

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

March 31, 2016

Prepared for	Barbells for Boobs 3011 S. Croddy Way Santa Ana, CA 92704
Prepared by	Wright Ford Young & Co. CPA's 16140 Sand Canyon Avenue Irvine, CA 92618-3715
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	February 15, 2017
Special Instructions	The return should be signed and dated.

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning APR 1, 2015 and ending MAR 31, 2016

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BARBELLS FOR BOOBS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3011 S. CRODDY WAY City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92704 F Name and address of principal officer: 3011 S. CRODDY WAY, SANTA ANA, CA 92704	D Employer identification number 27-2027629 E Telephone number (714) 361-6132 G Gross receipts \$ 2,186,876. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.BARBELLSFORBOOBS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2010		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO PROVIDE FUNDING FOR QUALIFIED LOW-INCOME AND UNINSURED WOMEN AND MEN 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 700 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,357,004. Prior Year 1,916,986. Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,599. <6,039.> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 5,265. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,361,603. 1,916,212.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 550,219. 664,913. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 786,549. 714,467. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 142,918. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,138,956. 950,999. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,475,724. 2,330,379. 19 Revenue less expenses. Subtract line 18 from line 12 <114,121.> <414,167.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 911,059. Beginning of Current Year 528,095. End of Year 21 Total liabilities (Part X, line 26) 41,616. 31,388. 22 Net assets or fund balances. Subtract line 21 from line 20 869,443. 496,707.	

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,973,458. including grants of \$ 664,913.) (Revenue \$) THE BARBELLS FOR BOOBS PROGRAM WAS DEVELOPED TO ADDRESS A CRITICAL NEED AND FILL THE GAP IN FUNDING PROACTIVE BREAST HEALTHCARE SERVICES FOR ANYONE, ANYWHERE, AT ANY TIME IN HIS OR HER LIFE. THE PROGRAM PROVIDES FUNDING TO BREAST CENTERS AND BREAST HEALTH CARE PROVIDERS ON A NATIONAL LEVEL THRU COMMUNITY GRANTS FOR DIAGNOSTIC AND DETECTION SERVICES TO UNDER SERVED WOMEN AND MEN AS PRESCRIBED BY A MEDICAL DOCTOR. BARBELLS FOR BOOBS FUNDRAISING EVENTS AND GENEROUS DONATIONS FROM OUR SUPPORTERS ARE VITAL COMPONENTS THAT ALLOW US TO PROVIDE MORE DETECTION SERVICES AND IMPLEMENT BARBELLS FOR BOOBS PROGRAMS ALL AROUND THE COUNTRY. THE FIRST BARBELLS FOR BOOBS GRANTS WERE AWARDED IN JULY OF 2011 IN SOUTHERN CALIFORNIA. SINCE THEN THE PROGRAM HAS FUNDED 20 NON-PROFIT BREAST HEALTH CARE ORGANIZATIONS AND FACILITIES IN 17 STATES

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

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

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

4e Total program service expenses 1,973,458.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

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, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b 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 The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 - 714-361-6132 3011 S. CRODDY WAY, SANTA ANA, CA 92704

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,916,986.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$		43,259.				
	h Total. Add lines 1a-1f		1,916,986.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,930.			2,930.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		39,610.			
		b Less: cost or other basis and sales expenses		48,579.			
		c Gain or (loss)		<8,969.>			
	d Net gain or (loss)		<8,969.>	<8,969.>			
	8 a Gross income from fundraising events (not including \$ 1,916,986. of contributions reported on line 1c). See Part IV, line 18	a	222,085.				
		b Less: direct expenses	b	222,085.			
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a CREDIT CARD REFUND		522299	5,265.			5,265.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			5,265.				
12 Total revenue. See instructions.			1,916,212.	<8,969.>	0.	8,195.	

