

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **04/01/16** , and ending **03/31/17**

27-2027629

Barbells for Boobs

Net Asset / Fund Balance at Beginning of Year		<u>496,707</u>
Revenue		
Contributions	<u>2,164,786</u>	
Program service revenue	<u> </u>	
Investment income	<u> </u>	
Capital gain / loss	<u>24,210</u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>-15,909</u>	
Total revenue		<u>2,173,087</u>
Expenses		
Program services	<u>1,260,252</u>	
Management and general	<u>372,837</u>	
Fundraising	<u>77,445</u>	
Total expenses		<u>1,710,534</u>
Excess / (deficit)		<u>462,553</u>
Changes		<u>-238,730</u>
Net Asset / Fund Balance at End of Year		<u>720,530</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>2,173,087</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>2,173,087</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,710,534</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>1,710,534</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>528,095</u>	<u>779,131</u>	
Liabilities	<u>31,388</u>	<u>58,601</u>	
Net assets	<u>496,707</u>	<u>720,530</u>	<u>223,823</u>

Miscellaneous Information

Amended return
Return / extended due date 02/15/18
Failure to file penalty

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2016, or fiscal year beginning 4/01, 2016, and ending 3/31, 2017▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2016**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Barbells for Boobs

Employer identification number

27-2027629

Name and title of officer

**Zionna Hanson
CEO & Chairman****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	2,173,087
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LEGACY PARTNERS CPAS, A PROF ACCT C to enter my PIN 92704 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **02/15/18****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33143992626

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **CHRIS SCHWARTZE, CPA**Date ▶ **02/15/18****ERO Must Retain This Form — See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

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

2016
Open to Public Inspection

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 2016 calendar year, or tax year beginning 04/01/16, and ending 03/31/17

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 <p align="center">Barbells for Boobs</p>		D Employer identification number <p align="center">27-2027629</p>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number <p align="center">714-361-6132</p>
	Room/suite <p align="center">1006 E. Chestnut Avenue</p>		G Gross receipts\$ 2,237,830
	City or town, state or province, country, and ZIP or foreign postal code <p align="center">Santa Ana CA 92701</p>		
F Name and address of principal officer: <p>Zionna Hanson 1006 E. Chestnut Ave. Santa Ana CA 92701</p>			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)
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">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.</p>		
	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)	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	11	
	6 Total number of volunteers (estimate if necessary)	700	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,916,986	2,164,786
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,039	24,210
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,265	-15,909
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,916,212	2,173,087
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	664,913	160,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	714,467	715,574
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,445		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	950,999	834,960
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,330,379	1,710,534	
19 Revenue less expenses. Subtract line 18 from line 12	-414,167	462,553	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	528,095	779,131
	21 Total liabilities (Part X, line 26)	31,388	58,601
	22 Net assets or fund balances. Subtract line 21 from line 20	496,707	720,530

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 <p align="center">Zionna Hanson</p>		Date _____	
	Type or print name and title <p align="center">CEO & Chairman</p>			
Paid Preparer Use Only	Print/Type preparer's name CHRIS SCHWARTZE, CPA	Preparer's signature CHRIS SCHWARTZE, CPA	Date 05/09/18	Check <input type="checkbox"/> if self-employed PTIN P00747737
	Firm's name ▶ LEGACY PARTNERS CPAS, A PROF ACCT CORP		Firm's EIN ▶ 47-2790910	
	Firm's address ▶ 2900 BRISTOL ST., SUITE C-203 COSTA MESA, CA 92626-5945		Phone no. 714-540-9900	

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

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,260,252** including grants of \$ **160,000**) (Revenue \$)

THE BARBELLS FOR BOOBS PROGRAM WAS DEVELOPED TO ADDRESS A CRITICAL NEED AND FILL THE GAP FOR PROACTIVE BREAST HEALTHCARE SERVICES FOR UNDERSERVED AND UNINFORMED POPULATIONS. THE PROGRAM PROVIDES ADVOCACY, NAVIGATION, AND FUNDING SUPPORT NATIONWIDE. BARBELLS FOR BOOBS FUNDRAISING EVENTS AND GENEROUS DONATION FROM OUR SUPPORTERS ARE VITAL COMPONENTS THAT ALLOW US TO PROVIDE MORE DETECTION SERVICES AND IMPLEMENT BARBELLS FOR BOOBS PROGRAMS. THE FIRST BARBELLS FOR BOOBS GRANTS WERE AWARDED IN JULY 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 **▶ 1,260,252**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		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, Parts 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 line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for 1a (4), 1b (0), 2a (11), 2b (X), 3a (X), 3b, 4a (X), 5a (X), 5b (X), 5c, 6a (X), 6b, 7a (X), 7b, 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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

Section A. Governing Body and Management

		Yes	No
1a	7		
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	6		
Enter the number of voting members included in line 1a, above, who are independent.			
2			X
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?			
3			X
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?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			X
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?			
7b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8a		X	
a The governing body?			
8b		X	
b Each committee with authority to act on behalf of the governing body?			
9			X
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.			

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

		Yes	No
10a			X
Did the organization have local chapters, branches, or affiliates?			
10b			
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a			X
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
12a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12b		X	
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
12c			X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
13		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
14			X
Did the organization have a written whistleblower policy?			
15a		X	
Did the organization have a written document retention and destruction policy?			
15b		X	
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
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?			
16b			
a The organization's CEO, Executive Director, or top management official.			
b Other officers or key employees of the organization.			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b 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: **None**
- 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: ▶

Zionna Hanson **1006 E. Chestnut Ave.**
Santa Ana

CA 92701 714-361-6132

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Zionna Hanson CEO & Chairman	60.00 0.00	X		X				104,000	0	0
(2) Tracy Muller Treasurer	1.00 0.00	X		X				0	0	0
(3) Dan Gutenplan Secretary	1.00 0.00	X		X				0	0	0
(4) Robyn Bennet COO	40.00 0.00			X				95,000	0	0
(5) Vic Pepe Boardmember	1.00 0.00	X						0	0	0
(6) Alec Hanson Board member	1.00 0.00	X						0	0	0
(7) Jamie Cansler Board member	1.00 0.00	X						0	0	0
(8) John Potts Board member	1.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,164,786				
	g Noncash contributions included in lines 1a-1f: \$	89,271				
	h Total. Add lines 1a-1f		2,164,786			
Program Service Revenue	2a	Busn. 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					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	40,000			
		b Less: cost or other basis & sales exps.	15,790			
		c Gain or (loss)	24,210			
	d Net gain or (loss)		24,210		24,210	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	33,044				
	b Less: cost of goods sold	48,953				
	c Net income or (loss) from sales of inventory		-15,909	-15,909		
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,173,087	-15,909	0	24,210	

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	130,000	130,000		
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	30,000	30,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	199,000	157,210	25,870	15,920
7 Other salaries and wages	463,995	366,556	60,319	37,120
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	52,579	41,538	6,835	4,206
11 Fees for services (non-employees):				
a Management				
b Legal	57,555		57,555	
c Accounting	45,234		45,234	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	123,600	123,600		
12 Advertising and promotion	21,295	16,823	2,768	1,704
13 Office expenses	122,666	96,906	15,947	9,813
14 Information technology	45,316	35,800	5,891	3,625
15 Royalties				
16 Occupancy	43,875	34,661	5,704	3,510
17 Travel	70,991	70,991		
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	19,375	15,313	2,515	1,547
23 Insurance	94,332		94,332	
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 Program Support	140,854	140,854		
b Bank Fees	44,060		44,060	
c Taxes & Filing Fees	5,807		5,807	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,710,534	1,260,252	372,837	77,445
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	443,249	1	639,741	
	2 Savings and temporary cash investments		2		
	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 instructions). Complete Part II of Schedule L			6	
	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 161,396			
	b Less: accumulated depreciation	10b 141,551	54,846	10c	19,845
	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		30,000	15	119,545
16 Total assets. Add lines 1 through 15 (must equal line 34)		528,095	16	779,131	
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		31,388	25	58,601
	26 Total liabilities. Add lines 17 through 25		31,388	26	58,601
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			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds		496,707	32	720,530
33 Total net assets or fund balances		496,707	33	720,530	
34 Total liabilities and net assets/fund balances		528,095	34	779,131	

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	2,173,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,710,534
3	Revenue less expenses. Subtract line 2 from line 1	3	462,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	496,707
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	-238,730
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	720,530

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? 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		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Barbells for Boobs

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,220,234	2,213,721	2,357,004	1,916,986	2,164,786	9,872,731
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	1,220,234	2,213,721	2,357,004	1,916,986	2,164,786	9,872,731
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)						209,087
6 Public support. Subtract line 5 from line 4.						9,663,644

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,220,234	2,213,721	2,357,004	1,916,986	2,164,786	9,872,731
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	201	3,821	4,599	2,930		11,551
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						9,884,282
12 Gross receipts from related activities, etc. (see instructions)					12	33,044
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 2016 (line 6, column (f) divided by line 11, column (f))	14	97.77%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.00%
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2016. 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—2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI) **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			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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2016

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

Name of the organization

Employer identification number

Barbells for Boobs

27-2027629

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Barbells for Boobs	Employer identification number 27-2027629
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Reebok 31 St James Ave Boston MA	\$ 93,271	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Qalo 3011 S. Croddy Way Santa Ana CA 92704	\$ 100,261	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Barbells for Boobs	Employer identification number 27-2027629
--	--

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	T-Shirts	\$ 51,771	.....
1	Shoes	\$ 37,500	.....
.....	\$
.....	\$
.....	\$
.....	\$

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.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization

Employer identification number

Barbells for Boobs

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		161,396	141,551	19,845

19,845

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. (Column (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. (Column (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) Donated T-Shirts	51,771
(2) Donated Shoes	37,500
(3) Grant Refund	30,000
(4) Payroll Tax Overpayment	274
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	119,545

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	34,513
(3) Vehicle Loan	14,776
(4) Credit Cards	9,312
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	58,601

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Barbells for Boobs

Employer identification number

27-2027629

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Unrestricted Support	30,000	Wire Transfer			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Barbells for Boobs

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

2a 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 10 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages ..				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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:

