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SCAMMED AUG 2 5 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at your instructions.

Open to Public Inspection

intern	d Reven	ue Service	► Information about Form 990 and its instructions is at www.irs.g	<u> 10v/form99</u>	0.	Inspection	
A F	or the	2014 cale	ndar year, or tax year beginning , 2014, and ending		, 20		
B	Check if	applicable:	C Name of organization Arizona Big Game Super Raffle		D Employe	er identification number	
	Address	change	Doing business as Arizona Big Game Super Raffle			26-0191335	
F	lame ch	anne	Number and street (or P.O. box if mail is not delivered to street address) Room/suits)	E Telephone number		
	nitial ret	•	PO Box 61713			480 857-3057	
_		n/terminated				400 007-3007	
_					G Gross re		
=	Imende		THOUGHA, AL GOVEN				
U A	Abblicati	on pending	F Name and address of principal officer:	1	-	subordinates? Yes V No	
						included? Yes No	
<u></u>	ax-exer	npt status:	√ 501(c)(3)	_ · п-∧	io," attach a	tist. (see instructions)	
_	Vebsite		w.arizonabiggamesuperraffle.com	H(o) Group	exemption	number >	
K F	orm of c	organization:		n: 2007	M State	of legal domicile: AZ	
Pa	rt I	Summ	ery				
	1	Briefly de	escribe the organization's mission or most significant activities: The corp	poration de	velops an	d manages the	
8		Arizona B	ig Game Super Raffle in conjunction with the Arizona Game and Fish Depart	ment and t	he Arizona	Game and Fist	
8		Commisio					
통	2		is box ▶☐ if the organization discontinued its operations or disposed of	more than	1 25% of	its net assets.	
ğ	3		of voting members of the governing body (Part VI, line 1a)		3	6	
2	4		of independent voting members of the governing body (Part VI, line 1b)		4	<u> </u>	
9	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	<u>_</u>	
₹	_				6	0	
Activities & Governance	6		nber of volunteers (estimate if necessary)			6	
4	7a		elated business revenue from Part VIII, column (C), line 12		7a	0	
-	<u> </u>	Net unrei	ated business taxable income from Form 990-T, line 34	Data V	7b	0	
	_			Prior Y	BBF .	Current Year	
2	8		tions and grants (Part VIII, line 1h)		0	0	
Ē.	9		service revenue (Part VIII ine 2g) [535,691	669,938	
Revenue	10	Investme	int income (Part VIII, column (A), lines 3, 4, and 7d)		41	94	
~	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0	
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		535,732	670,032	
\Box	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		445,970	510,930	
- 1	14		paid to or for members (Part IX, column (A), line 4)		0	0	
	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	***************************************	0	0	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	0	0		
8	b		draising expenses (Part IX, column (D), line 25) ▶ 0				
8	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		95,448	108,317	
l	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			,	
	19		less expenses. Subtract line 18 from line 12		541,418	619,247	
	18	nevenue		eginning of C	-5,686	50,785 End of Year	
28		T-4-1	}	egenuity or o			
13	20		sets (Part X, line 16)		60,817	111,603	
A PER	21		pilities (Part X, line 26)		0	0	
_	22		ts or fund balances. Subtract line 21 from line 20		60,817	111,603	
-	rt II		ture Block				
Und	ler pena	itles of perju	ry, I declare that I have examined this return, including accompanying schedules and statem	ents, and to	the best of n	ny knowledge and belief, it is	
true	, correc	t, and comp	lete. Declaration of preparer (other than officer) is based on all information of which preparer	nasa any know	reage.		
		I _	Mules Miller				
Sig	n	Sign	ature of officer	O:	ate $-1/2$		
Her	.6	I C	HARLES KOLLY PRESIDENT		1/3	1//5	
		Тур	e or print name and title				
De!	4	Print/Ty	pe preparer's name Preparer's signature Dat	8	Check	ZI # PTIN	
Pai		William	A. Keebler William A. / last 7	-29-15	self-emp		
	pare				m's EIN ▶	27-0045206	
US	e Onl	7	address ► 2542 Sioux Lane, Happy Jack, AZ 86024		one no.	602 373-0509	
		1 6 41111 2 5	NAMES - LUTE SIVUE LANCE, MAPPY JACK, AL 80024	1913	טויס ווט.	Yes No	

