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# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		the 2014 calendar year, or tax year beginning , 2014, and endi	ng		,
뭐	Cneck	of applicable cs change		D Employer	identification number
⊢	:	change Shoot For The Cure		80-05	593297
┝	Initial	return 644 W 11th Ave	<b>E</b> Telephone		
F	1	Anchorage, AK 99501	907-8	330-6048	
누		ded return			
	!	zation pending		F Group E Number	xemption •
G	Acco	ounting Method X Cash Accrual Other (specify) ►	_ H Checl	k ► 🛛 ıf the	e organization is <b>not</b>
1	Web	site: www.alaskacfshoot.org			Schedule B
J	Tax-e	xempt status (check only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $\rightarrow$ (insert no ) $-$ 4947(a)(1) or $-$	527 (Form	n 990, 990-E	Z, or 990-PF)
K	Form	of organization X Corporation Trust Association Other			
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-	or more, or i	ıf total ►\$	110 004
D.	art I			<u> </u>	118,924.
	21(1	Check if the organization used Schedule O to respond to any question in this Part I	SEE 1115 1115	Structions	IOI Fait i)
	1	Contributions, gifts, grants, and similar amounts received		1	3,556.
	2	Program service revenue including government fees and contracts		2	3,330.
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5 a	Gross amount from sale of assets other than inventory 5a			··· · · · · · · · · · · · · · · · · ·
		Less cost or other basis and sales expenses 5b		<del> </del> .,	
	1	<u> </u>	<del></del>	5 c	
	6	: Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  Gaming and fundraising events		30	
R	_	Gross income from gaming (attach Schedule G if greater than \$15,000)		11.1	
E	I .	<u> </u>	ributions		
E	"	from fundraising events (not including \$	noutions		
RE>E2UE		of such gross income and contributions exceeds \$15,000)	115,	368	
	c	: Less direct expenses from gaming and fundraising events 6 c	37,0	,	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		<i>,</i> ≋∴ 6d	78,291.
	7 a	Gross sales of inventory, less returns and allowances 7a			
	b	Less cost of goods sold 7 b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).		7 c	
	8	Other revenue (describe in Schedule O) .		8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>▶</b> 9	81,847.
	10	Grants and similar amounts paid (list in Schedule O)	edule O	10	40,000.
	11	Benefits paid to or for members .		. 11	
Ē	12	Salaries, other compensation, and employee benefits—		12	
<b>(</b>	13	Professional fees and other payments to independent contractors		13	9,777.
Ð	14	Occupancy, rent, utilities, and maintenance		14	
ξĒ,	15	Printing, publications, postage, and shipping		15	2,610.
\$	16	Other expenses (describe in Schedule O)  See Sch	edule O	16	9,018.
	17	Total expenses. Add lines 10 through 16		► 17	61,405.
Ö	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	20,442.
	10		م است. عالمانات ع	<del>- 1</del>	20, 112.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agre figure reported on prior year's return)	e with end-of	-year   19	76 304
Ť	20	Other changes in net assets or fund balances (explain in Schedule O)		. 20	76,304.
<b>Ş</b> ≘	<sub>9</sub> 21	Net assets or fund balances at end of year Combine lines 18 through 20	•	► 21	06 746
		r Paperwork Reduction Act Notice, see the separate instructions.		[21]	96,746. Form <b>990-FZ</b> (2014)

