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CLIENT'S COPY

Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

February 11, 2016

Barbells for Boobs FKA Mammograms In Act
3011 S. Croddy Way
Santa Ana, CA 92704
Attention: Zionna Hanson

Dear Zionna:

Enclosed is the organization's 2015 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before February 16, 2016.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

The California Form 199 should be mailed on or before February 16, 2016 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0501

Enclose a check or money order for \$10.00, payable to Franchise Tax Board.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before February 16, 2016 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$25.00, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

Please be aware that California law requires audited financial statements for charitable organizations with annual revenue of \$2,000,000 or more. The \$2,000,000 revenue threshold includes revenue generated by contributions to the Organization. Careful planning may allow the Organization to avoid a costly financial statement audit.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Ryan Working, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

March 31, 2015

Prepared for	Barbells for Boobs FKA Mammograms In Act 3011 S. Croddy Way Santa Ana, CA 92704
Prepared by	Wright Ford Young & Co. CPA's 16140 Sand Canyon Avenue Irvine, CA 92618-3715
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	February 16, 2016
Special Instructions	The return should be signed and dated.

**CHANGE OF ACCOUNTING PERIOD
EXTENDED TO FEBRUARY 16, 2016**

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990 and its instructions is at www.irs.gov/form990.**

A For the 2015 calendar year, or tax year beginning JAN 1, 2015 and ending MAR 31, 2015

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3011 S. CRODDY WAY City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92704 F Name and address of principal officer: ZIONNA HANSON 3011 S. CRODDY WAY, SANTA ANA, CA 92704	D Employer identification number 27-2027629 E Telephone number 714-361-6132 G Gross receipts \$ 127,635. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.BARBELLSFORBOOBS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2010		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO PROVIDE FUNDING FOR QUALIFIED LOW-INCOME AND UNINSURED WOMEN AND MEN		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,357,004.	Current Year 32,876.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,599.	-6,339.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,361,603.	26,537.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	550,219.	217,296.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	786,549.	144,237.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,069.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,138,956.	277,950.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,475,724.	639,483.	
19 Revenue less expenses. Subtract line 18 from line 12	-114,121.	-612,946.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,526,593.	End of Year 911,059.
	21 Total liabilities (Part X, line 26)	44,204.	41,616.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,482,389.	869,443.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ZIONNA HANSON, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RYAN WORKING, CPA	Preparer's signature
	Date 2/12/16	Check if self-employed <input type="checkbox"/> PTIN P00892285
	Firm's name ▶ WRIGHT FORD YOUNG & CO. CPA'S	Firm's EIN ▶ 95-3288054
	Firm's address ▶ 16140 SAND CANYON AVENUE IRVINE, CA 92618-3715	Phone no. (949) 910-2727

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO PROVIDE FUNDING FOR QUALIFIED LOW-INCOME AND UNINSURED WOMEN AND MEN WHO NEED SCREENING AND/OR DIAGNOSTIC PROCEDURES IN THE PREVENTION OF BREAST CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 463,489. including grants of \$ 217,296.) (Revenue \$) THE BARBELLS FOR BOOBS PROGRAM WAS DEVELOPED TO ADDRESS A CRITICAL NEED AND FILL THE GAP IN FUNDING PROACTIVE BREAST HEALTHCARE SERVICES FOR ANYONE, ANYWHERE, AT ANY TIME IN HIS OR HER LIFE. THE PROGRAM PROVIDES FUNDING TO BREAST CENTERS AND BREAST HEALTH CARE PROVIDERS ON A NATIONAL LEVEL THRU COMMUNITY GRANTS FOR DIAGNOSTIC AND DETECTION SERVICES TO UNDER SERVED WOMEN AND MEN AS PRESCRIBED BY A MEDICAL DOCTOR. BARBELLS FOR BOOBS FUNDRAISING EVENTS AND GENEROUS DONATIONS FROM OUR SUPPORTERS ARE VITAL COMPONENTS THAT ALLOW US TO PROVIDE MORE DETECTION SERVICES AND IMPLEMENT BARBELLS FOR BOOBS PROGRAMS ALL AROUND THE COUNTRY. THE FIRST BARBELLS FOR BOOBS GRANTS WERE AWARDED IN JULY OF 2011 IN SOUTHERN CALIFORNIA. SINCE THEN THE PROGRAM HAS FUNDED 20 NON-PROFIT BREAST HEALTH CARE ORGANIZATIONS AND FACILITIES IN 17 STATES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 463,489.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **NATHAN CONTRERAS - 714-361-6132**
3011 S. CRODDY WAY, SANTA ANA, CA 92704