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Barbells for Boobs

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Susan G. Komen-Colorado 1835 Franklin Street Denver CO 80218	84-1199858	501C3	10,000				Unrestricted Support
(2)	Susan G. Komen-Orange County 2817 McGraw Ave Irvine CA 92614	33-0487943	501C3	20,000				Unrestricted Support
(3)	National Breast Cancer Foundation 2600 Network Blvd Frisco TX 75034	75-2391148	501C3	30,000				Unrestricted Support
(4)	A Silver Lining Foundation 134 N La Salle Dr, Suite 1218 Chicago IL 60602	90-0097495	501C3	15,000				Unrestricted Support
(5)	Project Renewal 200 Varick Street, 9th Floor New York NY 10014	90-0097495	501C3	15,000				Health Program
(6)	Breast Treatment Task Force 85 5th Ave, Suite 700 New York NY 10003	13-4018407	501C3	15,000				Unrestricted Support
(7)	Libby's Legacy Breast Cancer Fnd 1718 S Orange Ave Orlando FL 32806	11-3812766	501C3	15,000				Unrestricted Support
(8)	Capital Breast Care Center 650 Pennsylvania Ave SE, Suite 230 Washington DC 20002	53-0196603	501C3	10,000				Unrestricted Support
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Barbells for Boobs

27-2027629

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		89,271	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

Barbells for Boobs

27-2027629

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Reviewed by Zionna Hanson, CEO and Chairman

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The board of directors approved the most recent Executive Compensation Policy on April 26, 2016. A copy is available upon request.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The board of directors approved the most recent Executive Compensation Policy on April 26, 2016. A copy is available upon request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
AVAILABLE UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

Barbells for Boobs

Identifying number

27-2027629

Business or activity to which this form relates

Indirect Depreciation

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 (see instructions)	3	2,010,000
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 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,243

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	16,132
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 2016 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						
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 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	
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 instructions	22	19,375
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

27-2027629

Federal Asset Report

FYE: 3/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
22	COMPUTER	4/27/12	2,297			X	1,148	5	HY 200DB	2,098	133
26	THUNDERBOLT DISPLAY	3/03/13	5,000			X	2,500	5	HY 200DB	4,280	480
27	MACBOOK AIR	3/14/13	6,048			X	3,024	5	HY 200DB	5,177	581
28	THUNDERBOLT DISPLAY	3/14/13	2,388			X	1,194	5	HY 200DB	2,044	229
29	MACBOOK AIR	3/14/13	860			X	430	5	HY 200DB	736	83
30	THUNDERBOLT DISPLAY	3/14/13	2,014			X	1,007	5	HY 200DB	1,724	193
31	MACBOOK AIR	3/14/13	350			X	175	5	HY 200DB	300	33
32	THUNDERBOLT DISPLAY	3/14/13	50			X	25	5	HY 200DB	43	5
33	MACBOOK AIR	3/14/13	2,139			X	1,069	5	HY 200DB	1,831	205
35	10 DESKS	2/19/13	3,455			X	1,727	7	HY 200DB	2,700	216
37	8 CHAIRS	2/25/13	1,932			X	966	7	HY 200DB	1,510	121
39	OFFICE CHAIRS	3/06/13	2,124			X	1,062	7	HY 200DB	1,660	133
40	2 CABINETS	3/11/13	1,383			X	691	7	HY 200DB	1,081	86
41	2 DESKS	5/20/13	1,031			X	515	7	HY 200DB	806	64
42	EVENT CANOPY	5/23/13	1,121			X	560	7	HY 200DB	876	70
44	CAMERA	12/21/13	5,870			X	2,935	5	HY 200DB	5,025	338
46	apple monitors	8/02/13	2,709			X	1,354	5	HY 200DB	2,319	156
47	bikes	2/01/12	4,063			X	2,031	5	HY 200DB	3,868	195
48	Two desks	4/04/14	1,616			X	808	7	HY 200DB	1,121	141
49	Barbells for Boobs sign	4/22/14	1,500			X	750	7	HY 200DB	1,041	131
51	Barstools	5/27/14	562			X	281	7	HY 200DB	390	49
52	Macbook Air	1/14/14	1,445			X	722	5	HY 200DB	1,098	139
53	Macbook Air	1/14/14	1,445			X	722	5	HY 200DB	1,098	139
54	Pegasus Hard Drive	1/27/14	1,538			X	769	5	HY 200DB	1,169	148
55	3 Apple Thunderbolt Displays	1/31/14	2,250			X	1,125	5	HY 200DB	1,710	216
56	Mac Pro	3/10/14	6,873			X	3,436	5	HY 200DB	5,224	660
57	Apple	3/27/14	1,126			X	563	5	HY 200DB	856	108
58	Sony NEX-FS700 Super 35 Camcorder and	1/07/14	8,389			X	4,194	5	HY 200DB	6,376	805
59	Sigma 35 MM Canon Lens	2/14/14	899			X	449	5	HY 200DB	684	86
60	Lexar 128GB Memory Card	2/14/14	490			X	245	5	HY 200DB	372	47
61	Canon Speedlite	2/14/14	469			X	234	5	HY 200DB	357	45
62	Redrock Motorized Slider	3/07/14	1,495			X	747	5	HY 200DB	1,136	144
63	LaCie 500GB Harddrive	3/07/14	500			X	250	5	HY 200DB	380	48
64	Sony Cybershot	8/27/14	798			X	399	5	HY 200DB	607	76
66	DJI Ronin Handheld Gimble	9/25/14	3,054			X	1,527	5	HY 200DB	2,321	293
68	Full DJ Setup	1/27/14	7,629			X	3,814	5	HY 200DB	5,798	732
69	GPS for Sprinter	1/31/14	907			X	453	5	HY 200DB	690	87
70	Turntable	1/31/14	864			X	432	5	HY 200DB	656	83
74	Pioneer Mobile DJ setup	10/24/14	1,222			X	611	5	HY 200DB	929	117
75	2012 Sprinter	1/04/14	43,718			X	21,859	5	HY 200DB	33,226	4,197
76	Event Box plus registration fees	9/02/14	81,366			X	40,683	5	HY 200DB	61,838	3,906
	Sold/Scrapped: 7/01/16										
81	Apple #1	11/27/15	867			X	433	5	HY 200DB	521	138
82	Apple #2	11/27/15	1,082			X	541	5	HY 200DB	649	173
83	Apple Iphone	1/08/16	380			X	190	5	HY 200DB	228	61
84	SS Lite Event Box	1/22/16	524			X	262	5	HY 200DB	314	42
	Sold/Scrapped: 7/01/16										
			<u>217,842</u>				<u>108,912</u>			<u>168,867</u>	<u>16,132</u>
Other Depreciation:											
1	LAPTOP	5/01/10	797				797	5	MO S/L	729	68
2	CARAVAN CANOPY	4/26/11	1,173				1,173	5	MO S/L	1,096	77
3	CAMERA	5/04/11	1,935				1,935	5	MO S/L	1,806	129
5	COMPUTER	6/01/11	3,787				3,787	7	MO S/L	2,480	541
6	MICROWAVE	6/21/11	334				334	5	MO S/L	301	33
7	OFFICE CABINET	6/27/11	561				561	5	MO S/L	504	57
8	DESK	6/27/11	232				232	5	MO S/L	207	25
9	LAPTOP	6/29/11	978				978	7	MO S/L	630	140
11	CANOPY	8/01/11	2,482				2,482	5	MO S/L	2,191	291
12	BOOK CASE	8/04/11	562				562	5	MO S/L	495	67
13	DESK CHAIRS	8/15/11	355				355	5	MO S/L	314	41
14	CAMERA TRIPOD	8/26/11	415				415	5	MO S/L	360	55
16	COMPUTER	10/06/11	4,222				4,222	7	MO S/L	2,563	603
17	ATHLETIC BIKES	10/08/11	5,001				5,001	5	MO S/L	4,250	751
19	COMPUTER	10/12/11	2,446				2,446	7	MO S/L	1,483	349
85	CAMERA EQUIPMENT	9/30/16	164				164	5	MO S/L	0	16

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>25,444</u>			<u>25,444</u>		<u>19,409</u>	<u>3,243</u>
	Total ACRS and Other Depreciation		<u>25,444</u>			<u>25,444</u>		<u>19,409</u>	<u>3,243</u>
	Grand Totals		243,286			134,356		188,276	19,375
	Less: Dispositions and Transfers		81,890			40,945		62,152	3,948
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>161,396</u>			<u>93,411</u>		<u>126,124</u>	<u>15,427</u>