Forn	n 990-EZ (2014) Shoot For The C	ure			80	-059	3297 Page <b>2</b>
Pai	Balance Sheets (see the Inst	ructions for Part II)	estion in this Part II				X
	Check if the organization used Scho	duic o to respond to any qui	cator in that art in		inning of ye	ar	(B) End of year
22	Cash, savings, and investments			_	48,481		62,923.
23	Land and buildings	Coo Cob odell	- 0			23	
24	Other assets (describe in Schedule O)	See Schedule	e 0		27,823		33,823.
25	Total assets				76,304		96,746.
26	Total liabilities (describe in Schedule O)			_	0		0.
	Net assets or fund balances (line 27 of				76,304	. 27	96,746.
Pa	rt III Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst	ructions for Part III)	ш	X		Expenses
What	is the organization's primary exempt purpose? See		uestion in this rait	····			uired for section 501 and 501(c)(4)
Desc	cribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of	ts three largest pro-	gram serv	ices, as	orgar	nizations; optional
mea	isured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the service each program title	ces provided, the nu	imber of p	ersons	for of	thers)
28	See Schedule O	active programme					
	200 20:104410-0		<del></del>			1	
						1	
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here			28 a	40,000.
29							
				- <i></i> -		]	
	70	is amount includes foreign gi				_	
20	(Grants \$ ) If th	is amount includes foreign gi	rants, check here			29 a	
30						-	
			<b>-</b>			1 1	
	(Grants \$ ) If th	is amount includes foreign gi	ants, check here			30 a	
31	<u> </u>		unto, on our nore			500	*
	. •	is amount includes foreign gi	rants, check here		▶ 🗍	31 a	
32	Total program service expenses (add lin				<u> </u>	32	40,000.
Pa	rt IV List of Officers, Directors,				ompensated –	see the i	nstructions for Part IV)
	Check if the organization used Sci	hedule O to respond to any o	uestion in this Part	IV			L <u>_</u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MISO	contr	<ul> <li>Health benefit ibutions to emp</li> </ul>	loyee	(e) Estimated amount of
	.,	position	(If not paid, enter -0-)	benet	it plans, and de compensation	terred	other compensation
Ka	ren Rey						
Pre	esident	5		0.		0.	0.
	cholas Waggood					_	
	cretary	1		0.		0.	0.
	ianne Christopherson	1		_		ا م	•
ATG	ce President	1		0.		0.	0.
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DAA		TECANOIS A	E/20/14	ļ			Farm 000 F7 (001.0)
BAA		TEEA0812L 0	0/ <i>2</i> 6/14				Form <b>990-EZ</b> (2014)

