

Form 990

OMB No. 1545-0047

2004

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PROJECT CURE, INC. D Employer identification no. 52-1317559 E Telephone number 770-569-0740 F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: N/A

J Organization type (check only one) 501(c)(4)

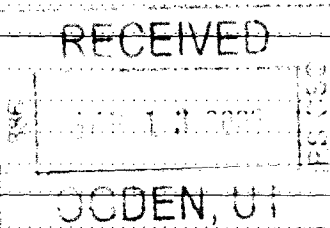
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 6,597,419

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 6,597,419 and total expenses is 6,701,241, resulting in a deficit of 103,822.



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc.	25	168,000	33,600	33,600	
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	8,630	1,726	1,726	
30	Professional fundraising fees	30	673,591	168,398	505,193	
31	Accounting fees	31	24,050	16,835	7,215	
32	Legal fees	32	12,168	7,301	3,650	
33	Supplies	33	4,994	999	499	
34	Telephone	34	8,203	820	820	
35	Postage and shipping	35	1,528,350	909	1,145,581	
36	Occupancy	36	36,840	7,368	7,368	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	2,113,227	489,116	1,624,111	
39	Travel	39	23,860	4,772	2,386	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	6,323	0	6,323	
43	Other expenses not covered above (itemize): a	43a				
	b See Statement 1	43b	2,093,005	501,798	1,581,814	
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,701,241	1,697,232	90,046	4,913,963

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
<p><b>SEE ATTACHED LISTING</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a See Statement 2</p> <p>(Grants and allocations \$ _____)</p>	
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
e Other program services (attach schedule)	1,697,232
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,697,232

**Balance Sheets (See page 25 of the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
A s s e t s	45 Cash-non-interest-bearing	148,921	45	264,497
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	172,754		
	b Less: accumulated depreciation (attach schedule)	72,936	57c	99,818
	58 Other assets (describe <b>See Statement 3</b> )	8,587	58	21,959
	<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>259,621</b>	<b>59</b>	<b>386,274</b>
L i a b i l i t i e s	60 Accounts payable and accrued expenses	1,837,980	60	2,027,396
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <b>See Statement 4</b> )	1,903	65	42,962
	<b>66 Total liabilities</b> (add lines 60 through 65)	<b>1,839,883</b>	<b>66</b>	<b>2,070,358</b>
N F e u n d A s s e t s	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	-1,580,262	72	-1,684,084
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-1,580,262	73	-1,684,084
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>259,621</b>	<b>74</b>	<b>386,274</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV <b>Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)</b>		Part IV-B <b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
a Total revenue, gains, and other support per audited financial statements	<b>6,597,419</b>	a Total expenses and losses per audited financial statements	<b>6,701,241</b>
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
..... \$		..... \$	
Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)	
c Line a minus line b	<b>6,597,419</b>	c Line a minus line b	<b>6,701,241</b>
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):		(2) Other (specify):	
..... \$		..... \$	
Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)	
e Total revenue per line 12, Form 990 (line c plus line d)	<b>6,597,419</b>	e Total expenses per line 17, Form 990 (line c plus line d)	<b>6,701,241</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>MICHAEL EVERS</b> 1000 NORTHFIELD ROSWELL GA 30076	<b>PRESIDENT</b> 60	<b>168,000</b>	<b>0</b>	<b>0</b>
<b>RICHARD REITER</b> 1000 NORTHFIELD ROSWELL GA 30076	<b>TREASURER</b> 10	<b>0</b>	<b>0</b>	<b>0</b>
<b>SCOTT ANDERSON</b> 3906 W INA ROAD TUSCON AZ 85741	<b>DIRECTOR</b> 10	<b>0</b>	<b>0</b>	<b>0</b>

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule-see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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?		X
81a	b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions		
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>AL AR AZ CA</b>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		
91	The books are in care of <b>MICHAEL EVERS</b> Telephone no. <b>770-569-0740</b> Located at <b>ROSWELL, GA</b> ZIP + 4 <b>30076</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
			92