27-2027629

CA Asset Report

FYE: 3/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
22	COMPUTER	4/27/12	2,297	2,297	1,900	265	133	-132
26	THUNDERBOLT DISPLAY	3/03/13	5,000	5,000	4,136	576	480	-96
27	MACBOOK AIR	3/14/13	6,048	6,048	5,003	697	581	-116
28	THUNDERBOLT DISPLAY	3/14/13	2,388	2,388	1,975	275	229	-46
29	MACBOOK AIR	3/14/13	860	860	711	99	83	-16
30	THUNDERBOLT DISPLAY	3/14/13	2,014	2,014	1,666	232	193	-39
31	MACBOOK AIR	3/14/13	350	350	290	40	33	-7
32	THUNDERBOLT DISPLAY	3/14/13	50	50	41	6	5	-1
33	MACBOOK AIR	3/14/13	2,139	2,139	1,769	247	205	-42
35	10 DESKS	2/19/13	3,455	3,455	2,376	308	216	-92
37	8 CHAIRS	2/25/13	1,932	1,932	1,329	172	121	-51
39	OFFICE CHAIRS	3/06/13	2,124	2,124	1,461	189	133	-56
40	2 CABINETS	3/11/13	1,383	1,383	951	123	86	-37
41	2 DESKS	5/20/13	1,031	1,031	580	129	64	-65
42	EVENT CANOPY	5/23/13	1,121	1,121	631	140	70	-70
44	CAMERA	12/21/13	5,870	5,870	4,179	677	338	-339
46	apple monitors	8/02/13	2,709	2,709	1,929	312	156	-156
47	bikes	2/01/12	4,063	4,063	3,829	234	195	-39
48	Two desks	4/04/14	1,616	1,616	627	282	141	-141
49	Barbells for Boobs sign	4/22/14	1,500	1,500	582	262	131	-131
51	Barstools	5/27/14	562	562	218	98	49	-49
52	Macbook Air	1/14/14	1,445	1,445	1,029	166	139	-27
53	Macbook Air	1/14/14	1,445	1,445	1,029	166	139	-27
54	Pegasus Hard Drive	1/27/14	1,538	1,538	1,095	177	148	-29
55	3 Apple Thunderbolt Displays	1/31/14	2,250	2,250	1,602	259	216	-43
56	Mac Pro	3/10/14	6,873	6,873	4,894	791	660	-131
57	Apple	3/27/14	1,126	1,126	802	129	108	-21
58	Sony NEX-FS700 Super 35 Camcorder and	1/07/14	8,389	8,389	5,973	966	805	-161
59	Sigma 35 MM Canon Lens	2/14/14	899	899	640	104	86	-18
60	Lexar 128GB Memory Card	2/14/14	490	490	349	56	47	-9
61	Canon Speedlite	2/14/14	469	469	334	54	45	-9
62	Redrock Motorized Slider	3/07/14	1,495	1,495	1,064	173	144	-29
63	LaCie 500GB Harddrive	3/07/14	500	500	356	58	48	-10
64	Sony Cybershot	8/27/14	798	798	415	153	76	-77
66	DJI Ronin Handheld Gimble	9/25/14	3,054	3,054	1,588	586	293	-293
68	Full DJ Setup	1/27/14	7,629	7,629	5,432	879	732	-147
69	GPS for Sprinter	1/31/14	907	907	646	104	87	-17
70	Turntable	1/31/14	864	864	615	100	83	-17
74	Pioneer Mobile DJ setup	10/24/14	1,222	1,222	635	235	117	-118
75	2012 Sprinter	1/04/14	43,718	43,718	31,127	5,037	4,197	-840
76	Event Box plus registration fees	9/02/14	81,366	81,366	42,310	7,811	3,906	-3,905
	Sold/Scrapped: 7/01/16							
81	Apple #1	11/27/15	867	867	173	278	138	-140
82	Apple #2	11/27/15	1,082	1,082	216	347	173	-174
83	Apple Iphone	1/08/16	380	380	76	122	61	-61
84	SS Lite Event Box	1/22/16	524	524	105	84	42	-42
	Sold/Scrapped: 7/01/16							
			217,842	217,842	138,688	24,198	16,132	-8,066

Other Depreciation:

1	LAPTOP	5/01/10	797	797	797	0	68	68
2	CARAVAN CANOPY	4/26/11	1,173	1,173	1,153	20	77	57
3	CAMERA	5/04/11	1,935	1,935	1,903	32	129	97
5	COMPUTER	6/01/11	3,787	3,787	2,615	541	541	0
6	MICROWAVE	6/21/11	334	334	317	17	33	16
7	OFFICE CABINET	6/27/11	561	561	533	28	57	29
8	DESK	6/27/11	232	232	220	12	25	13
9	LAPTOP	6/29/11	978	978	664	139	140	1
11	CANOPY	8/01/11	2,482	2,482	2,317	165	291	126
12	BOOK CASE	8/04/11	562	562	525	37	67	30
13	DESK CHAIRS	8/15/11	355	355	331	24	41	17
14	CAMERA TRIPOD	8/26/11	415	415	380	35	55	20
16	COMPUTER	10/06/11	4,222	4,222	2,714	603	603	0
17	ATHLETIC BIKES	10/08/11	5,001	5,001	4,501	500	751	251
19	COMPUTER	10/12/11	2,446	2,446	1,572	350	349	-1
85	CAMERA EQUIPMENT	9/30/16	164	164	0	16	16	0

CA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
	Total Other Depreciation		<u>25,444</u>	<u>25,444</u>	<u>20,542</u>	<u>2,519</u>	<u>3,243</u>	<u>724</u>
	Total ACRS and Other Depreciation		<u>25,444</u>	<u>25,444</u>	<u>20,542</u>	<u>2,519</u>	<u>3,243</u>	<u>724</u>
	Grand Totals		243,286	243,286	159,230	26,717	19,375	-7,342
	Less: Dispositions		81,890	81,890	42,415	7,895	3,948	-3,947
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>161,396</u>	<u>161,396</u>	<u>116,815</u>	<u>18,822</u>	<u>15,427</u>	<u>-3,395</u>

27-2027629

AMT Asset Report

FYE: 3/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
22	COMPUTER	4/27/12	2,297			X	1,148	5	HY 200DB	2,098	133
26	THUNDERBOLT DISPLAY	3/03/13	5,000			X	2,500	5	HY 200DB	4,280	480
27	MACBOOK AIR	3/14/13	6,048			X	3,024	5	HY 200DB	5,177	581
28	THUNDERBOLT DISPLAY	3/14/13	2,388			X	1,194	5	HY 200DB	2,044	229
29	MACBOOK AIR	3/14/13	860			X	430	5	HY 200DB	736	83
30	THUNDERBOLT DISPLAY	3/14/13	2,014			X	1,007	5	HY 200DB	1,724	193
31	MACBOOK AIR	3/14/13	350			X	175	5	HY 200DB	300	33
32	THUNDERBOLT DISPLAY	3/14/13	50			X	25	5	HY 200DB	43	5
33	MACBOOK AIR	3/14/13	2,139			X	1,069	5	HY 200DB	1,831	205
35	10 DESKS	2/19/13	3,455			X	1,727	7	HY 200DB	2,700	216
37	8 CHAIRS	2/25/13	1,932			X	966	7	HY 200DB	1,510	121
39	OFFICE CHAIRS	3/06/13	2,124			X	1,062	7	HY 200DB	1,660	133
40	2 CABINETS	3/11/13	1,383			X	691	7	HY 200DB	1,081	86
41	2 DESKS	5/20/13	1,031			X	515	7	HY 200DB	806	64
42	EVENT CANOPY	5/23/13	1,121			X	560	7	HY 200DB	876	70
44	CAMERA	12/21/13	5,870			X	2,935	5	HY 200DB	5,025	338
46	apple monitors	8/02/13	2,709			X	1,354	5	HY 200DB	2,319	156
47	bikes	2/01/12	4,063			X	2,031	5	HY 200DB	3,868	195
48	Two desks	4/04/14	1,616			X	808	7	HY 200DB	1,121	141
49	Barbells for Boobs sign	4/22/14	1,500			X	750	7	HY 200DB	1,041	131
51	Barstools	5/27/14	562			X	281	7	HY 200DB	390	49
52	Macbook Air	1/14/14	1,445			X	722	5	HY 200DB	1,098	139
53	Macbook Air	1/14/14	1,445			X	722	5	HY 200DB	1,098	139
54	Pegasus Hard Drive	1/27/14	1,538			X	769	5	HY 200DB	1,169	148
55	3 Apple Thunderbolt Displays	1/31/14	2,250			X	1,125	5	HY 200DB	1,710	216
56	Mac Pro	3/10/14	6,873			X	3,436	5	HY 200DB	5,224	660
57	Apple	3/27/14	1,126			X	563	5	HY 200DB	856	108
58	Sony NEX-FS700 Super 35 Camcorder and	1/07/14	8,389			X	4,194	5	HY 200DB	6,376	805
59	Sigma 35 MM Canon Lens	2/14/14	899			X	449	5	HY 200DB	684	86
60	Lexar 128GB Memory Card	2/14/14	490			X	245	5	HY 200DB	372	47
61	Canon Speedlite	2/14/14	469			X	234	5	HY 200DB	357	45
62	Redrock Motorized Slider	3/07/14	1,495			X	747	5	HY 200DB	1,136	144
63	LaCie 500GB Harddrive	3/07/14	500			X	250	5	HY 200DB	380	48
64	Sony Cybershot	8/27/14	798			X	399	5	HY 200DB	607	76
66	DJI Ronin Handheld Gimble	9/25/14	3,054			X	1,527	5	HY 200DB	2,321	293
68	Full DJ Setup	1/27/14	7,629			X	3,814	5	HY 200DB	5,798	732
69	GPS for Sprinter	1/31/14	907			X	453	5	HY 200DB	690	87
70	Turntable	1/31/14	864			X	432	5	HY 200DB	656	83
74	Pioneer Mobile DJ setup	10/24/14	1,222			X	611	5	HY 200DB	929	117
75	2012 Sprinter	1/04/14	43,718			X	21,859	5	HY 200DB	33,226	4,197
76	Event Box plus registration fees	9/02/14	81,366			X	40,683	5	HY 200DB	61,838	3,906
	Sold/Scrapped: 7/01/16										
81	Apple #1	11/27/15	867			X	433	5	HY 200DB	521	138
82	Apple #2	11/27/15	1,082			X	541	5	HY 200DB	649	173
83	Apple Iphone	1/08/16	380			X	190	5	HY 200DB	228	61
84	SS Lite Event Box	1/22/16	524			X	262	5	HY 200DB	314	42
	Sold/Scrapped: 7/01/16										
			217,842				108,912			168,867	16,132
Other Depreciation:											
1	LAPTOP	5/01/10	797				797	5	MO S/L	729	68
2	CARAVAN CANOPY	4/26/11	1,173				1,173	5	MO S/L	1,096	77
3	CAMERA	5/04/11	1,935				1,935	5	MO S/L	1,806	129
5	COMPUTER	6/01/11	3,787				3,787	7	MO S/L	2,480	541
6	MICROWAVE	6/21/11	334				334	5	MO S/L	301	33
7	OFFICE CABINET	6/27/11	561				561	5	MO S/L	504	57
8	DESK	6/27/11	232				232	5	MO S/L	207	25
9	LAPTOP	6/29/11	978				978	7	MO S/L	630	140
11	CANOPY	8/01/11	2,482				2,482	5	MO S/L	2,191	291
12	BOOK CASE	8/04/11	562				562	5	MO S/L	495	67
13	DESK CHAIRS	8/15/11	355				355	5	MO S/L	314	41
14	CAMERA TRIPOD	8/26/11	415				415	5	MO S/L	360	55
16	COMPUTER	10/06/11	4,222				4,222	7	MO S/L	2,563	603
17	ATHLETIC BIKES	10/08/11	5,001				5,001	5	MO S/L	4,250	751
19	COMPUTER	10/12/11	2,446				2,446	7	MO S/L	1,483	349
85	CAMERA EQUIPMENT	9/30/16	0				0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>25,280</u>			<u>25,280</u>		<u>19,409</u>	<u>3,227</u>
	Total ACRS and Other Depreciation		<u>25,280</u>			<u>25,280</u>		<u>19,409</u>	<u>3,227</u>
	Grand Totals		243,122			134,192		188,276	19,359
	Less: Dispositions and Transfers		<u>81,890</u>			<u>40,945</u>		<u>62,152</u>	<u>3,948</u>
	Net Grand Totals		<u>161,232</u>			<u>93,247</u>		<u>126,124</u>	<u>15,411</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
22	COMPUTER	4/27/12	2,297		0	0	1,149	1,148
26	THUNDERBOLT DISPLAY	3/03/13	5,000		0	0	2,500	2,500
27	MACBOOK AIR	3/14/13	6,048		0	0	3,024	3,024
28	THUNDERBOLT DISPLAY	3/14/13	2,388		0	0	1,194	1,194
29	MACBOOK AIR	3/14/13	860		0	0	430	430
30	THUNDERBOLT DISPLAY	3/14/13	2,014		0	0	1,007	1,007
31	MACBOOK AIR	3/14/13	350		0	0	175	175
32	THUNDERBOLT DISPLAY	3/14/13	50		0	0	25	25
33	MACBOOK AIR	3/14/13	2,139		0	0	1,070	1,069
35	10 DESKS	2/19/13	3,455		0	0	1,728	1,727
37	8 CHAIRS	2/25/13	1,932		0	0	966	966
39	OFFICE CHAIRS	3/06/13	2,124		0	0	1,062	1,062
40	2 CABINETS	3/11/13	1,383		0	0	692	691
41	2 DESKS	5/20/13	1,031		0	0	516	515
42	EVENT CANOPY	5/23/13	1,121		0	0	561	560
44	CAMERA	12/21/13	5,870		0	0	2,935	2,935
46	apple monitors	8/02/13	2,709		0	0	1,355	1,354
47	bikes	2/01/12	4,063		0	0	2,032	2,031
48	Two desks	4/04/14	1,616		0	0	808	808
49	Barbells for Boobs sign	4/22/14	1,500		0	0	750	750
51	Barstools	5/27/14	562		0	0	281	281
52	Macbook Air	1/14/14	1,445		0	0	723	722
53	Macbook Air	1/14/14	1,445		0	0	723	722
54	Pegasus Hard Drive	1/27/14	1,538		0	0	769	769
55	3 Apple Thunderbolt Displays	1/31/14	2,250		0	0	1,125	1,125
56	Mac Pro	3/10/14	6,873		0	0	3,437	3,436
57	Apple	3/27/14	1,126		0	0	563	563
58	Sony NEX-FS700 Super 35 Camcorder and L	1/07/14	8,389		0	0	4,195	4,194
59	Sigma 35 MM Canon Lens	2/14/14	899		0	0	450	449
60	Lexar 128GB Memory Card	2/14/14	490		0	0	245	245
61	Canon Speedlite	2/14/14	469		0	0	235	234
62	Redrock Motorized Slider	3/07/14	1,495		0	0	748	747
63	LaCie 500GB Harddrive	3/07/14	500		0	0	250	250
64	Sony Cybershot	8/27/14	798		0	0	399	399
66	DJI Ronin Handheld Gimble	9/25/14	3,054		0	0	1,527	1,527
68	Full DJ Setup	1/27/14	7,629		0	0	3,815	3,814
69	GPS for Sprinter	1/31/14	907		0	0	454	453
70	Turntable	1/31/14	864		0	0	432	432
74	Pioneer Mobile DJ setup	10/24/14	1,222		0	0	611	611
75	2012 Sprinter	1/04/14	43,718		0	0	21,859	21,859
76	Event Box plus registration fees	9/02/14	81,366		0	0	40,683	40,683
81	Apple #1	11/27/15	867		0	0	434	433
82	Apple #2	11/27/15	1,082		0	0	541	541
83	Apple Iphone	1/08/16	380		0	0	190	190
84	SS Lite Event Box	1/22/16	524		0	0	262	262
Form 990, Page 1			217,842		0	0	108,930	108,912
*Less: Dispositions and Transfers			81,890		0	0	40,945	40,945
Net Form 990, Page 1			<u>135,952</u>		<u>0</u>	<u>0</u>	<u>67,985</u>	<u>67,967</u>
Grand Total			217,842		0	0	108,930	108,912
Less: Dispositions and Transfers			81,890		0	0	40,945	40,945
Net Grand Total			<u>135,952</u>		<u>0</u>	<u>0</u>	<u>67,985</u>	<u>67,967</u>

