

Return of Organization Exempt from Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

Note: You may be required to use a copy of this return to satisfy State reporting requirements. See instruction D.

For the calendar year 1985, or fiscal year beginning _____, 1985, and ending _____, 19__

Use IRS label. Otherwise, please print or type.	Name of organization Project Cure, Inc.	A Employer identification number (see instruction L) 52:1317559
	Address (number and street) 2020 K Street, N.W., Suite 350	B State registration number (see instruction D)
	City or town, state, and ZIP code Washington, D.C. 20006	C If address changed, check here <input type="checkbox"/>

D Check type of organization—Exempt under section 501(c) (**4**) (insert number), OR section 4947(a)(1) trust

E Accounting method: Cash Accrual Other (specify)

Check here if application for exemption is pending . . .

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here (see instruction C10).

G Is this a group return (see instruction J) filed for affiliates? Yes No

Is this a separate return filed by a group affiliate? Yes No

If "Yes" to either, give four-digit group exemption number (GEN)

- Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some States may require a completed return.
- Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

These columns are optional—see instructions

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances		(A) Total	(B) Unrestricted/ Expendable	(C) Restricted/ Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	682,717		
	b Indirect public support			
	c Government grants			
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	682,717		
	2 Program service revenue (from Part IV, line f)			
	3 Membership dues and assessments			
	4 Interest on savings and temporary cash investments	452		
	5 Dividends and interest from securities			
	6a Gross rents			
	b Minus: rental expenses			
	c Net rental income (loss)			
7 Other investment income (Describe <input type="checkbox"/>)				
8a Gross amount from sale of assets other than inventory	Securities			
	Other			
b Minus: cost or other basis and sales expenses				
c Gain (loss) (attach schedule)				
9 Special fundraising events and activities (attach schedule—see instructions):				
a Gross revenue (not including \$_____ of contributions reported on line 1a)				
b Minus: direct expenses				
c Net income (line 9a minus line 9b)				
10a Gross sales minus returns and allowances				
b Minus: cost of goods sold (attach schedule)				
c Gross profit (loss)				
11 Other revenue (from Part IV, line g)	230			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	683,399			
Expenses	13 Program services (from line 44, column (B)) (see instructions)	459,368		
	14 Management and general (from line 44, column (C)) (see instructions)	100,331		
	15 Fundraising (from line 44, column (D)) (see instructions)	141,314		
	16 Payments to affiliates (attach schedule—see instructions)			
	17 Total expenses (add lines 16 and 44, column (A))	701,013		
18 Excess (deficit) for the year (subtract line 17 from line 12)	(17,614)			
Fund Balances	19 Fund balances or net worth at beginning of year (from line 74, column (A))	17,527		
	20 Other changes in fund balances or net worth (attach explanation)	17,821	Schedule 4	
	21 Fund balances or net worth at end of year (add lines 18, 19, and 20)	17,734		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for most section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses	22 Grants and allocations (attach schedule)				
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.	20,475	16,380	4,095	
	26 Other salaries and wages	6,851	3,990	2,861	
	27 Pension plan contributions				
	28 Other employee benefits				
	29 Payroll taxes				
	30 Professional fundraising fees	16,500			16,500
	31 Accounting fees	10,065		10,065	
	32 Legal fees	11,200		11,200	
	33 Supplies				
	34 Telephone	9,626	3,507	6,119	
	35 Postage and shipping	208,184	153,487	6,629	48,068
	36 Occupancy				
	37 Equipment rental and maintenance				
	38 Printing and publications, artwork	179,791	143,255	2,028	34,508
	39 Travel	11,654	10,363	1,291	
	40 Conferences, conventions and meetings				
	41 Interest				
	42 Depreciation, depletion, etc. (attach schedule)				
	43 Other expenses (itemize):				
a					
b General office expense	5,332		5,332		
c Outside services	3,527	1,660	1,867		
d Publications	2,988	2,988			
e Other	6,303	1,751	3,996	556	
f Schedule 1	208,517	121,987	44,848	41,682	
44 Total functional expenses (add lines 22 through 43)	701,013	459,368	100,331	141,314	

Part III Statement of Program Services Rendered

List each program service title on lines a through d; for each, identify the service output(s) or product(s) and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)			Expenses (Optional for some organizations—see instructions)
a	Lobbying - Lobbying is directed at the U.S. Congress concerning alternative health issues in concert with the existing medical base. The major lobbying activity to Congress is two pronged: (1) encouraging citizens to mail petitions, post-cards, letters and telegrams and to make telephone calls to their elected legislators. (2) meeting with Congressional Committee Aides concerning pertinent health issues.		229,684
b			
c	Education - Information regarding cancer, cancer research, and cancer therapies is disseminated to the public through distribution of brochures and other printed matter, radio, and television presentations, and participation in seminars, workshops, and debates. Doctor and other persons and Organizations		
d	in the medical and research communities interested in expanding their knowledge of alternative cancer therapies and treatments for use as an adjunct to primary therapies are provided education information, as well in an effort to broaden the base of cancer research.	(Grants and allocations \$)	229,684
e	Other program service activities (attach schedule)	(Grants and allocations \$)	
f	Total (add lines a through e) (should equal line 44, column (B))		459,368

Part IV Program Service Revenue and Other Revenue (State Nature)		Program service revenue	Other revenue
a	Fees from government agencies		
b		
c		
d		
e	Reimbursement of expenses and other		230
f	Total program service revenue (enter here and on line 2)		230
g	Total other revenue (enter here and on line 11)		230

Part V Balance Sheets If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. If line 12, Part I, and line 59 are \$25,000 or less, you may complete only lines 59, 66, 74 and 75. See instructions.