Form **990** (2014)

Form 99	90 (2014))								Page 2
Part			of Program Service hedule O contains			line in this P	art III			. П
1			e organization's mis		r noto to unj			• • • • •	<u> </u>	• []
-		orporation's	mission is to raise mo	ney with a rai		vation and habi	itat improvements b	enefiting big ga	me in Ari	zona.
2		ne organizati Form 990 or	on undertake any si 990-EZ?	-			ear which were not		∐Yes	☑ No
3	Did to service	he organiza ces?	these new services tion cease conduct	ing, or make	e significant	•	ow it conducts, a		∃Yes ∶	☑ No
4	Desc	ribe the orga	these changes on Sanization's program n 501(c)(3) and 501(s, and revenue, if an	service accor c)(4) organiza	itions are req	uired to report				
48	(Code) (Expenses \$	616.767 in	cluding grants	s of \$	510.930) (Reven	 ue \$	540,258	1)
	Mone	y is raised th eir use in wild	rough the raffle of Ari dlife conservation and	zona hunting I habitat impro	tags each year ovements.	r. This money i	s given to the Arizo	na Game and Fis	h Depart	ment
				·						
4b	(Code	a.) (Expenses \$	in	cluding grant	s of \$	\ (Reven	\$		·
40			.) (Expenses w				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		

4c	(Code	e:) (Expenses \$	in	cluding grant	s of \$) (Reven	ue \$		
4d			rvices (Describe in S				•			
4e		enses \$ program ser	including vice expenses ▶	g grants of \$	616,767) (Revenue	\$)		

Part	IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
•	·	1	-	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	✓
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. 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		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		▼
20 a	makes and the second of the se	20a	 	7
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes ✓	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	•	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	248		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
2 9 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			00/	

Part				7
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•	
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	· · · {	1	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	į		
•	reportable gaming (gambling) winnings to prize winners?	10	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0]	-	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		·
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	' 	- 1	
	account)?	48	ļ	V
þ	if "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			•
	(FBAR).	} }		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>	, [
	and services provided to the payor?	7a		✓
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		··
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	·~		
ě	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a	!	·
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
8	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			İ
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
•	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	'	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	٠.	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans]]
_	Enter the amount of reserves on hand		:	ļ
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	The state of the s	14b		† `
	The same of the sa		990	(2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.					
Section	on A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			İ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1					
6	Did the organization have members or stockholders?	6		/					
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a	The governing body?	8a	✓						
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1					
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ив С		·					
		40.	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		/					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13		✓					
14 15	Did the organization have a written document retention and destruction policy?	14	✓						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			١,					
a	The organization's CEO, Executive Director, or top management official	15a		√					
p	Other officers or key employees of the organization	15b		✓					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-							
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		✓					
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure	,	Ц	1					
17	List the states with which a copy of this Form 990 is required to be filed ▶ none								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501((c)(3)s	only)					
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	carde							
	Charles Kelly 1856 Deer Valley Road Phoenix A7 85024 602 569-6090	ooi us							

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Part VII	Compensation of Officers,	Directors, T	rustees, l	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck is pe d a d	กรอก	than o	an (ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Charles Kelly Presidend/Treasurer	10 0			1				0	0		0
(2) John Kolezar	2				Γ						_
Vice President	0			✓				0	0		0
(3) Pete Cimellaro	2										
Secretary	0			1			L	0	0		0
(4) Steve Clark	2				1						
Director	0			1				0	0		0
(5) Shane Stewart	2										
Director	0		L	✓				0	0		0
(6) Chad Jones	2				l						
Director	0		_	1		<u> </u>		0	0		0
	ļ										
(8)					-	ļ					_
(9)											_
(10)											_
(11)											
(12)										 	
(13)					Γ						-
(14)											_