Depreciation Adjustment Report**All Business Activities**AMT
Adjustments/
Preferences

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	22	COMPUTER	133	133	0
Page 1	1	26	THUNDERBOLT DISPLAY	480	480	0
Page 1	1	27	MACBOOK AIR	581	581	0
Page 1	1	28	THUNDERBOLT DISPLAY	229	229	0
Page 1	1	29	MACBOOK AIR	83	83	0
Page 1	1	30	THUNDERBOLT DISPLAY	193	193	0
Page 1	1	31	MACBOOK AIR	33	33	0
Page 1	1	32	THUNDERBOLT DISPLAY	5	5	0
Page 1	1	33	MACBOOK AIR	205	205	0
Page 1	1	35	10 DESKS	216	216	0
Page 1	1	37	8 CHAIRS	121	121	0
Page 1	1	39	OFFICE CHAIRS	133	133	0
Page 1	1	40	2 CABINETS	86	86	0
Page 1	1	41	2 DESKS	64	64	0
Page 1	1	42	EVENT CANOPY	70	70	0
Page 1	1	44	CAMERA	338	338	0
Page 1	1	46	apple monitors	156	156	0
Page 1	1	47	bikes	195	195	0
Page 1	1	48	Two desks	141	141	0
Page 1	1	49	Barbells for Boobs sign	131	131	0
Page 1	1	51	Barstools	49	49	0
Page 1	1	52	Macbook Air	139	139	0
Page 1	1	53	Macbook Air	139	139	0
Page 1	1	54	Pegasus Hard Drive	148	148	0
Page 1	1	55	3 Apple Thunderbolt Displays	216	216	0
Page 1	1	56	Mac Pro	660	660	0
Page 1	1	57	Apple	108	108	0
Page 1	1	58	Sony NEX-FS700 Super 35 Camcorder and Lens	805	805	0
Page 1	1	59	Sigma 35 MM Canon Lens	86	86	0
Page 1	1	60	Lexar 128GB Memory Card	47	47	0
Page 1	1	61	Canon Speedlite	45	45	0
Page 1	1	62	Redrock Motorized Slider	144	144	0
Page 1	1	63	LaCie 500GB Harddrive	48	48	0
Page 1	1	64	Sony Cybershot	76	76	0
Page 1	1	66	DJI Ronin Handheld Gimble	293	293	0
Page 1	1	68	Full DJ Setup	732	732	0
Page 1	1	69	GPS for Sprinter	87	87	0
Page 1	1	70	Turntable	83	83	0
Page 1	1	74	Pioneer Mobile DJ setup	117	117	0
Page 1	1	75	2012 Sprinter	4,197	4,197	0
Page 1	1	76	Event Box plus registration fees	3,906	3,906	0
Page 1	1	81	Apple #1	138	138	0
Page 1	1	82	Apple #2	173	173	0
Page 1	1	83	Apple Iphone	61	61	0
Page 1	1	84	SS Lite Event Box	42	42	0
				<u>16,132</u>	<u>16,132</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
22	COMPUTER	4/27/12	2,297	66	66
26	THUNDERBOLT DISPLAY	3/03/13	5,000	240	240
27	MACBOOK AIR	3/14/13	6,048	290	290
28	THUNDERBOLT DISPLAY	3/14/13	2,388	115	115
29	MACBOOK AIR	3/14/13	860	41	41
30	THUNDERBOLT DISPLAY	3/14/13	2,014	97	97
31	MACBOOK AIR	3/14/13	350	17	17
32	THUNDERBOLT DISPLAY	3/14/13	50	2	2
33	MACBOOK AIR	3/14/13	2,139	103	103
35	10 DESKS	2/19/13	3,455	215	215
37	8 CHAIRS	2/25/13	1,932	120	120
39	OFFICE CHAIRS	3/06/13	2,124	132	132
40	2 CABINETS	3/11/13	1,383	87	87
41	2 DESKS	5/20/13	1,031	46	46
42	EVENT CANOPY	5/23/13	1,121	50	50
44	CAMERA	12/21/13	5,870	338	338
46	apple monitors	8/02/13	2,709	156	156
47	bikes	2/01/12	4,063	0	0
48	Two desks	4/04/14	1,616	101	101
49	Barbells for Boobs sign	4/22/14	1,500	94	94
51	Barstools	5/27/14	562	35	35
52	Macbook Air	1/14/14	1,445	139	139
53	Macbook Air	1/14/14	1,445	139	139
54	Pegasus Hard Drive	1/27/14	1,538	147	147
55	3 Apple Thunderbolt Displays	1/31/14	2,250	216	216
56	Mac Pro	3/10/14	6,873	659	659
57	Apple	3/27/14	1,126	108	108
58	Sony NEX-FS700 Super 35 Camcorder and Lens	1/07/14	8,389	805	805
59	Sigma 35 MM Canon Lens	2/14/14	899	86	86
60	Lexar 128GB Memory Card	2/14/14	490	47	47
61	Canon Speedlite	2/14/14	469	45	45
62	Redrock Motorized Slider	3/07/14	1,495	143	143
63	LaCie 500GB Harddrive	3/07/14	500	48	48
64	Sony Cybershot	8/27/14	798	46	46
66	DJI Ronin Handheld Gimble	9/25/14	3,054	176	176
68	Full DJ Setup	1/27/14	7,629	733	733
69	GPS for Sprinter	1/31/14	907	87	87
70	Turntable	1/31/14	864	83	83
74	Pioneer Mobile DJ setup	10/24/14	1,222	71	71
75	2012 Sprinter	1/04/14	43,718	4,197	4,197
81	Apple #1	11/27/15	867	83	83
82	Apple #2	11/27/15	1,082	104	104
83	Apple Iphone	1/08/16	380	36	36
			<u>135,952</u>	<u>10,543</u>	<u>10,543</u>