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	edule	•	X
		Yes	No.
33 Did the organization engage in any significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O	33	163	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they refl		<b>├</b>	<u>^</u>
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	<b>├</b>	<u> </u>
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule C	35 b	<b> </b>	<u> </u>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	0.	<u> </u>	
b Did the organization file Form 1120-POL for this year?	37 b	]	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N	/ <u>3</u>		
amount involved  39 Section 501(c)(7) organizations Enter	/ <u>A</u>	-	
max	/A		
The state of the s	/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess.	-		
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40.6		.,
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	40 b	<u> </u>	X
	o.		1
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	o.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
shelter transaction? If 'Yes,' complete Form 8886-T  41 List the states with which a copy of this return is filed None	40 e		X
NOTIE			
42 a The organization's			
42a The organization's books are in care of Karen Rey Telephone no 907-	·830-6	048	
			<del>-</del>
books are in care of Karen Rey  Located at 644 W 11 Ave Anchorage AK  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		048_ Yes	No_
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46 Dut the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to additional control of the "Yes", complete Schedule C, Part I As a Schedule C	Form	990-EZ (2014) Shoot For The Cure				80-05	93297		Page 4
All section 50 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47 Dut the organization as engage in lobbying activities or have a section 50 (n) election in effect during the tax year? If Yes, complete Schedule C, Part II  48 Is the organization as achool as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E  49 Dut the organization as achool as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E  49 Dut the organization as achool as described in section 527 organization?  50 Complete the table for the organization is section 527 organization?  60 Average hours on the organization. If there is none, enter Yes, employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter Yes, organization?  60 Average hours on the organization of the properties of the organization of the properties of the properties of the organization of the organiza				ign activities	on behalf o	f or in opposition to			[:]
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II W 18 Is the organization and shoot as described in section 170(b)(1)(A)(n)? If Yes, complete Schedule E 48 Ja X 49a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization's Five highest compensation?  60 Complete this table for the organization's Five highest compensation from the organization. If there is none, enter None?  (a) Name and take of each employee big of the properties of t	Part	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q			d 52, and complet	e the table	∍s	
47 Dut 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 48  48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E  48 Is the organization as school as described in section 520 roganization?  50 Connected its stable for the organization of section 520 roganization?  60 Connected its stable for the organization of section 520 roganization?  60 Name and title of each employee  60 Name and title of each employee  60 Name and title of each employee  61 Total number of other employees paid over \$100,000 or compensation from the organization. If there is none, enter None?  62 Peoprisher Compensation  63 Peoprisher Compensation  64 Total number of other employees paid over \$100,000  65 Complete this stable for the organization if there is none, enter None?  66 Peoprisher Compensation  67 Total number of other employees paid over \$100,000  67 Total number of other employees paid over \$100,000  68 Total number of other employees paid over \$100,000  69 Total number of other employees paid over \$100,000  69 Total number of other independent contractors each receiving over \$100,000  60 Total number of other independent contractors each receiving over \$100,000  60 Total number of other independent contractors each receiving over \$100,000  61 Total number of other independent contractors each receiving over \$100,000  62 Dot the organization complete Schedule A* Note, All section 501 (c)(3) organizations must attach a completed Schedule A* Note, All section 501 (c)(3) organizations must attach a completed Schedule A* Note, All section 501 (c)(3) organizations and stability is selected to pay the payor of the payor o		Check if the organization used Schedu	lie O to respond to any	question in t	nis Part VI		<del></del>	Voc	
49a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, furstees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, interest in the property week devoked (in) Name and title of each employee in the property week devoked (in) Points W-2/1099-MISO.)  51 Total number of other employees paid over \$100,000  52 Complete this table for the organization in the property of the pro			s or have a section 501(h)	) election in e	ffect during t	the tax year? If 'Yes,'	47	163	х
b if "Yes," was the related organization a section 527 organization?  Complete this table for the organization from the organization from the organization. If there is none, enter "None"  (a) Name and title of each employee  (b) Average house  (c) Name and title of each employee  (c) Name and title of each employee  (d) Name and title of each employee  (e) Name and title of each employee  (f) Order W-2/1099-MISC.)  (g) Reportable compensation  (g)					-	dule E	48		
50 Complete this table for the organization of more implest compensated employees (other han officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter the same that of each employee paid over \$100,000  1 Total number of other employees paid over \$100,000  51 Complete this table for the organization if there is none, enter the compensation from the organization in the organization of each independent contractors who each received more than \$100,000 of compensation from the organization in the organization in the organization in the organization of each independent contractor (b) Type of service  4 Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete developed interaction of which pressure has any knowledge in the organization of other independent contractors whose and information of which pressure has any knowledge.  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete developed interaction of which pressure has any knowledge.  53 Did the organization officer.  54 Pressident  55 Septement officer  56 Press address - Beltrami & Associates PC  57 Fress address - Beltrami & Associates PC  58 Fress address - Beltrami & Associates PC  59 Fress address - Septement Road  50 Press addre		-	•	e related orga	anization?				<u> X</u>
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None*  (a) Name and title of each employee  (b) Average hours per long and the properties of the provided of th			J	wasa (albar I	inan afficara	directors tructors and l	L	<u> </u>	L
(a) Name and talle of each employee							key		
f Total number of other employees paid over \$100,000    51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A* Note. All section 501c(c)(3) organizations must attach a completed Schedule A* to the complete Schedule and statements, and to the best of my knowledge and belief, it is for the complete Schedule and statements and to the best of my knowledge and belief, it is for the complete Schedule A* not offer in shorted in shorted in the shorted of the short of the statements and to the best of my knowledge and belief, it is for the complete Schedule A* to the short of the shorted officer    Note			(b) Average hours per week devoted	(c) Reportable	compensation	(d) Health benefits, contributions to employee benefit plans, and deferred			
Signer Recy Type of print name and title  Preparer's signature  Maria Beltrami  Maria Beltrami  Firm's addres >  Results and condete objects  Prim's addres >  Results and condete objects  Maria Beltrami  Maria Beltrami  Maria Beltrami  Firm's addres >  Beltrami & Associates PC  Firm's addres >  Beltrami & Associates PC  Firm's addres >  Beltrami & Associates PC  Firm's addres >  Beltrami & Road  Anchorage, AK 99517  Phone no (907) 345-9695	None	2							
Complete this table for the organization of filtere is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent cont			-						
Complete this table for the organization of filtere is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent cont									
Complete this table for the organization of filtere is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent cont			-						
Complete this table for the organization of filtere is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent cont									
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a complete declaration of the 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 signature or true, correct, and complete Declaration of Preparer funder than officer is based on all information of which preparer has any knowledge  Sign Here  Preparer's name Preparer's signature Preparer's name Peltrami & Associates PC  Firm's name Peltrami & Associates PC  Firm's address Paltrami & Associates PC  Firm's address Paltrami Proper Preparer's address Policy Proper Preparer's Proper Preparer's address Policy Proper Preparer's Ad	51 (	Complete this table for the organization's five hig	hest compensated indepe	endent contra	ctors who ea	ach received more than	\$100,000 of		
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Linder penalties of periup, I declare that I hape exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparation than officer) is based on all information of which preparer has any knowledge  Signature of officer  Signature of officer  Firm's ame   Preparer's signature   Date   Check   f PTIN   Self-employed   P00357064   Firm's name   Beltrami   Associates PC   Firm's address   3825   Spenard Road   Firm's EIN   562491093   Anchorage, AK 99517   Phone no (907) 345-9695		(a) Name and business address of each independent of	contractor		(b) Type o	of service	(c) Com	pensatio	n
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A    Xyes   No	None	2							
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A    Xyes   No					-				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A    Xyes   No									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A    Xyes   No									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A    Xyes   No									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (where than officer) is based on all information of which preparer has any knowledge    Signature of officer	ď	Total number of other independent contractors	s each receiving over \$	100,000		-	·		
Sign Here    Karen Rey		completed Schedule A						[	No
Raren Rey   President	Under po	enalties of perjury, I declare that I have examined this return rect, and complete Declaration of prepare wither than office	, including accompanying sched er) is based on all information of	dules and statem of which preparer	ents, and to the has any knowle	e best of my knowledge and beedge	elief, it is		
Raren Rey   President			7			4-2-15			
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Marja Beltrami  Firm's name   Beltrami & Associates PC  Firm's address   3825 Spenard Road  Anchorage, AK 99517  Pale  Date  Check of self-employed PO0357064  Po0357064  Firm's EIN  562491093  Phone no (907) 345-9695	Sign	Signature of officer							
Print/Type preparer's name  Preparer's signature  Marja Beltrami  Firm's name   Beltrami & Associates PC  Firm's address   3825 Spenard Road  Anchorage, AK 99517  Print/Type preparer's name  Preparer's signature  Date  Check of self-employed P00357064  Firm's lin  562491093  Phone no (907) 345-9695	Here					<u>President</u>			
Paid Preparer Use Only         Marja Beltrami         Marja Beltrami         self-employed         P00357064           Firm's name ►         Beltrami & Associates PC         Firm's address ►         3825 Spenard Road         Firm's EIN ►         562491093           Anchorage, AK 99517         Phone no (907) 345-9695			Preparer's signature		Date		TIN		
Use Only         Firm's address         3825 Spenard Road         Firm's EIN         ► 562491093           Anchorage, AK 99517         Phone no (907) 345-9695	Paid		Marja Beltrami			Check ☐ if		4	
Anchorage, AK 99517 Phone no (907) 345-9695		·				Firm's SINI	E C 2 4 0 1 0	102	
	USE U	·			<del></del>				
	——— May th		-	uctions		, (50			