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)			1			•	,,	• "
	(A)	(A) Position (D) (E) (do not check more than one							(E)	l	(F)		
	Name and title	Average	box,	unles	is pe	raon	is both	an'	Reportable	Reportable			nated	-
		hours per week (list any	office	er and		lrect	or/trus	100)	oompensation from	compensation related	from		unt of tier	
		hours for	욕품	ā	2	\$	3.5	Ţ	the	organizatio	ms		ensatio	n
		related	35	夏	Officer	9	33	Forme	organization	(W-2/1099-N	IISC)		n the	
		organizations below dotted	8 6	3		Key employee	88]	(W-2/1099-MISC)		- 1		ization related	I
		line)	Individual trustee or director	institutional trustee	ļ	ğ	Highest compensated employee				-		ization	3
			8	1			3		l	j				
	•			6	ł		8							
(15)					Г									
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(22)				1				ĺ	1		-			
		L			<u>L</u>			<u> </u>						
(23)									1		- }			
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(24)				1				Г						
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(25)		 	 	_	 	Ι-	 		 					
Y===1		†	ĺ					l	1	1	[_
1b	Sub-total	<u> </u>		ــــــ	<u></u>	Щ.	L	-	0		0			
c	Total from continuation sheets to Part			•	•	•	•	•	0	 	0			0
-	Total (add lines 1b and 1c)			•	•	•	• •		0	 				0
2								-			- U	\ _4		
2	Total number of individuals (including bu	t not limited	o to tr	1086) IIS	(ea	above	9) W	no received m	ore man \$1	50,000	OT		
	reportable compensation from the organ	Zation												
_	Pilal sha annu-bushan liak anu danan a sa	H1										. —	Yes	NO.
3	Did the organization list any former of							əmp	ployee, or nigr	est compe	nsarec	1 1		1.
	employee on line 1a? If "Yes," complete							•		· · · ·	• •	3		1
4	For any individual listed on line 1a, is the													į
	organization and related organizations	greater th	an \$	150,	,000)7	f "Ye	s, "	complete Sch	redule J fo	r such	,		
	individual			•	•			•				4		✓
5	Did any person listed on line 1a receive of											i	1	,
	for services rendered to the organization	? If "Yes," c	comp	lete	Scl	nedi	ule J 1	or s	such person		<u> </u>	5		1
Section	n B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	0,000 of		
	compensation from the organization. Rej	port compe	nsatio	on f	or ti	he c	alend	lar y	year ending wit	h or within	the orç	anizatio	n's ta'תכ	žΧ
	year.	-												
	(A)							Г	(B)			(C)		
	Name and business add	iress						l	Description of a	ervices		Compens	ation	
											**********		~	
								1						
								 						
		···					···	├-						
				_				-						
2	Total number of independent contractor	ro (includi-	na h	# =	10+	lire	ad to		oce listed sh	ovel upo				
~	received more than \$100,000 of compen							ď	OSC USION RD	CAD) ALIO	٠,٠			
	received more than \$100,000 of COMPEN	SAUUTI ITOM	nia 0	AA	1126	HOI								