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes entries for DAVIS ALDANA, ZIONNA HANSON, ROBYN BENNET, TRACY ALBERT, LINDA LEIPPER, and ALEC HANSON.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	32,876.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		32,876.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			<6,339.>	<6,339.>	
	8 a Gross income from fundraising events (not including \$ 32,876. of contributions reported on line 1c). See Part IV, line 18	a		91,259.			
		b Less: direct expenses	b	91,259.			
		c Net income or (loss) from fundraising events			0.		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			26,537.	<6,339.>	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	217,296.	217,296.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,201.	41,603.	2,533.	5,065.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	95,036.	49,266.	11,891.	33,879.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,179.		7,179.	
12 Advertising and promotion				
13 Office expenses	34,491.	19,770.	6,426.	8,295.
14 Information technology				
15 Royalties				
16 Occupancy	16,814.	10,650.	1,666.	4,498.
17 Travel	5,755.	4,615.	200.	940.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,500.	31,185.	4,950.	13,365.
23 Insurance	19,948.	12,567.	1,995.	5,386.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	59,781.	31,896.	1,543.	26,342.
b SUPPORT TEAM	59,324.	29,662.		29,662.
c OUTREACH	10,681.	5,595.	127.	4,959.
d BANK FEES	6,330.	4,473.	912.	945.
e All other expenses	8,147.	4,911.	503.	2,733.
25 Total functional expenses. Add lines 1 through 24e	639,483.	463,489.	39,925.	136,069.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,336,082.	1	783,896.
	2 Savings and temporary cash investments	1,000.	2	1,000.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L	7,068.	6	5,694.
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 355,992.		
	b Less: accumulated depreciation	10b 272,603.	145,363.	10c 83,389.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	37,080.	15	37,080.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,526,593.	16	911,059.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	44,204.	25	41,616.
	26 Total liabilities. Add lines 17 through 25	44,204.	26	41,616.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	1,482,389.	32	869,443.
33 Total net assets or fund balances	1,482,389.	33	869,443.	
34 Total liabilities and net assets/fund balances	1,526,593.	34	911,059.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,537.
2	Total expenses (must equal Part IX, column (A), line 25)	2	639,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	<612,946.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,482,389.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	869,443.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization **BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT** Employer identification number **27-2027629**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	581,087.	1220234.	2213721.	2357004.	32,876.	6404922.
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	581,087.	1220234.	2213721.	2357004.	32,876.	6404922.
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)						141,972.
6 Public support. Subtract line 5 from line 4.						6262950.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	581,087.	1220234.	2213721.	2357004.	32,876.	6404922.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		201.	3,821.	4,599.		8,621.
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						6413543.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.65 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.81 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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 .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SHORT YEAR EXPLANATION:

THIS 2015 TAX RETURN IS FOR THE SHORT YEAR 01/01/2015 - 03/31/2015. THE AMOUNTS REFLECTED ON SCHEDULE A, PART II, COLUMN (E) FOR THE PUBLIC SUPPORT TEST, ONLY REFLECT 3 MONTHS OF FINANCIAL STATEMENT INFORMATION.

THE PUBLIC SUPPORT PERCENTAGE HAS NOT BEEN MATERIALLY AFFECTED BY THIS SHORT YEAR.

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2015

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
REEBOK	270,243.	141,972.
Total Excess Contributions to Schedule A, Part II, Line 5	141,972.	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT **Employer identification number** 27-2027629

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		355,992.	272,603.	83,389.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				83,389.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAX LIABILITIES	6,529.
(3) CREDIT CARDS	4,907.
(4) VEHICLE LOAN	30,180.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,616.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on 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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT

Employer identification number

27-2027629

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BARBELLS FOR ONLINE BOOBS INCOM FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	118,823.	5,312.	124,135.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	118,823.	5,312.	124,135.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	75,575.	15,684.	91,259.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			91,259.
11	Net income summary. Subtract line 10 from line 3, column (d)			32,876.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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 manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT** Employer identification number **27-2027629**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANGOR YMCA 17 SECOND STREET BANGOR, ME 04401	01-0211485	501(C)(3)	15,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
BREAST TREATMENT TASK FORCE 150 W. 25TH STREET SUITE 900 NEW YORK, NY 10001	13-4018407	501(C)(3)	21,161.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
CANCER SERVICES PROGRAM OF MONROE COUNTY - 910 GENESEE STREET, BROOKS LANDING BUSINESS CENTER - ROCHESTER, NY 14611	16-0743209	501(C)(3)	21,038.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY CLINICS HEALTH NETWORK PO BOX 880969 SAN DIEGO, CA 92168	33-0759107	501(C)(3)	10,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
DEDICATED BIOPSY 2683 VIA DE LA VALLE #G524 DEL MAR, CA 92014	46-4545049	501(C)(3)	75,816.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
MAINE COAST MEMORIAL HOSPITAL 50 UNION ST. ELLSWORTH, ME 04605	01-0198331	501(C)(3)	10,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **10.**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENN STATE HERSHEY BREAST CENTER 90 HOPE DRIVE HERSHEY, PA 17033	24-6000376	501(C)(3)	7,340.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
PROJECT RENEWAL 54 LINCOLN AVENUE ISLIP TERRACE, NY 11752	13-2602882	501(C)(3)	21,162.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
SUSAN G. KOMEN ORANGE COUNTY 3191-A AIRPORT LOOP DR. COSTA MESA, CA 92626	33-0487943	501(C)(3)	17,258.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
WE CARE MANATEE 300 RIVERSIDE DRIVE EAST SUITE 2000 BRADENTON, FL 34208	59-3606103	501(C)(3)	10,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization **BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT** Employer identification number **27-2027629**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
CHRIS HANSON	A FAMILY	PERSONAL		X	5,262.	4,525.		X	X		X	
EAMON SYLVESTER	EMPLOYEE	PERSONAL		X	1,806.	1,169.		X	X		X	
Total						▶ \$	5,694.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CHRIS HANSON