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	664,913.	664,913.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	199,000.	154,000.	29,400.	15,600.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	515,467.	401,428.	50,353.	63,686.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,911.	14,840.	3,071.	
12 Advertising and promotion				
13 Office expenses	82,850.	62,015.	11,925.	8,910.
14 Information technology				
15 Royalties				
16 Occupancy	64,861.	50,606.	6,294.	7,961.
17 Travel	15,385.	12,428.	1,511.	1,446.
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	46,592.	36,284.	4,551.	5,757.
23 Insurance	94,331.	73,462.	9,214.	11,655.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	342,292.	265,436.	58,705.	18,151.
b PROGRAM SUPPORT	184,634.	143,298.	33,053.	8,283.
c COMMUNITY OUTREACH	47,393.	42,654.	4,739.	0.
d BANK FEES	41,704.	41,473.	102.	129.
e All other expenses	13,046.	10,621.	1,085.	1,340.
25 Total functional expenses. Add lines 1 through 24e	2,330,379.	1,973,458.	214,003.	142,918.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	783,896.	1	443,249.
	2 Savings and temporary cash investments	1,000.	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 instr). Complete Part II of Sch L	5,694.	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 243,122.		
	b Less: accumulated depreciation	10b 188,276.	83,389.	10c 54,846.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	37,080.	15	30,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	911,059.	16	528,095.	
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	41,616.	25	31,388.
	26 Total liabilities. Add lines 17 through 25	41,616.	26	31,388.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	869,443.	32	496,707.
33 Total net assets or fund balances	869,443.	33	496,707.	
34 Total liabilities and net assets/fund balances	911,059.	34	528,095.	

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	1,916,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,330,379.
3	Revenue less expenses. Subtract line 2 from line 1	3	<414,167.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	869,443.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	41,431.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	496,707.

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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	581,087.	1220234.	2213721.	2357004.	1916986.	8289032.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	581,087.	1220234.	2213721.	2357004.	1916986.	8289032.
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)						147,490.
6 Public support. Subtract line 5 from line 4.						8141542.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	581,087.	1220234.	2213721.	2357004.	1916986.	8289032.
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						8300583.
12 Gross receipts from related activities, etc. (see instructions)					12	5,265.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.08 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.81 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

2015

Name of the organization

BARBELLS FOR BOOBS

Employer identification number

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 33 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2015)

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 02116	\$ 43,259.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	QAL 391 GLASSEL ST ORANGE , CA 92866	\$ 50,000.	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
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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	WOMENS AND MENS SHIRTS DONATED FOR THE FUNDRAISING EVENTS	\$ 43,259.	07/30/15
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization BARBELLS FOR BOOBS	Employer identification number 27-2027629
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization BARBELLS FOR BOOBS **Employer identification number** 27-2027629

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		243,122.	188,276.	54,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,846.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) GRANT REFUND	30,000.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	30,000.

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) CREDIT CARDS	8,765.
(3) VEHICLE LOAN	22,623.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,388.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,184,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,184,373.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<268,161.>	
c	Add lines 4a and 4b		4c	<268,161.>
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,916,212.

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

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

1	Total expenses and losses per audited financial statements		1	3,244,874.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,244,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<914,495.>	
c	Add lines 4a and 4b		4c	<914,495.>
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,330,379.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

THREE MONTH ADJUSTMENT TO AUDITED FINANCIAL STATEMENTS	-287,033.
ACCRUAL TO CASH AND BOOK TO TAX ADJUSTMENTS	18,872.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-268,161.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

THREE MONTH ADJUSTMENT TO AUDITED FINANCIAL STATEMENTS	-721,856.
ACCRUAL TO CASH AND BOOK TO TAX ADJUSTMENTS	-192,639.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-914,495.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BARBELLS FOR ONLINE BOOBS INCOM FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	2,097,778.	41,293.	2,139,071.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	2,097,778.	41,293.	2,139,071.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	184,458.	37,627.	222,085.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			222,085.
11	Net income summary. Subtract line 10 from line 3, column (d)			1,916,986.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **BARBELLS FOR BOOBS** Employer identification number **27-2027629**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVON FOUNDATION FOR WOMEN 777 THIRD AVENUE NEW YORK, NY 10017	13-6128447	501(C)(3)	294,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
CENTRAL TEXAS AFFILIATE OF SUSAN G KOMEN FOR THE CURE - PO BOX 8504 - WACO, TX 76714	74-2906528	501(C)(3)	10,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY CLINICS HEALTH NETWORK PO BOX 880969 SAN DIEGO, CA 92168	33-0759107	501(C)(3)	30,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
DENVER METRO AFFILIATE OF SUSAN G KOMEN FOR THE CURE - 1835 FRANKLIN ST - DENVER, CO 80218	84-1199858	501(C)(3)	20,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
YELLOWSTONE CITY - COUNTY HEALTH DEPARTMENT - 123 SOUTH 27TH STREET - BILLINGS, MT 59101	81-0513538	501(C)(3)	12,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE
SUSAN G. KOMEN GREATER ATLANTA 3525 PIEDMONT RD NW, BLDG 5, STE 21 ATLANTA, GA 30305	58-1959763	501(C)(3)	30,000.	0.			TO FURTHER DONEE ORGANIZATION'S EXEMPT PURPOSE

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

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

Schedule I (Form 990) (2015)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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 **BARBELLS FOR BOOBS** Employer identification number **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		43,259.	FAIR MARKET 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**

	Yes	No
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 is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

BARBELLS FOR BOOBS

Employer identification number

27-2027629

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 4:

CHANGE TO NAME OF ORGANIZATION

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

PRESENTED IN BOARD MEETING AND AGREED UPON BY MEMBERS.