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> <b>List Rental Income</b>					157,200
<b>c</b> <b>Miscellaneous Income</b>					-2,636
<b>d</b> <b>Rent Income</b>					29,900
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	184,464
<b>105</b> Total (add line 104, columns (B), (D), and (E))					184,464

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

*Michael S. Evers*  
Signature of officer

11/8/1/05  
Date

Michael S. Evers, President  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: *Brent Browning CPA*

Date: 6/30/05

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Instr. W): P00278500

Firm's name (or yours if self-employed), address, and ZIP + 4: **Bevis Eberhart Browning Walker & Stewart**  
PO Box 1456  
Ozark, AL 36361-1456

EIN: 63-1241501

Phone no.: 334-774-0514

**Federal Statements****Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
AUTO EXPENSE	139		139	
BANK CHARGES	92,037	29,452	2,761	59,824
CAGING & CASHIERING	311,965	77,991		233,974
DATA PROCESSING	55,872	13,968		41,904
DONATIONS	100		100	
DUES & SUBSCRIPTIONS	3,859	50	3,809	
KIT FULFILLMENT PACKAGES	52,254	52,254		
INSURANCE	7,495	4,497	1,499	1,499
LIST RENTALS	952,533	238,133		714,400
MAIL HOUSE FEES	2,341	585		1,756
OUTSIDE SERVICES	14,814	14,814		
PRODUCTION FEES	45,455	11,364		34,091
STATE REGISTRATIONS	3,759	940		2,819
TELEMARKETING	544,958	54,496		490,462
UTILITIES	5,424	3,254	1,085	1,085
Total	<u>\$ 2,093,005</u>	<u>\$ 501,798</u>	<u>\$ 9,393</u>	<u>\$ 1,581,814</u>

**Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

LOBBYING - PROJECT CURE, INC.'S LOBBYING PROGRAM IS DIRECTED AT THE WHITE HOUSE AND CONGRESS, PROMOTING FOUR PROGRAMS: THE ALZHEIMER'S DISEASE FUND, CENTER FOR ADVANCED HEART RESEARCH, THE NATIONAL DIABETES FUND, AND THE PROSTATE CANCER FUND. AT THE CORE OF EACH OF THESE PROGRAMS IS THE BASIC PREMISE THAT AMERICA'S HEALTH CARE SYSTEM, WHICH IS GEARED TOWARD SERVING THE INTERESTS OF HEALTH CARE PROVIDERS, MUST BE RADICALLY ALTERED TO SERVE THE INTEREST OF THE AMERICAN PUBLIC. THESE PROGRAMS ENCOURAGE CITIZENS TO COMMUNICATE THEIR VIEWS TO LAWMAKERS VIA PETITIONS, LETTERS, PHONE CALLS, AND PERSONAL VISITS. MEETINGS WITH LAWMAKERS AND THEIR AIDES ARE ALSO CONDUCTED TO DISCUSS PERTINENT HEALTH ISSUES AND LEGISLATION.

EDUCATION - INFORMATION REGARDING HEART DISEASE, ALZHEIMER DISEASE, DIABETES, AND PROSTATE CANCER TREATMENTS ARE DISSEMINATED TO THE PUBLIC VIA LETTERS, BROCHURES, PRINTED MATERIAL, RADIO AND TELEVISION PRESENTATIONS AND PARTICIPATION IN SEMINARS, WORKSHOPS, AND DEBATES. HEALTH CARE PROVIDERS, MEDIA AND OTHERS INTERESTED IN EXPANDING THEIR KNOWLEDGE IN THESE AREAS ARE PROVIDED EDUCATIONAL INFORMATION IN AN EFFORT TO BROADEN THE BASE OF RESEARCH, LOOKING INTO NEW CUTTING EDGE TREATMENTS.

**Federal Statements****Statement 3 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EMPLOYEE ADVANCES	\$ 8,587	\$ 21,959
Total	<u>\$ 8,587</u>	<u>\$ 21,959</u>

**Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED MEDICARE	\$ 203	\$ 203
ACCRUED FEDERAL WITHHOLDING	1,500	1,500
ACCRUED STATE WITHHOLDING	200	200
N/P AMERICAN EXPRESS		41,059
Total	<u>\$ 1,903</u>	<u>\$ 42,962</u>