(B) RELATIONSHIP WITH ORGANIZATION: A FAMILY MEMBER OF ZIONNA HANSON
(PRESIDENT)

(C) PURPOSE OF LOAN: PERSONAL

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 5,262. (F) BALANCE DUE \$ 4,525.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: EAMON SYLVESTER

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYEE

(C) PURPOSE OF LOAN: PERSONAL

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,806. (F) BALANCE DUE \$ 1,169.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT

Employer identification number

27-2027629

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHO NEED SCREENING AND/OR DIAGNOSTIC PROCEDURES IN THE PREVENTION OF
BREAST CANCER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND OUR REACH CONTINUES TO GROW. OUR CURRENT PROGRAM HAS SERVICED 749
INDIVIDUALS, PROVIDED 1123 PROCEDURES, AND DETECTED 30 CASES OF BREAST
CANCER.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

IT WILL BE READ AND AGREED BY DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THROUGH BOARD MEETINGS ALL RELATIONSHIPS ARE DISCLOSED AND VOTED ON.

FORM 990, PART VI, SECTION B, LINE 15A:

THROUGH PRIOR YEAR COMPENSATION SURVEY PROVIDED BY CHARITY NAVIGATOR AND A
VOTE AMONGST BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT

Employer identification number

27-2027629

THE ORGANIZATION HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAPTOP	05/01/10	SL	5.00		16	797.				797.	716.		40.	756.
2	CARAVAN CANOPY	04/26/11	SL	5.00		16	1,173.				1,173.	861.		59.	920.
3	CAMERA	05/04/11	SL	5.00		16	1,935.				1,935.	1,419.		97.	1,516.
4	CAMERA	05/09/11	SL	5.00		16	2,317.				2,317.	1,698.		116.	1,814.
5	COMPUTER	06/01/11	SL	7.00		16	3,787.				3,787.	1,939.		135.	2,074.
6	MICROWAVE	06/21/11	SL	5.00		16	334.				334.	234.		17.	251.
7	OFFICE CABINET	06/27/11	SL	5.00		16	561.				561.	392.		28.	420.
8	DESK	06/27/11	SL	5.00		16	232.				232.	161.		12.	173.
9	LAPTOP	06/29/11	SL	7.00		16	978.				978.	490.		35.	525.
10	SOFA TABLE	07/25/11	SL	5.00		16	1,220.				1,220.	834.		61.	895.
11	CANOPY	08/01/11	SL	5.00		16	2,482.				2,482.	1,695.		124.	1,819.
12	BOOK CASE	08/04/11	SL	5.00		16	562.				562.	383.		28.	411.
13	DESK CHAIRS	08/15/11	SL	5.00		16	355.				355.	243.		18.	261.
14	CAMERA TRIPOD	08/26/11	SL	5.00		16	415.				415.	277.		21.	298.
15	ATHLETIC BIKES	10/05/11	SL	5.00		16	2,687.				2,687.	1,745.		134.	1,879.
16	COMPUTER	10/06/11	SL	7.00		16	4,222.				4,222.	1,960.		151.	2,111.
17	ATHLETIC BIKES	10/08/11	SL	5.00		16	5,001.				5,001.	3,250.		250.	3,500.
18	CAMERA	10/12/11	SL	5.00		16	465.				465.	302.		23.	325.