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

SEE ATTACHED EXECUTIVE COMPENSATION POLICY.

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

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PAST BOOK TO TAX DIFFERENCE - NO TAX EFFECT

41,431.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

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

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

532211
09-02-15

Name of the organization

BARBELLS FOR BOOBS

Employer identification number

27-2027629

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

Multiple horizontal lines for text entry.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAPTOP	05/01/10	SL	5.00		16	797.				797.	716.		13.	729.
2	CARAVAN CANOPY	04/26/11	SL	5.00		16	1,173.				1,173.	861.		235.	1,096.
3	CAMERA	05/04/11	SL	5.00		16	1,935.				1,935.	1,419.		387.	1,806.
4	(D)CAMERA	05/09/11	SL	5.00		16	2,317.				2,317.	1,698.		463.	
5	COMPUTER	06/01/11	SL	7.00		16	3,787.				3,787.	1,939.		541.	2,480.
6	MICROWAVE	06/21/11	SL	5.00		16	334.				334.	234.		67.	301.
7	OFFICE CABINET	06/27/11	SL	5.00		16	561.				561.	392.		112.	504.
8	DESK	06/27/11	SL	5.00		16	232.				232.	161.		46.	207.
9	LAPTOP	06/29/11	SL	7.00		16	978.				978.	490.		140.	630.
10	(D)SOFA TABLE	07/25/11	SL	5.00		16	1,220.				1,220.	834.		244.	
11	CANOPY	08/01/11	SL	5.00		16	2,482.				2,482.	1,695.		496.	2,191.
12	BOOK CASE	08/04/11	SL	5.00		16	562.				562.	383.		112.	495.
13	DESK CHAIRS	08/15/11	SL	5.00		16	355.				355.	243.		71.	314.
14	CAMERA TRIPOD	08/26/11	SL	5.00		16	415.				415.	277.		83.	360.
15	(D)ATHLETIC BIKES	10/05/11	SL	5.00		16	2,687.				2,687.	1,745.		537.	
16	COMPUTER	10/06/11	SL	7.00		16	4,222.				4,222.	1,960.		603.	2,563.
17	ATHLETIC BIKES	10/08/11	SL	5.00		16	5,001.				5,001.	3,250.		1,000.	4,250.
18	(D)CAMERA	10/12/11	SL	5.00		16	465.				465.	302.		93.	

528111
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	COMPUTER	10/12/11	SL	7.00		16	2,446.				2,446.	1,134.		349.	1,483.
20	(D)SCION XB	04/12/11	SL	10.00		21	16,176.				16,176.	6,067.		1,483.	
21	(D)3 IPHONES	01/12/12	200DB	5.00	HY	17	1,045.			523.	522.	371.		51.	
23	COMPUTER	04/27/12	200DB	5.00	HY	17	2,297.			1,149.	1,148.	817.		132.	949.
24	(D)AUTO	01/01/12	200DB	5.00	HY	21	1,500.			750.	750.	534.		72.	
25	(D)APPLE COMPUTER	03/05/13	200DB	5.00	HY	17	4,800.			2,400.	2,400.	1,248.		231.	
26	(D)THUNDERBOLT DISPLAY	03/03/13	200DB	5.00	HY	17	537.			269.	268.	140.		26.	
27	THUNDERBOLT DISPLAY	03/03/13	200DB	5.00	HY	17	5,000.			2,500.	2,500.	1,300.		480.	1,780.
28	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	6,048.			3,024.	3,024.	1,573.		580.	2,153.
29	THUNDERBOLT DISPLAY	03/14/13	200DB	5.00	HY	17	2,388.			1,194.	1,194.	621.		229.	850.
30	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	860.			430.	430.	224.		82.	306.
31	THUNDERBOLT DISPLAY	03/14/13	200DB	5.00	HY	17	2,014.			1,007.	1,007.	523.		194.	717.
32	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	350.			175.	175.	91.		34.	125.
33	THUNDERBOLT DISPLAY	03/14/13	200DB	5.00	HY	17	50.			25.	25.	13.		5.	18.
34	MACBOOK AIR	03/14/13	200DB	5.00	HY	17	2,139.			1,070.	1,069.	556.		205.	761.
46	(D)LEASEHOLD IMPROVEMENTS	03/12/13	SL	15.00	HY	17	37,048.			18,524.	18,524.	1,852.		617.	
47	10 DESKS	02/19/13	200DB	7.00	HY	17	3,455.			1,728.	1,727.	670.		302.	972.
48	(D)CONFERENCE ROOM EQUIPMENT AND KITCHEN	02/20/13	200DB	7.00	HY	17	1,444.			722.	722.	280.		63.	