Form **990-EZ** (2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Shoot For The Cure 80-0593297										
Par		Reason for Public Cha	arity Status (All o	rganizations must o	comple	ete this	part.) See instruct	tions		
The c	rga	nization is not a private found	dation because it is: (	For lines 1 through 11,	check o	nly one	box )			
1		A church, convention of church	nes, or association of c	hurches described in <b>sec</b> t	tion 170(	(b)(1)(A)(	i).			
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П	A medical research organiza	ition operated in conju	unction with a hospital o	describe	d in sec	tion 170(bY1)(A)(iii). E	nter the hospital's		
	_	name, city, and state								
5		An organization operated for the 170(b)(1)(A)(iv). (Complete I	ne benefit of a college of	or university owned or op-	erated by	y a gover	nmental unit described in	section		
6		A federal, state, or local gov		ental unit described in s	ection 1	170(b)(1)	(A)(v).			
7		An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	iental uni	t or from the general pub	olic described		
8		A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	I)					
9		An organization that normally in from activities related to its exemples the investment income and unrecome 30, 1975. See section 9	ernpt functions – subje lated business taxabl	ct to certain exceptions, a e income (less section)	and (2) r	no more t	than 33-1/3% of its suppo	ort from gross		
10	Ш	An organization organized at	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
11		An organization organized at or more publicly supported of lines 11a through 11d that de	rganizations describe	ed in <b>section 509(a)(1)</b> c	or <b>sectio</b>	on 509(a	<b>)(2).</b> See <b>section 509(a</b> )	t the purposes of one <b>(X3).</b> Check the box in		
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the director	ported o	organizati stees of t	ion(s), typically by giving he supporting organization	the supported on <b>You must</b>		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by t the supported organizati	naving control or on(s). <b>You</b>		
С		Type III functionally integrated organization(s) (see instruction)	. A supporting organizations) You must com	tion operated in connection plete Part IV, Sections A	n with, ai <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its s	supported		
d		Type III non-functionally integ functionally integrated The c instructions) You must com	rated. A supporting orgorganization generally plete Part IV, Section	panization operated in core must satisfy a distribution A and D, and Part V.	nnection tion requ	with its s uirement	supported organization(s) and an attentiveness i	that is not requirement (see		
е		Check this box if the organizantegrated, or Type III non-fu	ation received a writti inctionally integrated	en determination from t supporting organization	he IRS t	that is a	Type I, Type II, Type II	I functionally		
f	En	iter the number of supported of	organizations							
g	Pro	ovide the following information	n about the supported	d organization(s).						
		(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)					1					
			<u> </u>		<del> </del>					
(B)										
		· · · · · · · · · · · · · · · · · · ·						<del></del>		
C)					ľ					
(C)					-			<del></del>		
D)										
E)										
Total										
BAA	For	Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	990 or 990-EZ) 2014		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify und r Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		_					
	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total	
1	Gifts, grants, contributions, and 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)	· ·	* .	4	2			
6	<b>Public support.</b> Subtract line 5 from line 4	**************************************	¢	***	4			
Sec	tion B. Total Support				,			
Cale beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total	
7	Amounts from line 4							
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					- , ]		
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ 🗌	
	tion C. Computation of Pul							
	Public support percentage for 20		•	e 11, column (f))		14	%	
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14			15	%	
16 a	16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	7a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	o 10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	neets the 'facts-a d circumstances' t	nd-circumstances est The organiza	' test, check this tion qualifies as a	box and <b>stop her</b> a publicly supporte	<b>e.</b> Explain in Part V ed organization	I how the ►	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see instri	uctions ►	
BAA			-	<del></del>	Sch	edule A (Form 990	or 990 EZ) 2014	