528111
04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	COMPUTER	10/12/11	SL	7.00		16	2,446.				2,446.	1,134.		87.	1,221.
20	(D)SCION XB	04/12/11	SL	10.00		21	16,176.				16,176.	6,067.		270.	
21	3 IPHONES	01/12/12	200DB	5.00	HY	17	1,045.			523.	522.	371.		60.	431.
23	COMPUTER	04/27/12	200DB	5.00	HY	17	2,297.			1,149.	1,148.	817.		132.	949.
24	AUTO	01/01/12	200DB	5.00	HY	21	1,500.			750.	750.	534.		86.	620.
25	APPLE COMPUTER	03/05/13	200DB	5.00	HY	17	4,800.			2,400.	2,400.	1,248.		461.	1,709.
26	THUNDERBOLT DISPLAY	03/03/13	200DB	5.00	HY	17	537.			269.	268.	140.		51.	191.
27	THUNDERBOLT DISPLAY	03/03/13	200DB	5.00	HY	17	5,000.			2,500.	2,500.	1,300.		480.	1,780.
28	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	6,048.			3,024.	3,024.	1,573.		580.	2,153.
29	THUNDERBOLT DISPLAY	03/14/13	200DB	5.00	HY	17	2,388.			1,194.	1,194.	621.		229.	850.
30	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	860.			430.	430.	224.		82.	306.
31	THUNDERBOLT DISPLAY	03/14/13	200DB	5.00	HY	17	2,014.			1,007.	1,007.	523.		194.	717.
32	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	350.			175.	175.	91.		34.	125.
33	THUNDERBOLT DISPLAY	03/14/13	200DB	5.00	HY	17	50.			25.	25.	13.		5.	18.
34	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	2,139.			1,070.	1,069.	556.		205.	761.
46	LEASEHOLD IMPROVEMENTS	03/12/13	SL	15.00	HY	17	37,048.			18,524.	18,524.	1,852.		1,235.	3,087.
47	10 DESKS	02/19/13	200DB	7.00	HY	17	3,455.			1,728.	1,727.	670.		302.	972.
48	CONFERENCE ROOM EQUIPMENT AND KITCHEN	02/20/13	200DB	7.00	HY	17	1,444.			722.	722.	280.		126.	406.

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04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	8 CHAIRS	02/25/13	200DB	7.00		HY17	1,932.			966.	966.	375.		169.	544.
50	COUNTERTOP	02/28/13	200DB	7.00		HY17	1,600.			800.	800.	310.		140.	450.
51	OFFICE CHAIRS	03/06/13	200DB	7.00		HY17	2,124.			1,062.	1,062.	412.		186.	598.
52	2 CABINETS	03/11/13	200DB	7.00		HY17	1,383.			692.	691.	268.		121.	389.
53	2 DESKS	05/20/13	200DB	7.00		HY17	1,031.			516.	515.	200.		90.	290.
54	EVENT CANOPY	05/23/13	200DB	7.00		HY17	1,121.			561.	560.	217.		98.	315.
55	A TOP EN-COUNTER	07/08/13	200DB	5.00		HY17	800.			400.	400.	208.		77.	285.
57	CAMERA	12/21/13	200DB	5.00		HY17	8,169.			4,085.	4,084.	2,124.		784.	2,908.
59	2008	12/31/13	200DB	5.00		HY17	2,000.			1,000.	1,000.	520.		192.	712.
60	APPLE MONITORS	08/02/13	200DB	5.00		HY17	2,709.			1,355.	1,354.	704.		260.	964.
61	BIKES	02/01/12	200DB	5.00		HY17	4,063.			2,032.	2,031.	1,446.		234.	1,680.
62	TWO DESKS	04/04/14	200DB	7.00		HY17	1,616.			808.	808.	115.		198.	313.
63	BARBELLS FOR BOOBS SIGN	04/22/14	200DB	7.00		HY17	1,500.			750.	750.	107.		184.	291.
64	CONCRETE DESKS	05/28/14	200DB	7.00		HY17	2,345.			1,173.	1,172.	167.		287.	454.
65	BARSTOOLS	05/27/14	200DB	7.00		HY17	562.			281.	281.	40.		69.	109.
66	MACBOOK AIR	01/14/14	200DB	5.00		HY17	1,445.			723.	722.	144.		231.	375.
67	MACBOOK AIR	01/14/14	200DB	5.00		HY17	1,445.			723.	722.	144.		231.	375.
68	PEGASUS HARD DRIVE	01/27/14	200DB	5.00		HY17	1,538.			769.	769.	154.		246.	400.