	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets				
45	Cash—non-interest bearing	10,461	11,559	
46	Savings and temporary cash investments	7,066	6,175	
47	Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____			
48	Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____			
49	Grants receivable			
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)			
51	Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____			
52	Inventories for sale or use			
53	Prepaid expenses and deferred charges			
54	Investments—securities (attach schedule)			
55	Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)			
56	Investments—other (attach schedule)			
57	Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)			
58	Other assets ▶ _____			
59	Total assets (add lines 45 through 58)	17,527	17,734	
Liabilities				
60	Accounts payable and accrued expenses			
61	Grants payable			
62	Support and revenue designated for future periods (attach schedule)			
63	Loans from officers, directors, trustees and key employees (attach schedule)			
64	Mortgages and other notes payable (attach schedule)			
65	Other liabilities ▶ _____			
66	Total liabilities (add lines 60 through 65)			
Fund Balances or Net Worth				
Organizations that use fund accounting, check here ▶ <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67	a Current unrestricted fund			
	b Current restricted fund			
68	Land, buildings and equipment fund			
69	Endowment fund			
70	Other funds (Describe ▶ _____)			
Organizations that do not use fund accounting, check here ▶ <input checked="" type="checkbox"/> and complete lines 71 through 75.				
71	Capital stock or trust principal			
72	Paid-in or capital surplus			
73	Retained earnings or accumulated income	17,527	17,734	
74	Total fund balances or net worth (see instructions)	17,527	17,734	
75	Total liabilities and fund balances/net worth (see instructions)	17,527	17,734	

Part VI List of Officers, Directors, and Trustees (List each officer, director, and trustee whether compensated or not.) (See instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Jill Decker 421 Echols Street, S.E. Vienna, Virginia 22180	Assistant Treasurer	\$20,475	None	None
See Schedule 2 for non-compensation Officers and Directors				

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? c If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? If "Yes," attach a statement as described in the instructions.		X
80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		X
81 a Enter amount of political expenditures, direct or indirect, as described in the instructions N/A b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		N/A
82 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶ N/A		X
83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? If "Yes," enter the total amount spent for this purpose N/A		N/A
84 Section 501(c)(7) organizations.—Enter amount of: a Initiation fees and capital contributions included on line 12 N/A b Gross receipts, included in line 12, for public use of club facilities (see instructions) c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion (see instructions)?		
85 Section 501(c)(12) organizations.—Enter amount of: a Gross income received from members or shareholders b Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them) N/A		
86 Public interest law firms.—Attach information described in the instructions.		
87 List the States with which a copy of this return is filed ▶ Schedule 3		
88 During this tax year did you maintain any part of your accounting/tax records on a computerized system?		X
89 The books are in care of ▶ Project Cure, Inc. Telephone No. ▶ (202) 293-3479 Located at ▶ 2020 K Street, N.W., Suite 350, Washington, D.C. 20006		

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 5/16/86 Title: President

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5-12-86 Check if self-employed

Firm's name (or your self-employed name): Feddeman, Lesche & Tate
2021 K Street, N.W., Suite 750
Washington, D.C. ZIP code: 20006

PROJECT CURE, INC.

Year Ended: December 31, 1985

E.I. No.: 52-1317559

Schedule 1

Form 990, Part II, Line 43(e)

Other Expenses

	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fund-raising</u>
List Rental	\$ 50,970	\$ 38,589		\$12,381
Mail house fees	50,057	34,618	\$ 2,400	13,039
Data processing	49,119	19,759	22,822	6,538
Caging/cashiering fees	18,796	1,517	17,110	169
State registration fees	2,516		2,516	
Production fees	<u>37,059</u>	<u>27,504</u>		<u>9,555</u>
	\$208,517	\$121,987	\$44,848	\$41,682
	=====	=====	=====	=====

SCHEDULE 2

Form 990, Part VI

List of Non-Compensated Officers and Directors

PRESIDENT/DIRECTOR

Robert DeBragga
P.O. Box 27
Mystic, CT 06388

SECRETARY/DIRECTOR

Marilyn Penrod
656 Chaffeeville Road
Mansfield, CT 06250

TREASURER/DIRECTOR

Carolyn Hanley
414 Pequot Avenue
Mystic, CT 06388

SCHEDULE 3

Form 990, Part VII, Line 87

States with which a Copy of this Return is Filed

Arizona	Indiana	North Dakota
Arkansas	Iowa	Ohio
California	Maine	Oklahoma
Colorado	Maryland	Oregon
Connecticut	Massachusetts	South Carolina
District of Columbia	Minnesota	South Dakota
Florida	Mississippi	Tennessee
Hawaii	New Hampshire	Utah
Illinois	New Jersey	Vermont
	New York	Washington
	North Carolina	West Virginia

PROJECT CURE, INC.

Year Ended: December 31, 1985

E.I. No.: 52-1317559

SCHEDULE 4

Form 990, Part I, Line 20

Other Changes In Fund Balance

Cash advances from fundraiser	\$16,840
Refund of state registration fees	624
Deposits refunded	<u>357</u>
	\$17,821
	=====