0				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0				
7a	Gross sales of inventory, less returns and allowances	7a	0				
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0				
8	Other revenue (describe in Schedule O)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,929				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-26,400				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,944				
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,544				

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	50,944	22 24,544
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets.	50,944	25 24,544
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,944	27 24,544

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Ocular melanoma education, awareness and patient support.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Research payments to researchers (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	56,520
29 Patient Financial assistance Bills paid for 23 patients (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	35,632
30 Ocular Melanoma Getaway Trips for ocular melanoma metastasis patients (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,492
Education Education of ocular melanoma through videos, pamphlets, brochures, awareness materials, patient meetings and patient support. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	21,948
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	115,592

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
melody klibngpresident	0	0	0	0
Jack OdellVice president	0	0	0	0
Suzanne Lescureboard member	0	0	0	0
Marlene DaySecretary	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Includes questions 33 through 45b regarding significant activities, changes, income, and controlled entities.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b	If "Yes," was the related organization a section 527 organization?	49b	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Cathrine Harmon Clifton Creedmoor,NC27522	clerical	0

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	Signature of officer Melody Kling President	Date 2017-06-01
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Software ID:
Software Version:
EIN: 46-1274306
Name: A CURE IN SIGHT

Form 990-EZ, Special Condition Description:

Special Condition Description