528111
04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
69	3 APPLE THUNDERBOLT DISPLAYS	01/31/14	200DB	5.00		HY17	2,250.			1,125.	1,125.	225.		360.	585.
70	MAC PRO	03/10/14	200DB	5.00		HY17	6,873.			3,437.	3,436.	687.		1,100.	1,787.
71	APPLE	03/27/14	200DB	5.00		HY17	1,126.			563.	563.	113.		180.	293.
72	SONY NEX-FS700 SUPER 35 CAMCORDER AND LENS	01/07/14	200DB	5.00		HY17	8,389.			4,195.	4,194.	839.		1,342.	2,181.
73	SIGMA 35 MM CANON LENS	02/14/14	200DB	5.00		HY17	899.			450.	449.	90.		144.	234.
74	LEXAR 128GB MEMORY CARD	02/14/14	200DB	5.00		HY17	490.			245.	245.	49.		78.	127.
75	CANON SPEEDLITE	02/14/14	200DB	5.00		HY17	469.			235.	234.	47.		75.	122.
76	REDROCK MOTORIZED SLIDER	03/07/14	200DB	5.00		HY17	1,495.			748.	747.	149.		239.	388.
77	LACIE 500GB HARDDRIVE	03/07/14	200DB	5.00		HY17	500.			250.	250.	50.		80.	130.
78	SONY CYBERSHOT	08/27/14	200DB	5.00		HY17	798.			399.	399.	80.		128.	208.
79	DUZI SLIDER	08/27/14	200DB	5.00		HY17	431.			216.	215.	43.		69.	112.
80	DJI RONIN HANDHELD GIMBLE	09/25/14	200DB	5.00		HY17	3,054.			1,527.	1,527.	305.		489.	794.
81	STREET SIGN FOR BUILDING	05/12/14	200DB	2.00		HY16	1,054.				1,054.	703.		88.	791.
82	FULL DJ SETUP	01/27/14	200DB	5.00		HY17	7,629.			3,815.	3,814.	763.		1,220.	1,983.
83	GPS FOR SPRINTER	01/31/14	200DB	5.00		HY17	907.			454.	453.	91.		145.	236.
84	TURNTABLE	01/31/14	200DB	5.00		HY17	864.			432.	432.	86.		138.	224.
85	ALARM INSTALL	03/10/14	200DB	5.00		HY17	1,299.			650.	649.	130.		208.	338.
86	SHIRT PRESS	06/23/14	200DB	5.00		HY17	1,450.			725.	725.	145.		232.	377.

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04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	HAT PRESS	06/23/14	200DB	5.00		HY17	750.			375.	375.	75.		120.	195.
88	PIONEER MOBILE DJ SETUP	10/24/14	200DB	5.00		HY17	1,222.			611.	611.	122.		196.	318.
89	2012 SPRINTER	01/04/14	200DB	5.00		HY17	43,718.			21,859.	21,859.	4,372.		6,995.	11,367.
90	EVENT BOX PLUS REGISTRATION FEES	09/02/14	200DB	5.00		HY17	81,366.			40,683.	40,683.	8,137.		13,018.	21,155.
91	TV FOR EVENT BOX DISPLAY	09/22/14	200DB	5.00		HY17	818.			409.	409.	82.		131.	213.
92	5' COUNTER FOR EVENT BOX	09/30/14	200DB	7.00		HY17	2,450.			1,225.	1,225.	175.		300.	475.
93	2014 CHEVY SILVERADO	11/12/14	200DB	5.00		HY17	47,998.			23,999.	23,999.	4,800.		7,680.	12,480.
94	THUNDERBOLT DISPLAY	02/27/15	200DB	5.00		MQ19B	867.			434.	433.			456.	22.
	* TOTAL 990 PAGE 10 DEPR						375,669.			163,247.	212,422.	66,626.		44,976.	104,831.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACTFORM 990 PAGE 10		
		27-2027629

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	434.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,524.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	42,640.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		433.	5 YRS.	MQ	200DB	22.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	356.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	44,976.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

SCION XB	041211	100.00 %	16,176.	16,176.	10.00	SL -HY	270.	
AUTO	010112	100.00 %	1,500.	750.	5.00	200DB-HY	86.	
	:	%						

27 Property used 50% or less in a qualified business use:

	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 356.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year:	:				
	:				
43 Amortization of costs that began before your 2015 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

March 31, 2015

Prepared for	Barbells for Boobs FKA Mammograms In Act 3011 S. Croddy Way Santa Ana, CA 92704
Prepared by	Wright Ford Young & Co. CPA's 16140 Sand Canyon Avenue Irvine, CA 92618-3715
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0501
Return must be mailed on or before	February 16, 2016
Special Instructions	

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **01/01/2015**, and ending (mm/dd/yyyy) **03/31/2015**

Corporation/Organization name BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT		California corporation number 3276720
Additional information. See instructions.		FEIN 27-2027629
Street address (suite or room) 3011 S. CRODDY WAY		PMB no.
City SANTA ANA	State CA	ZIP code 92704
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	94,759.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	32,876.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	127,635.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	9,839.00
	7	Total costs. Add line 5 and line 6	7	9,839.00
	8	Total gross income. Subtract line 7 from line 4	8	117,796.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	695,458.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<577,662.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CEO	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P00892285
	Firm's name (or yours, if self-employed) and address WRIGHT FORD YOUNG & CO. CPA'S 16140 SAND CANYON AVENUE IRVINE, CA 92618-3715			• FEIN 95-3288054
				• Telephone (949)910-2727

