

**Return of Organization Exempt From Income Tax**

**2015**

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

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

**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  
40 Cornerstone Dr

City or town, state or province, country, and ZIP or foreign postal code  
Franklinton, NC27525

**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: ▶ [acureinsight.net](http://acureinsight.net)

**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 . . . . . ▶ \$ **160,140**

**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	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	103,380	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	58,000
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	0
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	0	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	0
<b>4</b>	Investment income . . . . .	<b>4</b>	0	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	4,550
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	0
<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	8,980
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	89,493
<b>6</b>	Gaming and fundraising events			<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	161,023
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-3,000
<b>b</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) . . . . .	<b>6b</b>	0	<b>19</b>	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) . . . . .	<b>19</b>	3,000
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	0
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	3,380				
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	2,117				
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	1,263				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	53,380				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	158,023				

**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
<b>22</b> Cash, savings, and investments. . . . .	3,000	<b>22</b> 0
<b>23</b> Land and buildings. . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25 Total assets.</b> . . . . .	3,000	<b>25</b> 0
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	3,000	<b>27</b> 0

**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? Patient support of medical bills and living expenses, research support and awareness of ocular melanoma

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.

<b>28</b> Patient support Payment of medical bills and living expenses for patients (Grants \$ 0) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	34,889
<b>29</b> Research support Support of ongoing research. (Grants \$ 0) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	58,000
<b>30</b> Ocular Melanoma Getaway Vacations for terminal patients (Grants \$ 0) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b>	92,889

**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
See Additional Data Table				

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. Rows include questions 33 through 45b regarding significant activities, changes, income, and organizational details.

		<b>Yes</b>	<b>No</b>
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.	<b>46</b>	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

		<b>Yes</b>	<b>No</b>
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	<b>47</b>	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
b	If "Yes," was the related organization a section 527 organization?	<b>49b</b>	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
Roberta Stevenson 4009 Raleigh, NC 27525	clerical	200

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 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.**

<b>Sign Here</b>	Signature of officer Melody Kling President	Date 2017-01-23
	Type or print name and title	

<b>Paid Preparer Use Only</b>	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**

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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 Kling	President	0	0	0
Lori Caperton	Board member	0	0	0
John Odell	Vice President	0	0	0
Marleen Day	Secretary	0	0	0
William Karp	Board member	0	0	0
Suzanne Lescure	Board member	0	0	0