Part	VIII	Check if Schedule C		nonce or note to	a any lina ia thia l	Dart VIII		m
		Oriect ii ochequie C	COITEMIS & TES	house of Hore (Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at at	1a	Federated campaigns	s 1a					
ira Iour	ь	Membership dues .	1b		j .			
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events .				4		
돌	d	Related organizations				ł	i	
ξË	е	Government grants (con			İ			
를 를	f	All other contributions, g and similar amounts not inc						
€€				l		Ī		
a or	9	Noncash contributions includ	· · · · · · · · · · · · · · · · · · ·		1	İ		
	h	Total. Add lines 1a-1	<u> </u>	Business Code			· · · -	
Program Service Revenue	20	Ria Como Supor Dofflo			540.050	540.350		
Ž	2a b	Big Game Super Raffle Incentive Hunt Raffle	······	900099	540,258	540,258		· · · · · · · · · · · · · · · · · · ·
8	C	Incentive Optics Raffle		900099	61,820 67,860	61,820 67,860		
Ž	d			900099	67,860	07,800		
S	e				<u> </u>			
夏	f	Ali other program ser	vice revenue .					
2	g	Total. Add lines 2a-2		>	669,938	· ··		
	3	Investment income	(including divid	ends, interest,			·	
		and other similar amo	•	•	94		94	
	4	Income from investmen	nt of tax-exempt b	ond proceeds▶				
	5	Royalties						
	,		(i) Real	(ii) Personal	1			
	6a	Gross rents						
	b	Less: rental expenses						;
	C	Rental income or (loss)	(1)	L				
	7a	Net rental income or Gross amount from sales of	(i) Securities		 			
	/ a	assets other than inventory	(i) Occurraces	(ii) Galoi		·		
	ь	Less: cost or other basis		 	1			
		and sales expenses .	1	1				•
	c	Gain or (loss)						
	d			•				
Ð	8a	Gross income from fu						
enueve		events (not including \$				Ì		
Other R		of contributions reported See Part IV, line 18 .	а					1
푱		Less: direct expenses						
		Net income or (loss) t		events . ►	ļ l			
	9a	Gross income from gassee Part IV, line 19 .			1	1		
			_			İ		
		Less: direct expense: Net income or (loss) i			1			
	1	Gross sales of in		<u> </u>			,	
		returns and allowanc						
	ь	Less: cost of goods s	-		1			
	_	Net income or (loss) i			1			
		Miscellaneous f		Business Code				
	11a				1 1			
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-						
	12	Total revenue, See i	instructions.		670.032	660 038	Q.A.	I

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Sectio										
	Check if Schedule O contains a respon									
9b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations				,					
_	and domestic governments. See Part IV, line 21	510,930	510,930		,					
2	Grants and other assistance to domestic				•					
_	individuals. See Part IV, line 22				· · · · · ·					
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	·				· · · · · · · · · · · · · · · · · · ·					
4 5	Benefits paid to or for members									
•	trustees, and key employees	Į į								
6	Compensation not included above, to disqualified									
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages		·		······································					
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·					
	section 401(k) and 403(b) employer contributions)	}	}							
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):		. 7							
a	Management									
b	Lega!		,		4					
C	Accounting	1,250	1,250							
d	Lobbying									
9	Professional fundralsing services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·					
f	Investment management fees									
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				•					
12	Advertising and promotion	52,150	52,150							
13	Office expenses	307	307							
14	Information technology	1,867	1,867							
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				·					
19	Conferences, conventions, and meetings	2,480		2,480						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance				·					
24	Other expenses, Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If			į						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
a	Incentive hunt and optic cost	23,630	23,630							
b	Data processing	11,326	11,326							
c	Bank and credit card charges	15,213	15,213							
d	Post office box rental	92	92							
8	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	619,247	616,767	2,480						
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

	n 990 (2		· · · · · · · · · · · · · · · · · · ·		Page 11
Ţ	art X				
		Check if Schedule O contains a response or note to any line in this Pa		• •	
			(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing	60,817	1	111,603
	2	Savings and temporary cash investments	00,011	2	111,003
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			,
		Complete Part II of Schedule L	;	5	
野	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
8	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	·····
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	60,817	16	111,603
	17	Accounts payable and accrued expenses	50,51.	17	
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
9	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
ž	27			~~	
ala	27 28	Unrestricted net assets		27 28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		2.0	
23	30	Capital stock or trust principal, or current funds		30	
1989	31	Paid-in or capital surplus, or land, building, or equipment fund	····	31	
8	32	Retained earnings, endowment, accumulated income, or other funds .	60,817	32	111,603
ě	33	Total net assets or fund balances	60,817		111,603
_	34	Total liabilities and net assets/fund balances	60,817		111,603