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	91,259.00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 1	•	6	3,500.00
	7	Other income	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	94,759.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	•	9	208,775.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	49,202.00
	12	Other salaries and wages	•	12	95,036.00
	13	Interest	•	13	00
	14	Taxes	•	14	00
	15	Rents	•	15	16,814.00
	16	Depreciation and depletion (See instructions)	•	16	22,736.00
	17	Other Expenses and Disbursements SEE STATEMENT 4	•	17	302,895.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	695,458.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,337,082.		784,896.
2	Net accounts receivable				
3	Net notes receivable STMT 5		7,068.		5,694.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	374,802.		355,992.	
b	Less accumulated depreciation	(229,439.)	145,363.	(272,603.)	83,389.
11	Land				
12	Other assets STMT 6		37,080.		37,080.
13	Total assets		1,526,593.		911,059.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		44,204.		41,616.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,482,389.		869,443.
22	Total liabilities and net worth		1,526,593.		911,059.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• <599,902.>	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return STMT 8	• 22,240.		Subtract line 9 from line 6	<577,662.>
6	Total. Add line 1 through line 5	<577,662.>			

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SCION XB	04/12/11	02/28/15	PURCHASED	16,176.	6,337.	0.	3,500.
TOTAL TO FORM 199, PAGE 2, LN 6				16,176.	6,337.	0.	3,500.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 2

ACTIVITY CLASSIFICATION:

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BANGOR YMCA	17 SECOND STREET - BANGOR, ME 04401	NONE	15,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BREAST TREATMENT TASK FORCE	150 W. 25TH STREET SUITE 900 - NEW YORK, NY 10001	NONE	21,161.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CANCER SERVICES PROGRAM OF MONROE COUNTY	910 GENESEE STREET, BROOKS LANDING BUSINESS CENTER - ROCHESTER, NY 14611	NONE	21,038.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COMMUNITY CLINICS HEALTH NETWORK	PO BOX 880969 - SAN DIEGO, CA 92168	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEDICATED BIOPSY	2683 VIA DE LA VALLE #G524 - DEL MAR, CA 92014	NONE	75,816.
MAINE COAST MEMORIAL HOSPITAL	50 UNION ST. - ELLSWORTH, ME 04605	NONE	10,000.
PENN STATE HERSHEY BREAST CENTER	90 HOPE DRIVE - HERSHEY, PA 17033	NONE	7,340.
PROJECT RENEWAL	54 LINCOLN AVENUE - ISLIP TERRACE, NY 11752	NONE	21,162.
SUSAN G. KOMEN ORANGE COUNTY	3191-A AIRPORT LOOP DR. - COSTA MESA, CA 92626	NONE	17,258.
WE CARE MANATEE	300 RIVERSIDE DRIVE EAST SUITE 2000 - BRADENTON, FL 34208	NONE	10,000.
TOTAL FOR THIS ACTIVITY			208,775.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>208,775.</u>

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DAVIS ALDANA 3011 S. CRODDY WAY SANTA ANA, CA 92704	ADVISOR TO BOARD 5.00	0.
ZIONNA HANSON 3011 S. CRODDY WAY SANTA ANA, CA 92704	CEO 60.00	25,327.
ROBYN BENNET 3011 S. CRODDY WAY SANTA ANA, CA 92704	PRESIDENT 60.00	23,875.
TRACY ALBERT 3011 S. CRODDY WAY SANTA ANA, CA 92704	TREASURER 5.00	0.
LINDA LEIPPER 3011 S. CRODDY WAY SANTA ANA, CA 92704	VICE PRESIDENT 5.00	0.
ALEC HANSON 3011 S. CRODDY WAY SANTA ANA, CA 92704	SECRETARY 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		49,202.

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT	
OUTSIDE SERVICES	59,781.	
SUPPORT TEAM	59,324.	
OUTREACH	10,681.	
BANK FEES	6,330.	
DIRECT EXPENSES OF FUNDRAISING EVENTS	91,259.	
OTHER PROFESSIONAL FEES	7,179.	
OFFICE EXPENSES	34,491.	
TRAVEL	5,755.	
INSURANCE	19,948.	
ALL OTHER EXPENSES	8,147.	
TOTAL TO FORM 199, PART II, LINE 17		302,895.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE		7,068.	5,694.
TOTAL TO FORM 199, SCHEDULE L, LINE 3		7,068.	5,694.

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS		23,052.	23,052.
OTHER ASSETS		14,028.	14,028.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		37,080.	37,080.