528111
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	8 CHAIRS	02/25/13	200DB	7.00	HY17	1,932.			966.	966.	375.		169.	544.
50	(D)COUNTERTOP	02/28/13	200DB	7.00	HY17	1,600.			800.	800.	310.		70.	
51	OFFICE CHAIRS	03/06/13	200DB	7.00	HY17	2,124.			1,062.	1,062.	412.		186.	598.
52	2 CABINETS	03/11/13	200DB	7.00	HY17	1,383.			692.	691.	268.		121.	389.
53	2 DESKS	05/20/13	200DB	7.00	HY17	1,031.			516.	515.	200.		90.	290.
54	EVENT CANOPY	05/23/13	200DB	7.00	HY17	1,121.			561.	560.	217.		98.	315.
55	(D)A TOP EN-COUNTER	07/08/13	200DB	5.00	HY17	800.			400.	400.	208.		38.	
57	CAMERA	12/21/13	200DB	5.00	HY17	5,870.			2,935.	2,935.	1,526.		564.	2,090.
59	(D)2008	12/31/13	200DB	5.00	HY17	2,000.			1,000.	1,000.	520.		96.	
60	APPLE MONITORS	08/02/13	200DB	5.00	HY17	2,709.			1,355.	1,354.	704.		260.	964.
61	BIKES	02/01/12	200DB	5.00	HY17	4,063.			2,032.	2,031.	1,446.		390.	1,836.
62	TWO DESKS	04/04/14	200DB	7.00	HY17	1,616.			808.	808.	115.		198.	313.
63	BARBELLS FOR BOOBS SIGN	04/22/14	200DB	7.00	HY17	1,500.			750.	750.	107.		184.	291.
64	(D)CONCRETE DESKS	05/28/14	200DB	7.00	HY17	2,345.			1,173.	1,172.	167.		144.	
65	BARSTOOLS	05/27/14	200DB	7.00	HY17	562.			281.	281.	40.		69.	109.
66	MACBOOK AIR	01/14/14	200DB	5.00	HY17	1,445.			723.	722.	144.		231.	375.
67	MACBOOK AIR	01/14/14	200DB	5.00	HY17	1,445.			723.	722.	144.		231.	375.
68	PEGASUS HARD DRIVE	01/27/14	200DB	5.00	HY17	1,538.			769.	769.	154.		246.	400.

528111
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
69	3 APPLE THUNDERBOLT DISPLAYS	01/31/14	200DB	5.00		HY17	2,250.			1,125.	1,125.	225.		360.	585.
70	MAC PRO	03/10/14	200DB	5.00		HY17	6,873.			3,437.	3,436.	687.		1,100.	1,787.
71	APPLE	03/27/14	200DB	5.00		HY17	1,126.			563.	563.	113.		180.	293.
72	SONY NEX-FS700 SUPER 35 CAMCORDER AND LENS	01/07/14	200DB	5.00		HY17	8,389.			4,195.	4,194.	839.		1,342.	2,181.
73	SIGMA 35 MM CANON LENS	02/14/14	200DB	5.00		HY17	899.			450.	449.	90.		144.	234.
74	LEXAR 128GB MEMORY CARD	02/14/14	200DB	5.00		HY17	490.			245.	245.	49.		78.	127.
75	CANON SPEEDLITE	02/14/14	200DB	5.00		HY17	469.			235.	234.	47.		75.	122.
76	REDROCK MOTORIZED SLIDER	03/07/14	200DB	5.00		HY17	1,495.			748.	747.	149.		239.	388.
77	LACIE 500GB HARDDRIVE	03/07/14	200DB	5.00		HY17	500.			250.	250.	50.		80.	130.
78	SONY CYBERSHOT	08/27/14	200DB	5.00		HY17	798.			399.	399.	80.		128.	208.
79	(D)DUZI SLIDER	08/27/14	200DB	5.00		HY17	431.			216.	215.	43.		34.	
80	DJI RONIN HANDHELD GIMBLE	09/25/14	200DB	5.00		HY17	3,054.			1,527.	1,527.	305.		489.	794.
81	(D)STREET SIGN FOR BUILDING	05/12/14	200DB	2.00		HY16	1,054.				1,054.	703.		351.	
82	FULL DJ SETUP	01/27/14	200DB	5.00		HY17	7,629.			3,815.	3,814.	763.		1,220.	1,983.
83	GPS FOR SPRINTER	01/31/14	200DB	5.00		HY17	907.			454.	453.	91.		145.	236.
84	TURNTABLE	01/31/14	200DB	5.00		HY17	864.			432.	432.	86.		138.	224.
85	(D)ALARM INSTALL	03/10/14	200DB	5.00		HY17	1,299.			650.	649.	130.		104.	
86	(D)SHIRT PRESS	06/23/14	200DB	5.00		HY17	1,450.			725.	725.	145.		116.	