Other Depreciation:

1	LAPTOP	5/01/10	797	0	0
2	CARAVAN CANOPY	4/26/11	1,173	0	0
3	CAMERA	5/04/11	1,935	0	0
5	COMPUTER	6/01/11	3,787	541	541
6	MICROWAVE	6/21/11	334	0	0
7	OFFICE CABINET	6/27/11	561	0	0
8	DESK	6/27/11	232	0	0
9	LAPTOP	6/29/11	978	139	139
11	CANOPY	8/01/11	2,482	0	0
12	BOOK CASE	8/04/11	562	0	0
13	DESK CHAIRS	8/15/11	355	0	0
14	CAMERA TRIPOD	8/26/11	415	0	0
16	COMPUTER	10/06/11	4,222	603	603
17	ATHLETIC BIKES	10/08/11	5,001	0	0
19	COMPUTER	10/12/11	2,446	350	350
85	CAMERA EQUIPMENT	9/30/16	164	33	0

Future Depreciation Report **FYE: 3/31/18**

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>25,444</u>	<u>1,666</u>	<u>1,633</u>
	Total ACRS and Other Depreciation		<u>25,444</u>	<u>1,666</u>	<u>1,633</u>
	Grand Totals		<u>161,396</u>	<u>12,209</u>	<u>12,176</u>

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
22	COMPUTER	4/27/12	2,297	132
26	THUNDERBOLT DISPLAY	3/03/13	5,000	288
27	MACBOOK AIR	3/14/13	6,048	348
28	THUNDERBOLT DISPLAY	3/14/13	2,388	138
29	MACBOOK AIR	3/14/13	860	50
30	THUNDERBOLT DISPLAY	3/14/13	2,014	116
31	MACBOOK AIR	3/14/13	350	20
32	THUNDERBOLT DISPLAY	3/14/13	50	3
33	MACBOOK AIR	3/14/13	2,139	123
35	10 DESKS	2/19/13	3,455	308
37	8 CHAIRS	2/25/13	1,932	172
39	OFFICE CHAIRS	3/06/13	2,124	190
40	2 CABINETS	3/11/13	1,383	124
41	2 DESKS	5/20/13	1,031	92
42	EVENT CANOPY	5/23/13	1,121	100
44	CAMERA	12/21/13	5,870	676
46	apple monitors	8/02/13	2,709	312
47	bikes	2/01/12	4,063	0
48	Two desks	4/04/14	1,616	202
49	Barbells for Boobs sign	4/22/14	1,500	187
51	Barstools	5/27/14	562	70
52	Macbook Air	1/14/14	1,445	167
53	Macbook Air	1/14/14	1,445	167
54	Pegasus Hard Drive	1/27/14	1,538	177
55	3 Apple Thunderbolt Displays	1/31/14	2,250	259
56	Mac Pro	3/10/14	6,873	792
57	Apple	3/27/14	1,126	130
58	Sony NEX-FS700 Super 35 Camcorder and Lens	1/07/14	8,389	967
59	Sigma 35 MM Canon Lens	2/14/14	899	103
60	Lexar 128GB Memory Card	2/14/14	490	57
61	Canon Speedlite	2/14/14	469	54
62	Redrock Motorized Slider	3/07/14	1,495	172
63	LaCie 500GB Harddrive	3/07/14	500	57
64	Sony Cybershot	8/27/14	798	92
66	DJI Ronin Handheld Gimble	9/25/14	3,054	352
68	Full DJ Setup	1/27/14	7,629	879
69	GPS for Sprinter	1/31/14	907	105
70	Turntable	1/31/14	864	99
74	Pioneer Mobile DJ setup	10/24/14	1,222	141
75	2012 Sprinter	1/04/14	43,718	5,036
81	Apple #1	11/27/15	867	166
82	Apple #2	11/27/15	1,082	207
83	Apple Iphone	1/08/16	380	73
			<u>135,952</u>	<u>13,903</u>

Other Depreciation:

1	LAPTOP	5/01/10	797	0
2	CARAVAN CANOPY	4/26/11	1,173	0
3	CAMERA	5/04/11	1,935	0
5	COMPUTER	6/01/11	3,787	541
6	MICROWAVE	6/21/11	334	0
7	OFFICE CABINET	6/27/11	561	0
8	DESK	6/27/11	232	0
9	LAPTOP	6/29/11	978	140
11	CANOPY	8/01/11	2,482	0
12	BOOK CASE	8/04/11	562	0
13	DESK CHAIRS	8/15/11	355	0
14	CAMERA TRIPOD	8/26/11	415	0
16	COMPUTER	10/06/11	4,222	603
17	ATHLETIC BIKES	10/08/11	5,001	0
19	COMPUTER	10/12/11	2,446	349
85	CAMERA EQUIPMENT	9/30/16	164	33

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
	Total Other Depreciation		<u>25,444</u>	<u>1,666</u>
	Total ACRS and Other Depreciation		<u>25,444</u>	<u>1,666</u>
	Grand Totals		<u>161,396</u>	<u>15,569</u>

Form **990****Two Year Comparison Report****2015 & 2016**For calendar year 2016, or tax year beginning **04/01/16**, ending **03/31/17**

Name

Taxpayer Identification Number

Barbells for Boobs**27-2027629**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1,916,986	2,164,786	247,800
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	2,930		-2,930
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		24,210	24,210
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory		-15,909	-15,909
	11. Other revenue	5,265		-5,265
	12. Total revenue. Add lines 1 through 11	1,925,181	2,173,087	247,906
Expenses	13. Grants and similar amounts paid	436,000	160,000	-276,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	515,467	715,574	200,107
	17. Professional fundraising fees			
	18. Other professional fees	17,911	226,389	208,478
	19. Occupancy, rent, utilities, and maintenance	64,861	43,875	-20,986
	20. Depreciation and Depletion		19,375	19,375
	21. Other expenses	821,635	545,321	-276,314
	22. Total expenses. Add lines 13 through 21	1,855,874	1,710,534	-145,340
	23. Excess or (Deficit). Subtract line 22 from line 12	69,307	462,553	393,246
Other Information	24. Total exempt revenue	1,925,181	2,173,087	247,906
	25. Total unrelated revenue	5,265		-5,265
	26. Total excludable revenue	2,930	8,301	5,371
	27. Total assets	528,095	779,131	251,036
	28. Total liabilities	31,388	58,601	27,213
	29. Retained earnings	1,163,701	720,530	-443,171
	30. Number of voting members of governing body		7	
	31. Number of independent voting members of governing body		6	
	32. Number of employees		11	
	33. Number of volunteers		700	

Form **990T****Two Year Comparison Report****2015 & 2016**For calendar year 2016, or tax year beginning **04/01/16**, ending **03/31/17**

Name

Taxpayer Identification Number

Barbells for Boobs**27-2027629**

		2015	2016	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.	5,265	-5,265
	11. Total trade or business income. Combine lines 1 through 10	11.	5,265	-5,265
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
23. Total deductions. Add lines 12 through 22	23.			
24. Taxable income before NOL. Subtract line 23 from 11	24.	5,265	-5,265	
25. Net operating loss deduction	25.			
26. Specific deduction	26.	1,000	-1,000	
27. Unrelated business taxable income.	27.	4,265	-4,265	
Tax & Credits	28. Income tax (corporate or trust)	28.	640	-640
	29. Proxy tax	29.		
	30. Alternative minimum tax	30.		
	31. Total taxes	31.	640	-640
	32. Other credits	32.		
	33. General business credit	33.		
	34. Credit for prior year minimum tax	34.		
	35. Total credits	35.		
	36. Net tax after credits	36.	640	-640
	37. Recapture taxes	37.		
38. Total Taxes	38.	640	-640	
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.	640	-640
	45. Overpayment applied to next year	45.		
	46. Penalties	46.	15	-15
	47. Total due/(Refund)	47.	655	-655

Form **990****Tax Return History****2016**

Name

Barbells for Boobs

Employer Identification Number

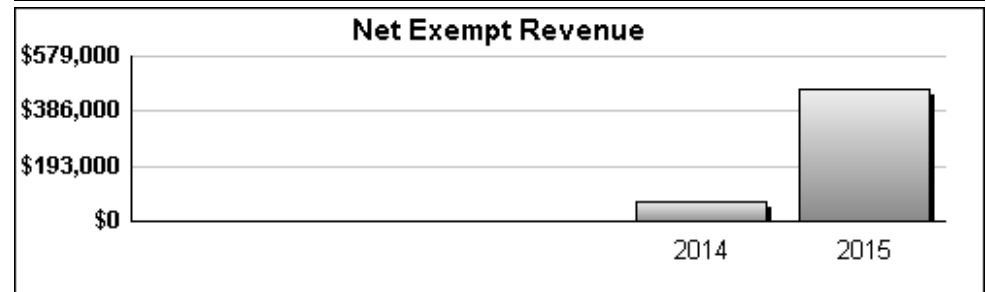
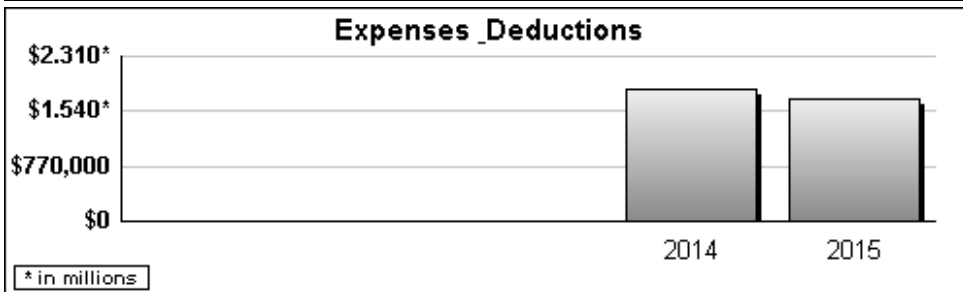
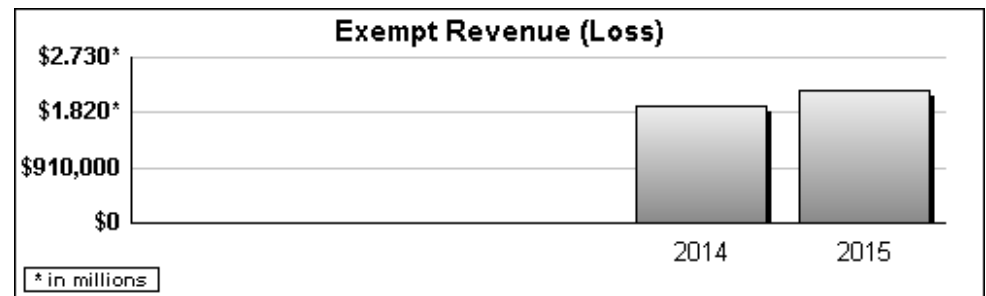
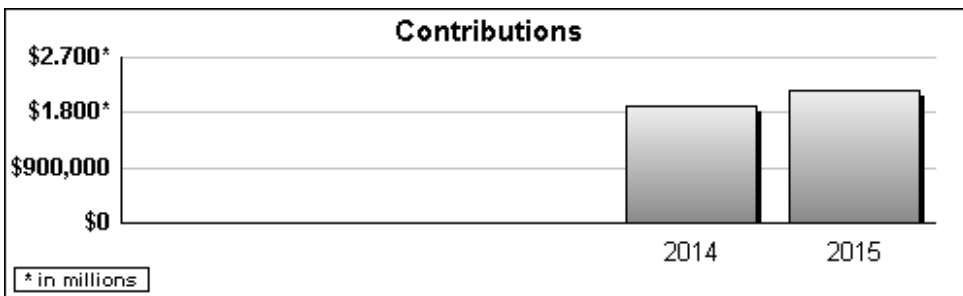
27-2027629