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PAYROLL TAX LIABILITIES		6,529.	6,529.
CREDIT CARDS		5,641.	4,907.
VEHICLE LOAN		32,034.	30,180.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		44,204.	41,616.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	8
DESCRIPTION		AMOUNT	
DEPRECIATION		22,240.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		22,240.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 27-2027629

Corporation name

California corporation number

BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT

3276720

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property descriptions. Includes columns for description, cost, and elected cost.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total election, total depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year.

CA 3885		DEPRECIATION				STATEMENT 9	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAPTOP	05/01/10	797.	716.	SL	5.00	40.	
2 CARAVAN CANOPY	04/26/11	1,173.	861.	SL	5.00	59.	
3 CAMERA	05/04/11	1,935.	1,419.	SL	5.00	97.	
4 CAMERA	05/09/11	2,317.	1,698.	SL	5.00	116.	
5 COMPUTER	06/01/11	3,787.	1,939.	SL	7.00	135.	
6 MICROWAVE	06/21/11	334.	234.	SL	5.00	17.	
7 OFFICE CABINET	06/27/11	561.	392.	SL	5.00	28.	
8 DESK	06/27/11	232.	161.	SL	5.00	12.	
9 LAPTOP	06/29/11	978.	490.	SL	7.00	35.	
10 SOFA TABLE	07/25/11	1,220.	834.	SL	5.00	61.	
11 CANOPY	08/01/11	2,482.	1,695.	SL	5.00	124.	
12 BOOK CASE	08/04/11	562.	383.	SL	5.00	28.	
13 DESK CHAIRS	08/15/11	355.	243.	SL	5.00	18.	
14 CAMERA TRIPOD	08/26/11	415.	277.	SL	5.00	21.	
15 ATHLETIC BIKES	10/05/11	2,687.	1,745.	SL	5.00	134.	
16 COMPUTER	10/06/11	4,222.	1,960.	SL	7.00	151.	
17 ATHLETIC BIKES	10/08/11	5,001.	3,250.	SL	5.00	250.	
18 CAMERA	10/12/11	465.	302.	SL	5.00	23.	
19 COMPUTER	10/12/11	2,446.	1,134.	SL	7.00	87.	
20 SCION XB	04/12/11	16,176.	6,067.	SL	10.00	270.	
21 3 IPHONES	01/12/12	1,045.	819.	200DB	5.00	23.	
23 COMPUTER	04/27/12	2,297.	1,691.	200DB	5.00	61.	
24 AUTO	01/01/12	1,500.	1,176.	200DB	5.00	32.	

25	APPLE COMPUTER	03/05/13	4,800.	2,880.	200DB	5.00	192.
26	THUNDERBOLT DISPLAY	03/03/13	537.	322.	200DB	5.00	22.
27	THUNDERBOLT DISPLAY	03/03/13	5,000.	3,000.	200DB	5.00	200.
28	MACBOOK AIR	03/14/13	6,048.	3,629.	200DB	5.00	242.
29	THUNDERBOLT DISPLAY	03/14/13	2,388.	1,433.	200DB	5.00	96.
30	MACBOOK AIR	03/14/13	860.	516.	200DB	5.00	34.
31	THUNDERBOLT DISPLAY	03/14/13	2,014.	1,208.	200DB	5.00	81.
32	MACBOOK AIR	03/14/13	350.	210.	200DB	5.00	14.
33	THUNDERBOLT DISPLAY	03/14/13	50.	30.	200DB	5.00	2.
34	MACBOOK AIR	03/14/13	2,139.	1,283.	200DB	5.00	86.
46	LEASEHOLD IMPROVEMENTS	03/12/13	37,048.	4,528.	SL	15.00	617.
47	10 DESKS	02/19/13	3,455.	1,575.	200DB	7.00	134.
48	CONFERENCE ROOM EQUIPMENT AND KITCHEN	02/20/13	1,444.	658.	200DB	7.00	56.
49	8 CHAIRS	02/25/13	1,932.	881.	200DB	7.00	75.
50	COUNTERTOP	02/28/13	1,600.	729.	200DB	7.00	62.
51	OFFICE CHAIRS	03/06/13	2,124.	968.	200DB	7.00	83.
52	2 CABINETS	03/11/13	1,383.	630.	200DB	7.00	54.
53	2 DESKS	05/20/13	1,031.	417.	200DB	7.00	44.
54	EVENT CANOPY	05/23/13	1,121.	454.	200DB	7.00	48.
55	A TOP EN-COUNTER	07/08/13	800.	416.	200DB	5.00	38.
57	CAMERA	12/21/13	8,169.	3,758.	200DB	5.00	441.
59	2008	12/31/13	2,000.	920.	200DB	5.00	108.
60	APPLE MONITORS	08/02/13	2,709.	1,355.	200DB	5.00	135.
61	BIKES	02/01/12	4,063.	2,747.	200DB	5.00	132.
62	TWO DESKS	04/04/14	1,616.	346.	200DB	7.00	91.
63	BARBELLS FOR BOOBS SIGN	04/22/14	1,500.	286.	200DB	7.00	87.
64	CONCRETE DESKS	05/28/14	2,345.	391.	200DB	7.00	140.