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 )	

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')	56,451.	111,818.	52,840.	106,398.	118,924.	446,431.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	50,451.	111,010.	52,640.	100,396.	110, 524.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons	56,451.	111,818.	52,840.	106,398. 0.	118,924.	446,431.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 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)						446,431.
Sec	tion B. Total Support	1 - 2 K	* 2 2 27° 55 []			(a) D1	410, 151.
	idar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Amounts from line 6	56,451.	111,818.	52,840.	106,398.	118,924.	446,431.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Description of the property of the payments			02,000			0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		0.1		<u> </u>		0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
	Total support. (Add lines 9, 10c, 11 and 12)	56,451.	111,818.	52,840.	106,398.	118,924.	446,431.
	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, or	fifth tax year as	a section 501(c)(3)	<b>→</b> □
Sec	tion C. Computation of Pul					,-	
15	Public support percentage for 20	• •		13, column (f))		15	100.00 %
16	Public support percentage from					.   16	0.00 %
	tion D. Computation of Inv			5l 10l	(0)	1 1	
17	Investment income percentage for	= = = = = = = = = = = = = = = = = = = =	• •	•	nn (†))	17	0.00 %
18	Investment income percentage fi				- d t 15	18	0.00 %
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies a	s a publicly suppo	orted organization	► X
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qua	ilifies as a publicl	y supported organia	zation
20 BAA	Private foundation. If the organiz	zation did not ched	tk a box on line 14	<u> </u>		see instructions.	-000 570 0014