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				1,916,986	2,164,786	
Membership dues						
Program service revenue						
Capital gain or loss					24,210	
Investment income				2,930		
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				5,265	-15,909	
Total revenue				1,925,181	2,173,087	
Grants and similar amounts paid				436,000	160,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				515,467	715,574	
Professional fees				17,911	226,389	
Occupancy costs				64,861	43,875	
Depreciation and depletion					19,375	
Other expenses				821,635	545,321	
Total expenses				1,855,874	1,710,534	
Excess or (Deficit)				69,307	462,553	
Total exempt revenue				1,925,181	2,173,087	
Total unrelated revenue				5,265		
Total excludable revenue				2,930	8,301	
Total Assets				528,095	779,131	
Total Liabilities				31,388	58,601	
Net Fund Balances				1,163,701	720,530	

Form 990T	Tax Return History	2016
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Name Barbells for Boobs	Employer Identification Number 27-2027629
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				5,265		
Total trade or business income.				5,265		
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T****Tax Return History****2016**

Name

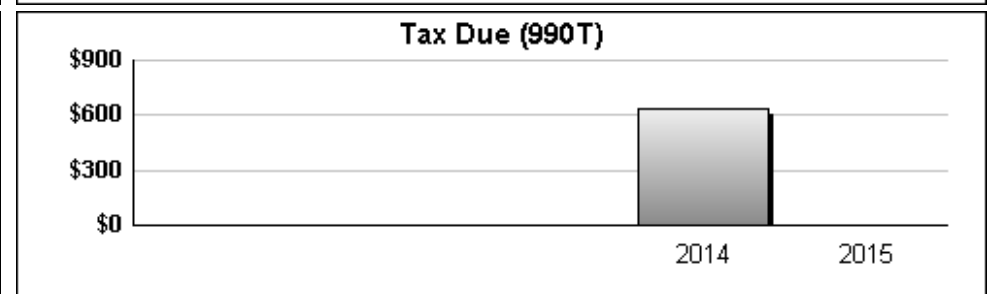
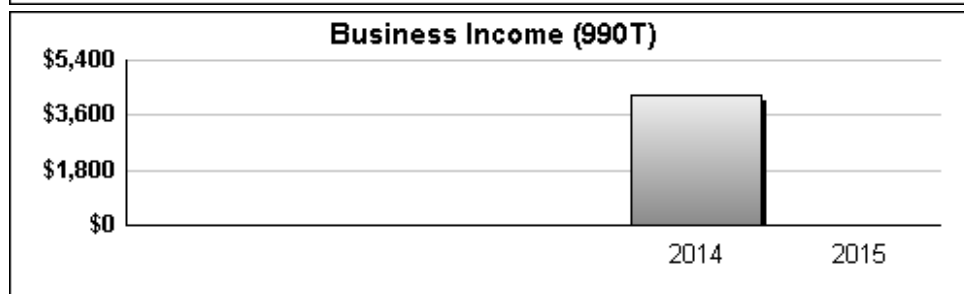
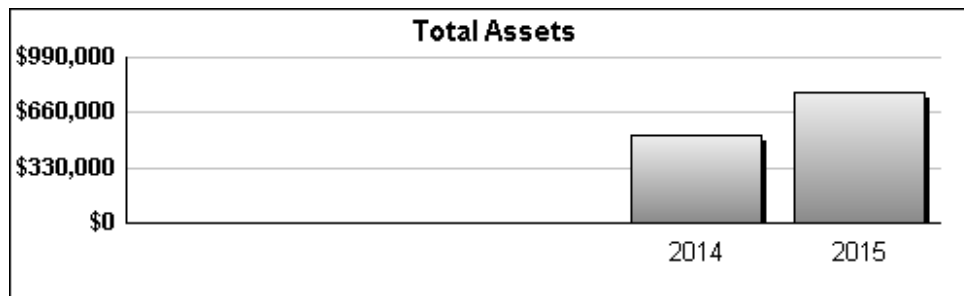
Barbells for Boobs

Employer Identification Number

27-2027629

	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction				1,000		
Income after expense and deductions				4,265		
Income tax (corporate or trust)				640		
Other taxes						
Total taxes				640		
General business credit						
Other credits						
Net tax after credits				640		
Estimated tax payments						
Other payments						
Balance due/Overpayment				640		

* Income shown net of expenses



Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONSULTING	\$ 123,600	\$ 123,600	\$	\$
Total	<u>\$ 123,600</u>	<u>\$ 123,600</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Other Contributions	\$ 2,075,515 89,271
Total	\$ <u>2,164,786</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
REEBOK	\$ 406,773	\$ 209,087
ROCKTAPE	5,952	
EYEVERTISING	5,380	
TRIGGERPOINT	13,508	
Thomas & Jeanne Elmezzi Private Fou	15,000	
iHeart Radio	20,000	
San Diego Foundation	5,000	
Qalo	100,261	
Zia Bhutta	5,000	
Tom & Chris McCall	5,000	
Total	<u>\$ 581,874</u>	<u>\$ 209,087</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
ONLINE STORE adfadf	\$ 33,044
Total	\$ <u>33,044</u>

Form 199 Return SummaryFor calendar year 2016, or tax year beginning 04/01/2016 , and ending 03/31/2017**27-2027629****BARBELLS FOR BOOBS**

Gross sales / receipts	<u>73,044</u>	
Dues from members		
Contributions / grants	<u>2,164,786</u>	
Total costs	<u>80,533</u>	
Expenses	<u>1,717,876</u>	
Excess / (deficit)		<u><u>439,421</u></u>

Filing fee	_____
Total payments	_____
Penalties and interest	_____
Use tax	_____

Balance due	_____
Refund	<u>_____</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>528,095</u>	<u>779,131</u>	
Liabilities	<u>31,388</u>	<u>58,601</u>	
Net assets	<u><u>496,707</u></u>	<u><u>720,530</u></u>	<u><u>223,823</u></u>

Miscellaneous Information

Amended return

Return / extended due date 08/15/17

034

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 <u>018387</u> <u>BARBELLS FOR BOOBS</u> Name of Organization <u>1006 E. CHESTNUT AVENUE</u> Address (Number and Street) <u>SANTA ANA CA 92701</u> City or Town, State and ZIP Code	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 04/01/16 ending 03/31/17) list:

Gross annual revenue \$ 2,173,087 Total assets \$ 779,131

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 prop. 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 N/A

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 & CHAIRMAN	
Signature of authorized officer	Printed Name	Title	Date

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

2016
Open to Public Inspection

▶ 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 2016 calendar year, or tax year beginning 04/01/16, and ending 03/31/17

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 <p align="center">Barbells for Boobs</p>		D Employer identification number <p align="center">27-2027629</p>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1006 E. Chestnut Avenue</p>		E Telephone number <p align="center">714-361-6132</p>
	City or town, state or province, country, and ZIP or foreign postal code <p>Santa Ana CA 92701</p>		G Gross receipts\$ 2,237,830
	F Name and address of principal officer: <p>Zionna Hanson 1006 E. Chestnut Ave. Santa Ana CA 92701</p>		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)
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		H(c) Group exemption number ▶	
J Website: ▶ http://www.barbellsforboobs.org			L Year of formation: 2010
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">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.</p>		
	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)	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	11	
	6 Total number of volunteers (estimate if necessary)	700	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,916,986	2,164,786
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,039	24,210
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,265	-15,909
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,916,212	2,173,087
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	664,913	160,000
	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)	714,467	715,574
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,445	77,445	77,445
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	950,999	834,960
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,330,379	1,710,534	
19 Revenue less expenses. Subtract line 18 from line 12	-414,167	462,553	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	528,095	779,131
	21 Total liabilities (Part X, line 26)	31,388	58,601
	22 Net assets or fund balances. Subtract line 21 from line 20	496,707	720,530

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 <p align="center">Zionna Hanson</p>		Date _____	
	Type or print name and title <p align="center">CEO & Chairman</p>			
Paid Preparer Use Only	Print/Type preparer's name CHRIS SCHWARTZE, CPA	Preparer's signature CHRIS SCHWARTZE, CPA	Date 05/09/18	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN P00747737
	Firm's name ▶ LEGACY PARTNERS CPAS, A PROF ACCT CORP		Firm's EIN ▶ 47-2790910	
	Firm's address ▶ COSTA MESA, CA 92626-5945		Phone no. 714-540-9900	

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

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,260,252** including grants of \$ **160,000**) (Revenue \$)

THE BARBELLS FOR BOOBS PROGRAM WAS DEVELOPED TO ADDRESS A CRITICAL NEED AND FILL THE GAP FOR PROACTIVE BREAST HEALTHCARE SERVICES FOR UNDERSERVED AND UNINFORMED POPULATIONS. THE PROGRAM PROVIDES ADVOCACY, NAVIGATION, AND FUNDING SUPPORT NATIONWIDE. BARBELLS FOR BOOBS FUNDRAISING EVENTS AND GENEROUS DONATION FROM OUR SUPPORTERS ARE VITAL COMPONENTS THAT ALLOW US TO PROVIDE MORE DETECTION SERVICES AND IMPLEMENT BARBELLS FOR BOOBS PROGRAMS. THE FIRST BARBELLS FOR BOOBS GRANTS WERE AWARDED IN JULY 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 **1,260,252**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		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, Parts 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, question text, sub-column, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Section A. Governing Body and Management

		Yes	No
1a	7		
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.			
b	6		
Enter the number of voting members included in line 1a, above, who are independent.			
2			X
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?			
3			X
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?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			X
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	8a	X	
The governing body?			
b	8b	X	
Each committee with authority to act on behalf of the governing body?			
9			X
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.			