528111
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	(D)HAT PRESS	06/23/14	200DB	5.00		HY17	750.			375.	375.	75.		60.	
88	PIONEER MOBILE DJ SETUP	10/24/14	200DB	5.00		HY17	1,222.			611.	611.	122.		196.	318.
89	2012 SPRINTER	01/04/14	200DB	5.00		HY17	43,718.			21,859.	21,859.	4,372.		6,995.	11,367.
90	EVENT BOX PLUS REGISTRATION FEES	09/02/14	200DB	5.00		HY17	81,366.			40,683.	40,683.	8,137.		13,018.	21,155.
91	(D)TV FOR EVENT BOX DISPLAY	09/22/14	200DB	5.00		HY17	818.			409.	409.	82.		65.	
92	(D)5' COUNTER FOR EVENT BOX	09/30/14	200DB	7.00		HY17	2,450.			1,225.	1,225.	175.		150.	
93	(D)2014 CHEVY SILVERADO	11/12/14	200DB	5.00		HY17	47,998.			23,999.	23,999.	4,800.		3,840.	
94	(D)2014 CHEVY SILVERADO	01/09/15	200DB	5.00		HY17	1,801.				1,801.			360.	
95	APPLE #1	11/27/15	200DB	5.00		HY19B	867.			434.	433.			521.	87.
96	APPLE #2	11/27/15	200DB	5.00		HY19B	1,082.			541.	541.			649.	108.
97	APPLE IPHONE	01/08/16	200DB	5.00		HY19B	380.			190.	190.			228.	38.
98	SS LITE EVENT BOX	01/22/16	200DB	5.00		HY19B	524.			262.	262.			314.	52.
99	(D)LENS	12/21/13	200DB	5.00		HY17	2,299.			1,150.	1,149.	598.		110.	
	* TOTAL 990 PAGE 10 DEPR						379,456.			164,240.	215,216.	66,626.		46,592.	79,346.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						376,603.			162,813.	213,790.	66,626.			
	ACQUISITIONS						2,853.			1,427.	1,426.	0.			

528111
04-01-15

(D) - Asset disposed

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

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BARBELLS FOR BOOBS

FORM 990 PAGE 10

27-2027629

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	1,427.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,943.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	37,382.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	1,426.	5 YRS.	HY	200DB	285.
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,555.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	46,592.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

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

26 Property used more than 50% in a qualified business use: Table with columns for vehicle type, date, percentage, cost, basis, recovery period, method, and depreciation deduction.

27 Property used 50% or less in a qualified business use: Table with columns for vehicle type, date, percentage, cost, basis, recovery period, method, and depreciation deduction.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,555.

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

Section B - Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) for Vehicle. Rows 30-36 include questions about miles driven, personal use, and availability.

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

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

Table for Section C with columns Yes/No. Rows 37-41 include questions about written policies, personal use, and demonstration use.

