

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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.

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		D Employer identification number 46-1274306
Number and street (or P. O. box, if mail is not delivered to street address) 1210 Summerfield Lane E	Room/suite	E Telephone number (919) 885-526
City or town, state or province, country, and ZIP or foreign postal code Creedmoor, NC27522		F Group Exemption Number . . . ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

H Check if the organization is required to attach Form 990, 990-E

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, col. 1) 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	1 Contributions, gifts, grants, and similar amounts received			1
	2 Program service revenue including government fees and contracts			2
	3 Membership dues and assessments			3
	4 Investment income			4
	5a Gross amount from sale of assets other than inventory	5a	0	
	b Less: cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c
	6 Gaming and fundraising events			
	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	
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
8 Other revenue (describe in Schedule O)			8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10
	11 Benefits paid to or for members			11
	12 Salaries, other compensation, and employee benefits			12
	13 Professional fees and other payments to independent contractors			13
	14 Occupancy, rent, utilities, and maintenance			14
	15 Printing, publications, postage, and shipping			15
	16 Other expenses (describe in Schedule O)			16
17 Total expenses. Add lines 10 through 16 ▶			17	

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

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)(4) organizations and 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
29 Patient Financial assistance Bills paid for 23 patients (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Ocular Melanoma Getaway Trips for ocular melanoma metastasis patients (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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) Other
melody klibngpresident	0	0	0	
Jack OdellVice president	0	0	0	
Suzanne Lescureboard member	0	0	0	
Marlene DaySecretary	0	0	0	

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶

37a	0
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- b Did the organization file **Form 1120-POL** for this year?
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- b If "Yes," complete Schedule L, Part II and enter the total amount involved .

38b	
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- 39 Section 501(c)(7) organizations. Enter:

a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. ▶

42a The organization's books are in care of ▶ Melody Kling Telephone no. ▶ (919) 885-5264
 Located at ▶ 1210 Summerfield Lane E Creedmoor, NC ZIP + 4 ▶ 27522

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a

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. 4

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the table below and 51

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

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 4

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4

49a Did the organization make any transfers to an exempt non-charitable related organization? 49

b If "Yes," was the related organization a section 527 organization? 49

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) Other
NONE				

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

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
Cathrine Harmon Clifton Creedmoor,NC27522	clerical

Additional Data

Software ID:

Software Version:

EIN: 46-1274306

Name: A CURE IN SIGHT

Form 990-EZ, Special Condition Description:

Special Condition Description