Part IV 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 comple	te Pa	rt V.)	)
Se	ction A. All Supporting Organizations	_		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
	described in section 505(a)(1) or (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	3a		
	<b>b</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 <b>Part VI</b> when and how the organization made the determination	3b		
	- D - H			
	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	Зс		
4	a 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	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> 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 <b>Part VI</b> 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		
5	a 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 <b>Part VI</b> , 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	i	
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part Vi</b>	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		
9	a 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 <b>Part VI</b>	9a	<del>-</del> -	
	<b>b</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? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	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		
10	a 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		

	edule A (Form 990 or 990-EZ) 2014 Shoot For The Cure 80-0593	3297	h	age 5
Pai	rt IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
á	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		
t	A family member of a person described in (a) above?	11b		
•	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		
Sec	ction 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction 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 or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	• — <u> </u>	- <del></del> -	
Sec	ction 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?	1		
2	fere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported reganization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
_		2		
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 income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
500	in this regard stion E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	<u> </u>
360	ction E. Type in 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 instructions)	):		
ā	The organization satisfied the Activities Test Complete line 2 below			
t	The organization is the parent of each of its supported organizations. Complete line 3 below			
(	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
ā	a 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 that these activities constituted substantially all of its activities	2a		
ŧ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			<u> </u>
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
t	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 <b>Part VI</b> the role played by the organization in this regard	 3b		

80-0593297

Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovember	20, 1970 See instruct	ions. All
tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions.	2		
Other gross income (see instructions)	3	·	
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
Average monthly value of securities.	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions.	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C — Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
· · · · · · · · · · · · · · · · · · ·	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally-integ (see instructions).	grated	Type III supporting org	janization
	cition A — Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  **Cition B — Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets  **Total* (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part Vt) Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)  **Einter 85% of line 1** Minimum asset amount for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year  **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  **Check here if the current year is the organization's first as a non-functionally-interprior check here if the current year is the organization's first as a non-functionally-interprior.	other Type III non-functionally integrated supporting organizations must complete Section A — Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 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) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Action B — Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 2 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 7 Multiply line 5 by 035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Tion C — Distributable Amount Adjusted net income for prior year (from Section B, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 2 Income tax imposed in prior year 5 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated	Net short-term capital gain  Recoveries of prior-year distributions  2 Other gross income (see instructions)  3 Add lines 1 through 4 Add lines 1 through 4 Add lines 6 Check Perior Year 1 Adjusted Net Income (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 Carl Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 tion C — Distributable Amount Adjusted net income for prior year (from Section B, line 8, Column A) 1 Enter 85% of line 1 Income lax imposed in prior year Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization of the current year is the organization's first as a non-functionally

Schedule **A** (Form 990 or 990-EZ) 2014

Par	t ¥ Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
_4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide	details	
_9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			-
Sec	tion 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			
	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
d				
	From 2013	`		
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	•		
4	Distributions for 2014 from Section D, line 7:			
а	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 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 2015. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7			
a				
b				
С	,			
	Excess from 2013			
е	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Shoot For The Cure 80-0593297 Page

Part VII Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

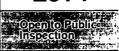
Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2014



Name of the organization Employer identification number								
Shoot For The Cure 80-059						80-059329	7	
Part	Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the orga quired to comp	nization a lete this p	nswered '` art	Yes' to Form 990, Part	IV, line	17	
1	Indicate whether the organization	raised funds thi	rough any	of the follo	owing activities Check	all that	apply	
а	Mail solicitations			е	Solicitation of non-	governn	nent grants	
b	Internet and email solicitations	5		f	Solicitation of gove	ernment	grants	
С	Phone solicitations			g	Special fundraising	events		
d	In-person solicitations			_				
2 a	Did the organization have a written o employees listed in Form 990, Par	r oral agreement t VII) or entity i	t with any i	individual (i	including officers, directo	rs, truste services	es or key	☐Yes ☐No
b	b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization							
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or r	(v) Amount paid to (or retained by) fundraiser listed in column (i)  (vi) Amou (or retained in organi	
			Yes	No				
1						ii ·		
2								
3							. ,	
4								
5								
6								
7								
8								
9								
10								
Total				<b>•</b>				
3	List all states in which the organizat or or licensing	on is registered o	or licensed	to solicit c	ontributions or has been	notified i	t is exempt from	registration
-			<b></b>					
-			<b></b> -					
-	<del></del>							
-								
-			<b></b>					
-								
-		<b></b>						
-							- <b></b>	
-		<b></b> -						
-		<b></b> -	<b></b>					
_		- <b></b>	<b>-</b>					
-			<b>-</b>					