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

Part VI Amortization

Table for Part VI with columns (a) through (f). Rows 42-44 include questions about amortization of costs during and before the 2015 tax year.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. BARBELLS FOR BOOBS	Employer identification number (EIN) or 27-2027629
	Number, street, and room or suite no. If a P.O. box, see instructions. 3011 S. CRODDY WAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA ANA, CA 92704	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ZIONNA HANSON

• The books are in the care of **3011 S. CRODDY WAY - SANTA ANA, CA 92704**
Telephone No. **714-361-6132** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2017.**

5 For calendar year , or other tax year beginning **APR 1, 2015**, and ending **MAR 31, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

March 31, 2016

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

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **04/01/2015**, and ending (mm/dd/yyyy) **03/31/2016**

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

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

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	269,890.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,916,986.00
	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 STMT 2	4	2,186,876.00
	5	Cost of goods sold 5	5	00
	6	Cost or other basis, and sales expenses of assets sold 6	6	88,797.00
	7	Total costs. Add line 5 and line 6	7	88,797.00
	8	Total gross income. Subtract line 7 from line 4	8	2,098,079.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,357,369.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<259,290.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

Sign Here	Signature of officer	Title	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P00892285
	Firm's name (or yours, if self-employed) and address			• FEIN 95-3288054
				• Telephone (949)910-2727

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

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
QAL	391 GLASSEL ST ORANGE , CA 92866	01/20/16	50,000.
TOTAL INCLUDED ON LINE 3			<u>50,000.</u>

FORM 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

REEBOK

31 ST JAMES AVE BOSTON, MA 02116

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

WOMENS AND MENS SHIRTS DONATED
FOR THE FUNDRAISING EVENTS

07/30/15

43,259.

43,259.

TOTAL INCLUDED ON LINE 3

43,259.

FORM 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SCION XB	04/12/11	02/28/16	PURCHASED	16,176.	7,550.	0.	500.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SHIRT PRESS	06/23/14	12/31/15	PURCHASED	1,450.	638.	0.	800.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
HAT PRESS	06/23/14	12/31/15	PURCHASED	750.	330.	0.	450.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
2014 CHEVY	11/12/14	09/03/15	PURCHASED	47,998.	10,666.	0.	36,200.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
DUZI SLIDER	08/27/14	03/25/16	PURCHASED	431.	207.	0.	260.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
LENS	12/21/13	03/08/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,299.	1,513.	0.	1,400.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
CAMERA	05/09/11	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,317.	2,161.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
SOFA TABLE	07/25/11	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,220.	1,078.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
ATHLETIC BIKES	10/05/11	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,687.	2,282.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
CAMERA	10/12/11	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	465.	395.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
3 IPHONES	01/12/12	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,045.	909.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
AUTO	01/01/12	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,500.	1,306.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
APPLE COMPUTER	03/05/13	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	4,800.	3,648.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
THUNDERBOLT DISPLAY	03/03/13	03/31/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	537.	408.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
LEASEHOLD IMPROVEMENTS	03/12/13	01/15/16	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	37,048.	6,380.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
CONFERENCE ROOM EQUIPMENT AND KITCHEN	02/20/13	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	1,444.	883.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
COUNTERTOP	02/28/13	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	1,600.	978.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
A TOP EN-COUNTER	07/08/13	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	800.	570.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
2008 VEHICLE TOW	12/31/13	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	2,000.	1,352.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
CONCRETE DESKS	05/28/14	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	2,345.	949.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
STREET SIGN FOR BUILDING	05/12/14	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	1,054.	1,054.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
ALARM INSTALL	03/10/14	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	1,299.	779.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
TV FOR EVENT BOX DISPLAY	09/22/14	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	818.	376.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
5' COUNTER FOR EVENT BOX	09/30/14	03/31/16	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	2,450.	825.	0.
			<u>GROSS SALES PRICE</u>
			0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
	01/09/15	09/03/15	PURCHASED
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>
	1,801.	300.	0.
			<u>GROSS SALES PRICE</u>
			0.

TOTAL TO FORM 199, PAGE 2, LN 6	<u>136,334.</u>	<u>47,537.</u>	<u>0.</u>	<u>39,610.</u>
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FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
CREDIT CARD REFUND	5,265.
TOTAL TO FORM 199, PART II, LINE 7	5,265.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION:

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AVON FOUNDATION FOR WOMEN	777 THIRD AVENUE - NEW YORK, NY 10017	NONE	294,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CENTRAL TEXAS AFFILIATE OF SUSAN G KOMEN	PO BOX 8504 - WACO, TX 76714	NONE	10,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COMMUNITY CLINICS HEALTH NETWORK	PO BOX 880969 - SAN DIEGO, CA 92168	NONE	30,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DENVER METRO AFFILIATE OF SUSAN G KOMEN	1835 FRANKLIN ST - DENVER, CO 80218	NONE	20,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
YELLOWSTONE CITY - COUNTY HEALTH DEPARTM	123 SOUTH 27TH STREET - BILLINGS, MT 59101	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUSAN G. KOMEN GREATER ATLANTA	3525 PIEDMONT RD NW, BLDG 5, STE 215 - ATLANTA, GA 30305	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERIE COUNTY DEPARTMENT OF HEALTH - CANCER	95 FRANKLIN ST, RM 950 - BUFFALO, NY 14202	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUSAN G. KOMEN SACRAMENTO VALLEY	9310 TECH CENTER DR., STE 250 - SACRAMENTO, CA 95826	NONE	20,000.