Part	ΧI	Reconciliation of Net Assets			•	
		Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Tota	al revenue (must equal Part VIII, column (A), line 12)	1		6	70,032
2	Tota	If expenses (must equal Part IX, column (A), line 25)	2		6	19,247
3		enue less expenses. Subtract line 2 from line 1	3			50,785
4	Net	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	11,602
5	Net	unrealized gains (losses) on investments	5			0
6	Don	ated services and use of facilities	8			0
7	Inve	stment expenses	7			0
8		r period adjustments	8			0
9		er changes in net assets or fund balances (explain in Schedule O)	9			0
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		column (B))	10		1	1,602
Part	XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>		
					Yes	No
1		ounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_	ĺ	[
		e organization changed its method of accounting from a prior year or checked "Other," execute O.	plain	in		
2a	Wen	e the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	<u></u>
		'es," check a box below to indicate whether the financial statements for the year were composed on a separate basis, consolidated basis, or both:	olied (or	٠. ،	
	ØS	eparate basis			ļ	ŀ
b		e the organization's financial statements audited by an independent accountant?		. 2b	ĺ	√
	If "Y	es," check a box below to indicate whether the financial statements for the year were audite	d on	a		
	sepa	arate basis, consolidated basis, or both:		1	(
	□s	eparate basis			i .	
C	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersigi	ht	1	ł
	of th	ne audit, review, or compilation of its financial statements and selection of an independent accou	ntant'	? 2c	İ	✓_
		e organization changed either its oversight process or selection process during the tax year, ex	plain	in		
	_ •••	edule O.			,	
3 a		a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		1
		Single Audit Act and OMB Circular A-133?		· 3a		✓
b		es," did the organization undergo the required audit or audits? If the organization did not under] _]
	regu	ired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	[3b	1	ŀ

Form **990** (2014)

Form 990 (2014)

SCHEDULE A ... (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1546-0047

2014

Open to Public Inspection

					- 1		
	na Big Game Super Raffle	A. Camario (All.		complet	o this n	36-019	
Par							115.
	organization is not a private foundat A church, convention of church						1
1 2				D60 III 36	cuon in	مرديار ، المسارياء	•
_	☐ A school described in section : ☐ A hospital or a cooperative hos			- coeffee	170/5//1	VANTIA	
3	A medical research organization	pital service org	anization described ii	ital dassi	r)(U)U)(1 e ci bodis)(M)(III). eetion 170/h)/1)/A)/	III) Enter the
4	hospital's name, city, and state		injunction with a nosp	1161 U 03 CI	IDOU III S	ecuon molestistat	inji Cittor ato
E	An organization operated for the		college or university	oumed o	r operate	d by a government	al unit described in
5	section 170(b)(1)(A)(iv). (Comp		College of diliversity	OWING O	Operate	a by a government	ai driit doodribod iri
_		•	أممطاليمهمام فليس ومفيدها	in name	- 4706-V	MANANA'	
8	☐ A federal, state, or local govern ☐ An organization that normally r	ment or governi	mental unit described	III 88CU U	a cover	(<i>i)(P</i> Y(Y). Impostol uni l i or from	the general public
7	described in section 170(b)(1)(JOIL HOIH	a goven	infontar unit or non	the general public
_				Sout II \			
8	A community trust described in						hin food and amoun
9	An organization that normally r	receives: (1) moi	re than 331/3% of its	support t	rom con	nbutions, members	nip tees, and gross
	receipts from activities related	to its exempt i	runctions—subject to	certain (exception	18, and (2) no more	A trom businesses
-	support from gross investmer acquired by the organization af						t) Irom businesses
46	• •					**	
10	An organization organized and						
11	An organization organized and o	operated exclusive	vely for the benefit of,	to periori	n the fun	ctions of, or to carry	out the purposes of
	one or more publicly supported the box in lines 11a through 11d	organizations de	escribed in section of	J4(8)(1) O	secuon	ompiete lines 11e 1	on overalis. Check
8	a Type i. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting						
	organization. You must complete Part IV, Sections A and B.						
_	·						
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported						
				e same p	ersons tr	at control or manag	le rue sribbouen
	organization(s). You must complete Part IV, Sections A and C.						
C	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						y integrated with,
							ad arganization(s)
d	Type III non-functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated that is not functionally integrated the integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not functionall	egrated. A supported The erganic	corting organization o	perateu i	dietributi	on requirement and	ou organizacion(s)
	requirement (see instructions	iteu. The organi. Vou must cor	molete Pert IV Section	oausiy a one A an	d D. and	Part V.	an attentive less
_	CT Observable have Make a secondar						I Tyne III
0	functionally integrated, or Typ						i, 19po
	Enter the number of supported o		many magnetic supp		J	•	,
g			orted organization(s).		• • •		
	(f) Name of supported organization	(U) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	W rising or supported and include	(-)·	(described on lines 1-9	1-9 listed in your governing support (see other			
			above or IRC section (see instructions))	docu	ment?	instructions)	nstructions)
	ļ		(000 11100 0000 110)	Yes	No		
(A)	•	•			J		
~	·						
(B)							
. - ,		·			·		
(C)	· ,			1			
				 	 	 	
