

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

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

▶ 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.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
BRAINS TOGETHER FOR A CURE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2346 WESTON PLACE SW
 City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, MN 55902

D Employer identification number
61-1552453

E Telephone number
(507) 202-4383

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.BRAINSTOGETHERFORACURE.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **120,583.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															102,273.												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income SEE SCHEDULE O															301.												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
b	Gross income from fundraising events (not including \$ 1,266. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															12,874.													
c	Less: direct expenses from gaming and fundraising events															12,874.													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															0.													
7a	Gross sales of inventory, less returns and allowances															5,135.													
b	Less: cost of goods sold SEE SCHEDULE O															3,967.													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															1,168.													
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															103,742.													
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O															100,000.												
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors															840.												
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping															1,730.												
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															15,005.												
	17	Total expenses. Add lines 10 through 16															117,575.												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-13,833.												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															241,601.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															227,768.												

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	238,680.	22	226,440.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,921.	24	1,328.
25 Total assets	241,601.	25	227,768.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	241,601.	27	227,768.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 BRAINS TOGETHER FOR A CURE COORDINATES AN ANNUAL ADULT AND PEDIATRIC WALK FOR BRAIN TUMOR AWARENESS. IN 2014, 611 WALKERS PARTICIPATED IN THE ANNUAL EVENT. (Grants \$ 100,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	110,403.
29 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	110,403.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SUSAN STEINMETZ PRESIDENT	2.00	0.	0.	0.
FAITH OMBERG SECRETARY	2.00	0.	0.	0.
MICHELLE KUHLMANN TREASURER	2.00	0.	0.	0.
DR. JOON UHM DIRECTOR	2.00	0.	0.	0.
ELIZABETH CANAN DIRECTOR	2.00	0.	0.	0.
DR. BRIAN O'NEILL DIRECTOR	2.00	0.	0.	0.
MARJORIE SEVEREID DIRECTOR	2.00	0.	0.	0.
THOMAS CANAN DIRECTOR	2.00	0.	0.	0.
DR. GESINA KEATING DIRECTOR	2.00	0.	0.	0.

Brains Together For a Cure
Statement of Financial Position
12/31/2014

2014

Assets

Cash in checking	8,562.77
Cash in savings	217,876.31
Inventory	1,077.72
Computer, net	531.75

Prepaid expenses	-
	<u>228,048.55</u>

Equity

Fund balance	241,601.00
Net Income	(13,552.45)
	<u>228,048.55</u>

-

BRAINS TOGETHER FOR A CURE
Statement of Activities
For the year ended December 31, 2014

	2014	
Donations	101,006.97	
Registration	14,140.04	
Interest Income	301.25	
Merchandise Sales	5,135.01	
Total	120,583.27	
Cost of Merchandise	3,966.68	
Grants	100,000.00	
Office Supplies	1,475.52	
Postage	254.29	
Bank charges	1,292.39	
Dues and Subscriptions	300.00	
Symposium	8,150.00	
Meetings	154.36	
License & fees	25.00	
Professional fees	840.00	
Website Design	2,253.00	
Advertising	2,550.00	
Event Expenses	12,874.48	food: 55.36, rent:2400
Total	134,135.72	entertainment:500 other:9919.12
Net Income	(13,552.45)	

Short Form Return of Organization Exempt From Income Tax

2015

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Department of the Treasury
Internal Revenue Service

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A For the 2015 calendar year, or tax year beginning _____ and ending _____

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C Name of organization
BRAINS TOGETHER FOR A CURE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2346 WESTON PLACE SW
 City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, MN 55902

D Employer identification number
61-1552453

E Telephone number
(507) 202-4383

F Group Exemption Number ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.BRAINSTOGETHERFORACURE.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **111,068.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	93,843.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income SEE SCHEDULE O	4	276.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 3,101. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	9,684.	
c Less: direct expenses from gaming and fundraising events	6c	9,684.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.	
7a Gross sales of inventory, less returns and allowances	7a	7,265.	
b Less: cost of goods sold SEE SCHEDULE O	7b	5,459.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,806.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,925.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	100,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	600.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,004.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	1,337.
	17 Total expenses. Add lines 10 through 16	17	103,941.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,016.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	227,768.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	219,752.

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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Department of the Treasury
Internal Revenue Service

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Inspection

A For the 2016 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
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C Name of organization
BRAINS TOGETHER FOR A CURE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2346 WESTON PLACE SW
 City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, MN 55902

D Employer identification number
61-1552453

E Telephone number
(507) 202-4383

F Group Exemption Number ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.BRAINSTOGETHERFORACURE.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **140,877.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	115,137.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income SEE SCHEDULE O	4	263.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	19,079.	
c	Less: direct expenses from gaming and fundraising events	6c	21,706.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-2,627.	
7a	Gross sales of inventory, less returns and allowances	7a	6,398.	
b	Less: cost of goods sold SEE SCHEDULE O	7b	5,167.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,231.	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,004.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	100,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	700.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,230.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	4,662.
	17	Total expenses. Add lines 10 through 16	17	106,592.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,412.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	219,752.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	227,164.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Short Form Return of Organization Exempt From Income Tax

2017

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Department of the Treasury
Internal Revenue Service

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Inspection

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 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
BRAINS TOGETHER FOR A CURE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2346 WESTON PLACE SW
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ROCHESTER, MN 55902

D Employer identification number
61-1552453

E Telephone number
(507) 202-4383

F Group Exemption Number ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.BRAINSTOGETHERFORACURE.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **135,868.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	113,364.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income SEE SCHEDULE O	4	292.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	14,548.	
c Less: direct expenses from gaming and fundraising events	6c	18,629.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-4,081.	
7a Gross sales of inventory, less returns and allowances	7a	7,664.	
b Less: cost of goods sold SEE SCHEDULE O	7b	5,585.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,079.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	111,654.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	100,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	730.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,302.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	6,611.
	17 Total expenses. Add lines 10 through 16	17	109,643.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,011.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	227,164.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	229,175.