TOTAL FOR THIS ACTIVITY 436,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 436,000.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALEC HANSON 3011 S. CRODDY WAY SANTA ANA, CA 92704	BOARD MEMBER 1.00	0.
JAMIE CANSLER 3011 S. CRODDY WAY SANTA ANA, CA 92704	BOARD MEMBER 1.00	0.
JOHN POTTS 3011 S. CRODDY WAY SANTA ANA, CA 92704	BOARD MEMBER 1.00	0.
VIC PEPE 3011 S. CRODDY WAY SANTA ANA, CA 92704	BOARD MEMBER 1.00	0.
ZIONNA HANSON 3011 S. CRODDY WAY SANTA ANA, CA 92704	PRESIDENT/CHAIRMAN 60.00	104,000.
TRACY MULLER 3011 S. CRODDY WAY SANTA ANA, CA 92704	TREASURER 1.00	0.
DAN GUTENPLAN 3011 S. CRODDY WAY SANTA ANA, CA 92704	SECRETARY 1.00	0.
ROBYN BENNET 3011 S. CRODDY WAY SANTA ANA, CA 92704	CHIEF OPERATING OFFICER 40.00	95,000.
PANAGIOTA HATZIS 3011 S. CRODDY WAY SANTA ANA, CA 92704	OPERATIONS DIRECTOR 40.00	0.
NATHAN CONTRERAS 3011 S. CRODDY WAY SANTA ANA, CA 92704	BRAND DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<hr/> 199,000. <hr/>

FORM 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
OUTSIDE SERVICES		342,292.	
PROGRAM SUPPORT		184,634.	
COMMUNITY OUTREACH		47,393.	
BANK FEES		41,704.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		222,085.	
OTHER PROFESSIONAL FEES		17,911.	
OFFICE EXPENSES		82,850.	
TRAVEL		15,385.	
INSURANCE		94,331.	
ALL OTHER EXPENSES		13,046.	
TOTAL TO FORM 199, PART II, LINE 17		1,061,631.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER NOTES AND LOANS RECEIVABLE	5,694.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	5,694.	0.	

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SECURITY DEPOSITS	23,052.	0.	
OTHER ASSETS	14,028.	0.	
GRANT REFUND	0.	30,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	37,080.	30,000.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL TAX LIABILITIES	6,529.	0.	
CREDIT CARDS	4,907.	8,765.	
VEHICLE LOAN	30,180.	22,623.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	41,616.	31,388.	

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	11
DESCRIPTION		AMOUNT	
DEPRECIATION		33,818.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		33,818.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 27-2027629

Corporation name

California corporation number

BARBELLS FOR BOOBS

3276720

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property details. Includes lines 1-13 with descriptions and amounts.

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

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes line 14 and summary line 15.

Part III Summary

Summary table with 2 rows (16, 17) and 1 row (18) for totals and adjustments. Includes line 16 for total election, line 17 for federal depreciation, and line 18 for depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year. Includes lines 19-22 for amortization details.

CA 3885		DEPRECIATION				STATEMENT 12	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAPTOP	05/01/10	797.	716.	SL	5.00	13.	
2 CARAVAN CANOPY	04/26/11	1,173.	861.	SL	5.00	235.	
3 CAMERA	05/04/11	1,935.	1,419.	SL	5.00	387.	
4 CAMERA	05/09/11	2,317.	1,698.	SL	5.00	463.	
5 COMPUTER	06/01/11	3,787.	1,939.	SL	7.00	541.	
6 MICROWAVE	06/21/11	334.	234.	SL	5.00	67.	
7 OFFICE CABINET	06/27/11	561.	392.	SL	5.00	112.	
8 DESK	06/27/11	232.	161.	SL	5.00	46.	
9 LAPTOP	06/29/11	978.	490.	SL	7.00	140.	
10 SOFA TABLE	07/25/11	1,220.	834.	SL	5.00	244.	
11 CANOPY	08/01/11	2,482.	1,695.	SL	5.00	496.	
12 BOOK CASE	08/04/11	562.	383.	SL	5.00	112.	
13 DESK CHAIRS	08/15/11	355.	243.	SL	5.00	71.	
14 CAMERA TRIPOD	08/26/11	415.	277.	SL	5.00	83.	
15 ATHLETIC BIKES	10/05/11	2,687.	1,745.	SL	5.00	537.	
16 COMPUTER	10/06/11	4,222.	1,960.	SL	7.00	603.	
17 ATHLETIC BIKES	10/08/11	5,001.	3,250.	SL	5.00	1,000.	
18 CAMERA	10/12/11	465.	302.	SL	5.00	93.	
19 COMPUTER	10/12/11	2,446.	1,134.	SL	7.00	349.	
20 SCION XB	04/12/11	16,176.	6,067.	SL	10.00	1,483.	
21 3 IPHONES	01/12/12	1,045.	819.	200DB	5.00	90.	
23 COMPUTER	04/27/12	2,297.	1,691.	200DB	5.00	242.	
24 AUTO	01/01/12	1,500.	1,176.	200DB	5.00	130.	