(D)	1			1	}	}	
				 	 	 	
(E)	-			}	}		
			 	 	 	 	
				1	1	į	}

Part							
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests lis	stea below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(5) 2011	(0) 20.2	(4) 23.0	(6) 2011	(17 10141
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			,			
•				 		 	
Section 5	Public support. Subtract line 5 from line 4. on B. Total Support	<u></u>	<u> </u>	<u> </u>	1	<u> </u>	L
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		3-7		3.7		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		L ,	<u> </u>	<u> </u>	ļ	<u> </u>
12	Gross receipts from related activities, etc					12	504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	-	=				
Sect	ion C. Computation of Public Suppor						_ : :
14	Public support percentage for 2014 (line			11, column (fi)		14	%
15	Public support percentage from 2013 Sci		•			15	%
16a	331/s% support test—2014. If the organic box and stop here. The organization qua						
Ь	331x3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 331/3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts- facts-and-circ	and-circumsta	ances" test, che st. The organiz	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check t	his box and st	top here. a publicly
18	Private foundation. If the organization di				a, or 17b, chec	ck this box and	► L see ► □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support			, р			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	10) 2011	(6) 2012	(u) 2013	(6) 2014	(i) iotai
•							
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	-3,000	0	0	0		0 -3,000
~	sold or services performed, or facilities						}
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0	0		0 0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	457,372	482,486	578,134	535,691	669,93	2,723,621
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	o		ol o
5	The value of services or facilities	-					<u> </u>
	furnished by a governmental unit to the						
	organization without charge		•	ا	ام		
•	-	0	0	U			0 0 0
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	454,372	482,486	578,134	535,691	669,9	2,720,621
7a	received from disqualified persons .	_		_	_		
	· · ·	0	0	0	0	 	0 0
b	Amounts included on lines 2 and 3				Ì	•	
	received from other than disqualified						1
	persons that exceed the greater of \$5,000				·		1
	or 1% of the amount on line 13 for the year	0	0	0	0		0 0
	Add lines 7a and 7b	0	0	0	0		0 0
8	Public support (Subtract line 7c from						
	line 6.)						2,720,621
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	454,372	482,486	578,134	535,691	669,9	38 2,720,621
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	242	0	36	41	•	94 413
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	0	o	0		0 0
C	Add lines 10a and 10b	242	0	36	41		94 413
11	Net income from unrelated business		•				
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	0	ا ا	0		0 0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	o	o	0		0 0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	454,614	482,486	578,170	535,732	670,0	32 2,721,034
14	First five years. If the Form 990 is for the						tion 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support						
15	Public support percentage for 2014 (line			3. column (f))		15	100.0 %
16	Public support percentage from 2013 Sci		•			16	100.0 %
	on D. Computation of Investment In			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2014 (y line 13, colu	nn (f))	17	0.02 %
18	Investment income percentage from 2013					18	0.03 %
19a	331/3% support tests-2014. If the organ					ore than 33	
	17 is not more than 331/3%, check this box						
ь	331/3% support tests-2013. If the organiz		=			_	_
_	line 18 is not more than 331/3%, check this						
	Drivete formulation of the accoming tion of	-	_	-			