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

		Yes	No
10a			X
Did the organization have local chapters, branches, or affiliates?			
b			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a			X
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		X	
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
b		X	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c			X
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
13		X	
Did the organization have a written whistleblower policy?			
14			X
Did the organization have a written document retention and destruction policy?			
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?			
a	15a	X	
The organization's CEO, Executive Director, or top management official			
b	15b	X	
Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b			
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 **None**
- 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: ▶

Zionna Hanson **1006 E. Chestnut Ave.**
Santa Ana

CA 92701 714-361-6132

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Zionna Hanson CEO & Chairman	60.00 0.00	X		X				104,000	0	0
(2) Tracy Muller Treasurer	1.00 0.00	X		X				0	0	0
(3) Dan Gutenplan Secretary	1.00 0.00	X		X				0	0	0
(4) Robyn Bennet COO	40.00 0.00			X				95,000	0	0
(5) Vic Pepe Boardmember	1.00 0.00	X						0	0	0
(6) Alec Hanson Board member	1.00 0.00	X						0	0	0
(7) Jamie Cansler Board member	1.00 0.00	X						0	0	0
(8) John Potts Board member	1.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,164,786				
	g Noncash contributions included in lines 1a-1f: \$	89,271				
	h Total. Add lines 1a-1f		2,164,786			
Program Service Revenue	2a	Busn. 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					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	40,000			
		b Less: cost or other basis & sales exps.	15,790			
		c Gain or (loss)	24,210			
	d Net gain or (loss)		24,210		24,210	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	33,044				
	b Less: cost of goods sold	48,953				
	c Net income or (loss) from sales of inventory		-15,909	-15,909		
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		2,173,087	-15,909	0	24,210	

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	130,000	130,000		
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	30,000	30,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	199,000	157,210	25,870	15,920
7 Other salaries and wages	463,995	366,556	60,319	37,120
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	52,579	41,538	6,835	4,206
11 Fees for services (non-employees):				
a Management				
b Legal	57,555		57,555	
c Accounting	45,234		45,234	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	123,600	123,600		
12 Advertising and promotion	21,295	16,823	2,768	1,704
13 Office expenses	122,666	96,906	15,947	9,813
14 Information technology	45,316	35,800	5,891	3,625
15 Royalties				
16 Occupancy	43,875	34,661	5,704	3,510
17 Travel	70,991	70,991		
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	19,375	15,313	2,515	1,547
23 Insurance	94,332		94,332	
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 Program Support	140,854	140,854		
b Bank Fees	44,060		44,060	
c Taxes & Filing Fees	5,807		5,807	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,710,534	1,260,252	372,837	77,445
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	443,249	1	639,741	
	2 Savings and temporary cash investments		2		
	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 instructions). Complete Part II of Schedule L			6	
	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 161,396			
	b Less: accumulated depreciation	10b 141,551	54,846	10c	19,845
	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		30,000	15	119,545
16 Total assets. Add lines 1 through 15 (must equal line 34)		528,095	16	779,131	
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		31,388	25	58,601
	26 Total liabilities. Add lines 17 through 25		31,388	26	58,601
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			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds		496,707	32	720,530
33 Total net assets or fund balances		496,707	33	720,530	
34 Total liabilities and net assets/fund balances		528,095	34	779,131	

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	2,173,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,710,534
3	Revenue less expenses. Subtract line 2 from line 1	3	462,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	496,707
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	-238,730
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	720,530

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? 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		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Barbells for Boobs

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,220,234	2,213,721	2,357,004	1,916,986	2,164,786	9,872,731
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	1,220,234	2,213,721	2,357,004	1,916,986	2,164,786	9,872,731
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)						209,087
6 Public support. Subtract line 5 from line 4.						9,663,644

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,220,234	2,213,721	2,357,004	1,916,986	2,164,786	9,872,731
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	201	3,821	4,599	2,930		11,551
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						9,884,282
12 Gross receipts from related activities, etc. (see instructions)					12	33,044
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 2016 (line 6, column (f) divided by line 11, column (f))	14	97.77%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.00%
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI) **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			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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.****Name of the organization****Employer identification number****Barbells for Boobs****27-2027629****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000 or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Barbells for Boobs	Employer identification number 27-2027629
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Reebok 31 St James Ave Boston MA	\$ 93,271	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Qalo 3011 S. Croddy Way Santa Ana CA 92704	\$ 100,261	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Barbells for Boobs

Employer identification number

27-2027629

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	T-Shirts	\$ 51,771	
1	Shoes	\$ 37,500	
		\$	
		\$	
		\$	
		\$	
		\$	

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.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization

Employer identification number

Barbells for Boobs

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total acreage, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		161,396	141,551	19,845

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **19,845**

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. (Column (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. (Column (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) Donated T-Shirts	51,771
(2) Donated Shoes	37,500
(3) Grant Refund	30,000
(4) Payroll Tax Overpayment	274
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	119,545

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	34,513
(3) Vehicle Loan	14,776
(4) Credit Cards	9,312
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	58,601

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Barbells for Boobs

Employer identification number

27-2027629

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Unrestricted Support	30,000	Wire Transfer			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Barbells for Boobs

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

2a 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 10 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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.

.....

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.....

.....

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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2016
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Barbells for Boobs

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Susan G. Komen-Colorado 1835 Franklin Street Denver CO 80218	84-1199858	501C3	10,000				Unrestricted Support
(2)	Susan G. Komen-Orange County 2817 McGraw Ave Irvine CA 92614	33-0487943	501C3	20,000				Unrestricted Support
(3)	National Breast Cancer Foundation 2600 Network Blvd Frisco TX 75034	75-2391148	501C3	30,000				Unrestricted Support
(4)	A Silver Lining Foundation 134 N La Salle Dr, Suite 1218 Chicago IL 60602	90-0097495	501C3	15,000				Unrestricted Support
(5)	Project Renewal 200 Varick Street, 9th Floor New York NY 10014	90-0097495	501C3	15,000				Health Program
(6)	Breast Treatment Task Force 85 5th Ave, Suite 700 New York NY 10003	13-4018407	501C3	15,000				Unrestricted Support
(7)	Libby's Legacy Breast Cancer Fnd 1718 S Orange Ave Orlando FL 32806	11-3812766	501C3	15,000				Unrestricted Support
(8)	Capital Breast Care Center 650 Pennsylvania Ave SE, Suite 230 Washington DC 20002	53-0196603	501C3	10,000				Unrestricted Support
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Barbells for Boobs

27-2027629

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		89,271	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

Barbells for Boobs

27-2027629

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Reviewed by Zionna Hanson, CEO and Chairman

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The board of directors approved the most recent Executive Compensation Policy on April 26, 2016. A copy is available upon request.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The board of directors approved the most recent Executive Compensation Policy on April 26, 2016. A copy is available upon request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
AVAILABLE UPON REQUEST.

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2016**California e-file Return Authorization for Exempt Organizations**

FORM

8453-EO

Exempt Organization name

BARBELLS FOR BOOBS

Identifying number

27-2027629**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	2,237,830
2	Total gross income (Form 199, line 8)	2	2,157,297
3	Total expenses and disbursements (Form 199, Line 9)	3	1,717,876

Part II Settle Your Account Electronically for Taxable Year 2016

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount _____	4b	Withdrawal date (mm/dd/yyyy) _____
---	--	----	--------------	----	------------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer

02/15/18

Date

**CEO & CHAIRMAN**

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's- signature	CHRIS SCHWARTZE, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	P00747737
	Firm's name (or yours if self-employed) and address	LEGACY PARTNERS CPAS, A PROF ACCT CORP 2900 BRISTOL ST., SUITE C-203 COSTA MESA CA			FEIN	47-2790910	
						ZIP code	92626-5945

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			FEIN
				ZIP code

TAXABLE YEAR **California Exempt Organization**
2016 Annual Information Return

FORM

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **04/01/2016**, and ending (mm/dd/yyyy) **03/31/2017**.