Sche		<b>G</b> (Form 990 or 990-EZ) 2014 Shoot E			80-05			
Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contributions	nswered 'Yes' to For s and gross income	rm 990, Part IV, III on Form 990-EZ,	ne 18, or reported lines 1 and 6b.		
RE			(a) Event #1  Shoot for Cure (event type)	(b) Event #2 Live & Silent (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))		
	1	Gross receipts	66,250.	49,118.		115,368.		
E	2	Less Contributions						
	3	Gross income (line 1 minus line 2)	66,250.	49,118.		115,368.		
D-RECT	4	Cash prizes						
	5	Noncash prizes		6,526.		6,526.		
	6	Rent/facility costs	6,976.	7,760.		14,736.		
	7	Food and beverages						
E X P F	8	Entertainment						
EXPEZSES	9	Other direct expenses	3,945.	11,870.		15,815.		
	!	Direct expense summary Add lines 4 thr Net income summary Subtract line 10 fr	37,077. 78,291.					
Par		Gaming. Complete If the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Yes	s' to Form 990, Part	IV, line 19, or rep	ported more than		
#E>#20#			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
Ë	1	Gross revenue						
_	2	Cash prizes						
ローのこの	3	Noncash prizes						
C S T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes 8	Yes 8			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	<b>•</b>						
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain						Yes No		
		e any of the organization's gaming license	s revoked, suspended of	or terminated during the	tax year?	Yes No		

Schedule <b>G</b> (Form 99	90 or 990-EZ) 20	Old Shoot For S	The Cure	_	80-0593297	Page <b>3</b>		
11 Does the organ	iization operate	gaming activities with	nonmembers?		Yes	No		
12 Is the organization administer chain	on a grantor, ben ritable gaming?	eficiary or trustee of a	trust or a member of a partnership	or other entity formed to	Yes	No		
13 Indicate the perc	centage of gamin	g activity conducted in:			1 1			
a The organization		9			13a	%		
<b>b</b> An outside faci	•				13b	%		
	•	ne person who prepares	s the organization's gaming/special	l events books and record	ds			
Name ►				. <b></b>		<b></b>		
Address ► _								
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party								
Name								
Address ►								
16 Gaming manag	jer information							
Name ►	<b>. – –</b> – – –							
Gaming manag	jer compensation	n • \$						
Description of s	services provide	d <b>-</b>	<b></b>			<b>-</b> -		
Director/off	icer	Employee	Independent co	ontractor				
17 Mandatory distr	ributions							
a Is the organizate state gaming he	on required under	r state law to make cha	iritable distributions from the gamir	ng proceeds to retain the	∏Yes	□No		
5 5	-	required under state la	w to be distributed to other exempt	t organizations or spent i		□		
		vities during the tax y	-					
PartilV. Supple and Pa	emental Infor	<b>mation.</b> Provide t 9b, 10b, 15b, 15	he explanations required t c, 16, and 17b, as applica	by Part I, line 2b, coble. Also provide a	olumns (III) and ( Iny additional	v),		

# **SCHEDULE 0** (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.

Attach to Form 990 or 990-EZ.

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

En ployer identification number

80-0593297

Department of the Treasury Internal Revenue Service Name of the organization

Shoot For The Cure

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name:

Donee's Address:

University of Colorado 1800 Grant Street, Suite 800

Denver, CO 80203

Relationship of Donee:

Cash Amount Given:

None

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion Bank fees Conferences, Conventions, and Meetings Information Technology Licenses, Permits & Fees Office Expenses

Poker run payout Repairs & Maintenance Travel

\$ 4,966. 1,675. 847. 203. 47. 90. 825.

40,000.

102.

OMB No 1545-0047

263. Total \$ 9,018.

\$

Form 990-EZ, Part II, Line 24 Other Assets

Donations at Headquarter office

Beginning\_ Ending 27,823 33,823. Total

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To provide Cystic Fibrosis Patients in Alaska with the high costs of treatments.

# Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Non profit organization dedicated to raising money to benefit people with cystic fibrosis with a focus on those patients residing in Alaska. To assist with the increased costs of treatment and raising awareness.

### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

Did the organization, during the year, pay premiums, directly or

indirectly, on a personal benefit contract?

No