65	BARSTOOLS	05/27/14	562.	94.	200DB	7.00	33.
66	MACBOOK AIR	01/14/14	1,445.	578.	200DB	5.00	87.
67	MACBOOK AIR	01/14/14	1,445.	578.	200DB	5.00	87.
68	PEGASUS HARD DRIVE	01/27/14	1,538.	564.	200DB	5.00	97.
69	3 APPLE THUNDERBOLT DISPLAYS	01/31/14	2,250.	825.	200DB	5.00	143.
70	MAC PRO	03/10/14	6,873.	2,291.	200DB	5.00	458.
71	APPLE	03/27/14	1,126.	338.	200DB	5.00	79.
72	SONY NEX-FS700 SUPER 35 CAMCORDER AND LENS	01/07/14	8,389.	3,356.	200DB	5.00	503.
73	SIGMA 35 MM CANON LENS	02/14/14	899.	330.	200DB	5.00	57.
74	LEXAR 128GB MEMORY CARD	02/14/14	490.	180.	200DB	5.00	31.
75	CANON SPEEDLITE	02/14/14	469.	172.	200DB	5.00	30.
76	REDROCK MOTORIZED SLIDER	03/07/14	1,495.	498.	200DB	5.00	100.
77	LACIE 500GB HARDDRIVE	03/07/14	500.	167.	200DB	5.00	33.
78	SONY CYBERSHOT	08/27/14	798.	106.	200DB	5.00	69.
79	DUZI SLIDER	08/27/14	431.	57.	200DB	5.00	37.
80	DJI RONIN HANDHELD GIMBLE	09/25/14	3,054.	305.	200DB	5.00	275.
81	STREET SIGN FOR BUILDING	05/12/14	1,054.	703.	200DB	2.00	88.
82	FULL DJ SETUP	01/27/14	7,629.	2,797.	200DB	5.00	483.
83	GPS FOR SPRINTER	01/31/14	907.	333.	200DB	5.00	57.
84	TURNTABLE	01/31/14	864.	317.	200DB	5.00	55.
85	ALARM INSTALL	03/10/14	1,299.	433.	200DB	5.00	87.
86	SHIRT PRESS	06/23/14	1,450.	290.	200DB	5.00	116.
87	HAT PRESS	06/23/14	750.	150.	200DB	5.00	60.
88	PIONEER MOBILE DJ SETUP	10/24/14	1,222.	81.	200DB	5.00	114.
89	2012 SPRINTER	01/04/14	43,718.	17,487.	200DB	5.00	2,623.
90	EVENT BOX PLUS REGISTRATION FEES	09/02/14	81,366.	10,849.	200DB	5.00	7,052.
91	TV FOR EVENT BOX DISPLAY	09/22/14	818.	82.	200DB	5.00	74.

BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT

27-2027629

92	5' COUNTER FOR EVENT BOX						
	09/30/14	2,450.	175.	200DB	7.00	163.	
93	2014 CHEVY SILVERADO						
	11/12/14	47,998.	3,200.	200DB	5.00	4,480.	
94	THUNDERBOLT DISPLAY						
	02/27/15	867.		200DB	5.00	29.	
TOTAL DEPR TO FORM 3885		<u>375,669.</u>	<u>112,392.</u>			<u>22,736.</u>	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

March 31, 2015

Prepared for	Barbells for Boobs FKA Mammograms In Act 3011 S. Croddy Way Santa Ana, CA 92704
Prepared by	Wright Ford Young & Co. CPA's 16140 Sand Canyon Avenue Irvine, CA 92618-3715
Amount due or refund	Balance due of \$25.00
Make check payable to	Attorney General Registry of Charitable Trusts
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	February 16, 2016
Special Instructions	The report should be signed and dated by the authorized individual(s).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0183876 BARBELLS FOR BOOBS FKA MAMMOGRAMS IN ACT <small>Name of Organization</small> 3011 S. CRODDY WAY <small>Address (Number and Street)</small> SANTA ANA, CA 92704 <small>City or Town, State and ZIP Code</small>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>3276720</u> Federal Employer I.D. No. <u>27-2027629</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 03/31/2015) list:
 Gross annual revenue \$ 26,537. Total assets \$ 911,059.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 714-361-6132

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

ZIONNA HANSON **CEO**
Signature of authorized officer Printed Name Title Date