Corporation/Organization name BARBELLS FOR BOOBS		California corporation number 3276720
Additional information. See instructions.		FEIN 27-2027629
Street address (suite or room) 1006 E. CHESTNUT AVENUE		PMB no.
City SANTA ANA	State CA	Zip code 92701
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input 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 checked="" 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 federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
---	--

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	73,044	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	2,164,786	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	2,237,830	00
	5 Cost of goods sold	5	48,953	00
	6 Cost or other basis, and sales expenses of assets sold	6	31,580	00
	7 Total costs. Add line 5 and line 6	7	80,533	00
	8 Total gross income. Subtract line 7 from line 4	8	2,157,297	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,717,876	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	439,421	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Instruction K	12		00
	13 Payments 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		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		00	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer CHRIS SCHWARTZE	Title CEO & CHAIRMAN		Date _____	Telephone 714-361-6132
Paid Preparer's Use Only	Preparer's signature CHRIS SCHWARTZE, CPA	Date 05/09/2018	Check if self-employed <input type="checkbox"/>	PTIN P00747737
	Firm's name (or yours, if self-employed) and address LEGACY PARTNERS CPAS, A PROF ACCT CORP 2900 BRISTOL ST., SUITE C-203 COSTA MESA, CA 92626-5945			FEIN 47-2790910 Telephone 714-540-9900
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

BARBELLS FOR BOOBS

27-2027629

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	33,044	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) SEE STATEMENT 1	●	6	40,000	00	
	7	Other income. Attach schedule	●	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	73,044	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	●	9	160,000	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	●	11		00	
	12	Other salaries and wages	●	12	662,995	00	
	Expenses and Disbursements	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	43,875	00
		16	Depreciation and depletion (See instructions)	●	16	26,717	00
		17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	●	17	824,289	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	1,717,876	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		443,249		639,741
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	243,122		161,396	
b Less accumulated depreciation	(188,276)	54,846	(141,551)	19,845
11 Land				
12 Other assets. Attach schedule. STMT 5		30,000		119,545
13 Total assets		528,095		779,131
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STMT 6		31,388		58,601
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		496,707		720,530
22 Total liabilities and net worth		528,095		779,131

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	●	439,421	7 Income recorded on books this year not included in this return. Attach schedule	●	
2 Federal income tax	●		8 Deductions in this return not charged against book income this year. Attach schedule	●	
3 Excess of capital losses over capital gains	●		9 Total. Add line 7 and line 8	●	
4 Income not recorded on books this year. Attach schedule	●		10 Net income per return.	●	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		Subtract line 9 from line 6	●	439,421
6 Total. Add line 1 through line 5	●	439,421			

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.****Name of the organization****Employer identification number****Barbells for Boobs****27-2027629****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000 or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Barbells for Boobs	Employer identification number 27-2027629
--	--

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Reebok 31 St James Ave Boston MA	\$ 93,271	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Qalo 3011 S. Croddy Way Santa Ana CA 92704	\$ 100,261	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Barbells for Boobs	Employer identification number 27-2027629
--	--

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	T-Shirts	\$ 51,771	..... .....
1	Shoes	\$ 37,500	..... .....
.....	\$
.....	\$
.....	\$
.....	\$

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
Event Box plus registration fees	Purchase		9/02/14	7/01/16	\$ 39,574	\$ 81,366	\$ 50,121	\$ 31,245
SS Lite Event Box	Purchase		1/22/16	7/01/16	426	524	189	335
Total					<u>\$ 40,000</u>	<u>\$ 81,890</u>	<u>\$ 50,310</u>	<u>\$ 31,580</u>

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		Susan G. Komen-Orange County	2817 McGraw Ave	Irvine	CA	92614			Unrestricted Support	20,000					10/28/16
1		Susan G. Komen-Colorado	1835 Franklin Street	Denver	CO	80218			Unrestricted Support	10,000					
1		National Breast Cancer Foundation	2600 Network Blvd	Frisco	TX	75034			Unrestricted Support	30,000					10/31/16
1		A Silver Lining Foundation	134 N La Salle Dr, Suite 1218	Chicago	IL	60602			Unrestricted Support	15,000					
1		Project Renewal	200 Varick Street, 9th Floor	New York	NY	10014			Health Progam	15,000					
1		Breast Treatment Task Force	85 5th Ave, Suite 700	New York	NY	10003			Unrestricted Support	15,000					
1		Libby's Legacy Breast Cancer Fnd	1718 S Orange Ave	Orlando	FL	32806			Unrestricted Support	15,000					
1		Capital Breast Care Center	650 Pennsylvania Ave SE, Suite 230	Washington	DC	20002			Unrestricted Support	10,000					
1		Pink Hope Community	PO Box 725			2101			Unrestricted Support	30,000					
1		Subtotal								<u>\$ 160,000</u>					
		Total								<u>\$ 160,000</u>					

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address			Title	Avg Hrs	Compensation Amount
City	State	Zip					
Zionna Hanson		1006 E. Chestnut Ave.					
	Santa Ana	CA	92701	CEO & Chairman		60.00	
Tracy Muller				Treasurer		1.00	
Dan Gutenplan				Secretary		1.00	
Robyn Bennet				COO		40.00	
Vic Pepe		1006 E. Chestnut Avenue					
	Santa Ana	CA	92701	Boardmember		1.00	
Alec Hanson				Board member		1.00	
Jamie Cansler				Board member		1.00	
John Potts				Board member		1.00	
Total							<u>0</u>

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
CONSULTING	\$ 123,600
Travel Expenses	70,991
Bank Fees	44,060
Taxes & Filing Fees	5,807
Program Support	140,854
	122,666
	94,332
	52,579
	45,234
	57,555
	21,295
	45,316
Total	<u>\$ 824,289</u>

Statement 5 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
Grant Refund	\$ 30,000	\$ 30,000
Payroll Tax Overpayment		274
Donated T-Shirts		51,771
Donated Shoes		37,500
Total	<u>\$ 30,000</u>	<u>\$ 119,545</u>

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
Payroll Tax Liabilities	\$	\$ 34,513
Credit Cards	8,765	9,312
Vehicle Loan	22,623	14,776
Total	<u>\$ 31,388</u>	<u>\$ 58,601</u>

TAXABLE YEAR

2016

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name BARBELLS FOR BOOBS	California corporation number 3276720
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(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
14 SEE STATEMENT 1						26,717	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	26,717

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	26,717
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
CAMERA EQUIPMENT	9/30/16	\$ 164	\$	S/L	5.00	\$ 16	\$
CARAVAN CANOPY	4/26/11	1,173	1,153	S/L	5.00	20	
CAMERA	5/04/11	1,935	1,903	S/L	5.00	32	
COMPUTER	6/01/11	3,787	2,615	S/L	7.00	541	
MICROWAVE	6/21/11	334	317	S/L	5.00	17	
OFFICE CABINET	6/27/11	561	533	S/L	5.00	28	
DESK	6/27/11	232	220	S/L	5.00	12	
LAPTOP	6/29/11	978	664	S/L	7.00	139	
CANOPY	8/01/11	2,482	2,317	S/L	5.00	165	
BOOK CASE	8/04/11	562	525	S/L	5.00	37	
DESK CHAIRS	8/15/11	355	331	S/L	5.00	24	
CAMERA TRIPOD	8/26/11	415	380	S/L	5.00	35	
COMPUTER	10/06/11	4,222	2,714	S/L	7.00	603	
ATHLETIC BIKES	10/08/11	5,001	4,501	S/L	5.00	500	
COMPUTER	10/12/11	2,446	1,572	S/L	7.00	350	
COMPUTER	4/27/12	2,297	1,900	MACRS	5	265	
THUNDERBOLT DISPLAY	3/03/13	5,000	4,136	MACRS	5	576	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
MACBOOK AIR	3/14/13	\$ 6,048	\$ 5,003	MACRS	5	\$ 697	\$
THUNDERBOLT DISPLAY	3/14/13	2,388	1,975	MACRS	5	275	
MACBOOK AIR	3/14/13	860	711	MACRS	5	99	
THUNDERBOLT DISPLAY	3/14/13	2,014	1,666	MACRS	5	232	
MACBOOK AIR	3/14/13	350	290	MACRS	5	40	
THUNDERBOLT DISPLAY	3/14/13	50	41	MACRS	5	6	
MACBOOK AIR	3/14/13	2,139	1,769	MACRS	5	247	
10 DESKS	2/19/13	3,455	2,376	MACRS	7	308	
8 CHAIRS	2/25/13	1,932	1,329	MACRS	7	172	
OFFICE CHAIRS	3/06/13	2,124	1,461	MACRS	7	189	
2 CABINETS	3/11/13	1,383	951	MACRS	7	123	
2 DESKS	5/20/13	1,031	580	MACRS	7	129	
EVENT CANOPY	5/23/13	1,121	631	MACRS	7	140	
CAMERA	12/21/13	5,870	4,179	MACRS	5	677	
apple monitors	8/02/13	2,709	1,929	MACRS	5	312	
bikes	2/01/12	4,063	3,829	MACRS	5	234	
Two desks	4/04/14	1,616	627	MACRS	7	282	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
Barbells for Boobs sign	4/22/14	\$ 1,500	\$ 582	MACRS	7	\$ 262	\$
Barstools	5/27/14	562	218	MACRS	7	98	
Macbook Air	1/14/14	1,445	1,029	MACRS	5	166	
Macbook Air	1/14/14	1,445	1,029	MACRS	5	166	
Pegasus Hard Drive	1/27/14	1,538	1,095	MACRS	5	177	
3 Apple Thunderbolt Displays	1/31/14	2,250	1,602	MACRS	5	259	
Mac Pro	3/10/14	6,873	4,894	MACRS	5	791	
Apple	3/27/14	1,126	802	MACRS	5	129	
Sony NEX-FS700 Super 35 Camcorder and Lens	1/07/14	8,389	5,973	MACRS	5	966	
Sigma 35 MM Canon Lens	2/14/14	899	640	MACRS	5	104	
Lexar 128GB Memory Card	2/14/14	490	349	MACRS	5	56	
Canon Speedlite	2/14/14	469	334	MACRS	5	54	
Redrock Motorized Slider	3/07/14	1,495	1,064	MACRS	5	173	
LaCie 500GB Harddrive	3/07/14	500	356	MACRS	5	58	
Sony Cybershot	8/27/14	798	415	MACRS	5	153	
DJI Ronin Handheld Gimble	9/25/14	3,054	1,588	MACRS	5	586	
Full DJ Setup	1/27/14	7,629	5,432	MACRS	5	879	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
GPS for Sprinter	1/31/14	\$ 907	\$ 646	MACRS	5	\$ 104	\$
Turntable	1/31/14	864	615	MACRS	5	100	
Pioneer Mobile DJ setup	10/24/14	1,222	635	MACRS	5	235	
2012 Sprinter	1/04/14	43,718	31,127	MACRS	5	5,037	
Event Box plus registration fees	9/02/14	81,366	42,310	MACRS	5	7,811	
Apple #1	11/27/15	867	173	MACRS	5	278	
Apple #2	11/27/15	1,082	216	MACRS	5	347	
Apple Iphone	1/08/16	380	76	MACRS	5	122	
SS Lite Event Box	1/22/16	524	105	MACRS	5	84	
Total		<u>\$ 242,489</u>	<u>\$ 158,433</u>			<u>\$ 26,717</u>	<u>\$ 0</u>