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			1
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	38		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C		5c		
6.	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	. 8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		-
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	-		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. !		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	j '		
	supervised, or controlled the supporting organization.	.2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	<u></u>	······	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	'		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ <u>.</u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I	nstru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	•		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	1		1
	that these activities constituted substantially all of its activities.	2a		1
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			 -
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		l
_	activities but for the organization's involvement.	2b	 	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	l
a	trustees of each of the supported organizations? Provide details in Part VI.	38]
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	L

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must con	mple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u> </u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	l		
instructions for short tax year or assets held for part of year):	L_		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			·
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoverles of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	,	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u></u>	1
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	on D - Distributions		-	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	· _ · · · · · · · · · · · · · · · · · ·
	Amounts paid to acquire exempt-use assets			
5				
	Other distributions (describe in Part VI). See instructions.			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<u> </u>
S	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		·	<u> </u>
_3	Excess distributions carryover, if any, to 2014:	L		
a				
<u> </u>				·
<u>c</u>				
<u>d</u>	F 0040			
<u> </u>	From 2013			
	Total of lines 3a through e			
_ 8	Applied to underdistributions of prior years	 		
_ <u>h</u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section	 	<u> </u>	
4	Distributions for 2014 from Section D, line 7: \$	}		
a	Applied to underdistributions of prior years	 	<u> </u>	
<u>a</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount	 		
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount	1		
	greater than zero, see instructions).]	!	
6	Remaining underdistributions for 2014. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
8				
ь				
C				
d				
	Excess from 2014			

Schedule A (F	Form 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions.)	and
		••••••
		**

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014 Open to Public Inspection

Employer Identification number

OMB No. 1545-0047

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Arizona Big Game Super Raffle	An Grante and	Accietance					26-0191335
Does the s	in records to subsaward the grants	stantiate the amount or assistance?	nt of the grants or	assistance, the g	rantees' eligibility for	or the grants or assista	ince, and
2 Describe in Part IV the organization's procedures for	zation's procedur	es for monitoring	monitoring the use of grant funds in the United States.	nds in the United	States.]
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do y recipient that	mestic Organiz received more the	ations and Domian \$5,000. Part	estic Governm Il can be duplica	ents. Complete if ated if additional s	f the organization an space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(e) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(N) Purpose of grant or assistance
(1) Arizona Game and Fish Deptmens 5000 Carefree Hwy, Phoenix, AZ 8508	•		510,930	0			Wildlife conservation
8							
(6)			í				
(4)							•
(5)							
(9)							
B							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	remment organiza	ions listed in the li	ne 1 table			A A
l g	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2014)

N	
2	
×	
О.	

Schedule I (Form 990) (2014)

. . (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 980, Part IV, line 22. ; (e) Method of valuation (book, FMV, appraisal, other) , [(d) Amount of non-cash assistance (cash grant The organization does not monitor the use of the grant funds in the United States. Part III can be duplicated if additional space is needed. (b) Number of recipients ; (e) Type of grant or assistance -رخ. بدر Part IV Part III ,eo 10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2014

Employer identification number

Department of the Treasury Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Arizona Big Game Super Raffle	26-0191335				
Form 990, Part VI, Section B, Lime 11: Prior to filing the Form 990 all officers and directors are notified that the return is prepared and					
available for inspection and a copy is provided to whoever requests it.					
Form 990, Part VI, Section B, Lime 12c: The policy is discussed annually at a Board of Directors meeting.					

Schedule O (Form 990 or 990-EZ) (2014)	-	•	. Page 2
	,	- + -	Employer identification number 💎
		· , -··	

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