25	APPLE COMPUTER	03/05/13	4,800.	2,880.	200DB	5.00	768.
26	THUNDERBOLT DISPLAY	03/03/13	537.	322.	200DB	5.00	86.
27	THUNDERBOLT DISPLAY	03/03/13	5,000.	3,000.	200DB	5.00	800.
28	MACBOOK AIR	03/14/13	6,048.	3,629.	200DB	5.00	968.
29	THUNDERBOLT DISPLAY	03/14/13	2,388.	1,433.	200DB	5.00	382.
30	MACBOOK AIR	03/14/13	860.	516.	200DB	5.00	138.
31	THUNDERBOLT DISPLAY	03/14/13	2,014.	1,208.	200DB	5.00	322.
32	MACBOOK AIR	03/14/13	350.	210.	200DB	5.00	56.
33	THUNDERBOLT DISPLAY	03/14/13	50.	30.	200DB	5.00	8.
34	MACBOOK AIR	03/14/13	2,139.	1,283.	200DB	5.00	342.
46	LEASEHOLD IMPROVEMENTS	03/12/13	37,048.	4,528.	SL	15.00	1,852.
47	10 DESKS	02/19/13	3,455.	1,575.	200DB	7.00	537.
48	CONFERENCE ROOM EQUIPMENT AND KITCHEN	02/20/13	1,444.	658.	200DB	7.00	225.
49	8 CHAIRS	02/25/13	1,932.	881.	200DB	7.00	300.
50	COUNTERTOP	02/28/13	1,600.	729.	200DB	7.00	249.
51	OFFICE CHAIRS	03/06/13	2,124.	968.	200DB	7.00	330.
52	2 CABINETS	03/11/13	1,383.	630.	200DB	7.00	215.
53	2 DESKS	05/20/13	1,031.	417.	200DB	7.00	175.
54	EVENT CANOPY	05/23/13	1,121.	454.	200DB	7.00	191.
55	A TOP EN-COUNTER	07/08/13	800.	416.	200DB	5.00	154.
57	CAMERA	12/21/13	5,870.	2,700.	200DB	5.00	1,268.
59	2008	12/31/13	2,000.	920.	200DB	5.00	432.
60	APPLE MONITORS	08/02/13	2,709.	1,355.	200DB	5.00	542.
61	BIKES	02/01/12	4,063.	2,747.	200DB	5.00	526.
62	TWO DESKS	04/04/14	1,616.	346.	200DB	7.00	363.
63	BARBELLS FOR BOOBS SIGN	04/22/14	1,500.	286.	200DB	7.00	347.
64	CONCRETE DESKS	05/28/14	2,345.	391.	200DB	7.00	558.

65	BARSTOOLS	05/27/14	562.	94.	200DB	7.00	134.
66	MACBOOK AIR	01/14/14	1,445.	578.	200DB	5.00	347.
67	MACBOOK AIR	01/14/14	1,445.	578.	200DB	5.00	347.
68	PEGASUS HARD DRIVE	01/27/14	1,538.	564.	200DB	5.00	390.
69	3 APPLE THUNDERBOLT DISPLAYS	01/31/14	2,250.	825.	200DB	5.00	570.
70	MAC PRO	03/10/14	6,873.	2,291.	200DB	5.00	1,833.
71	APPLE	03/27/14	1,126.	338.	200DB	5.00	315.
72	SONY NEX-FS700 SUPER 35 CAMCORDER AND LENS	01/07/14	8,389.	3,356.	200DB	5.00	2,013.
73	SIGMA 35 MM CANON LENS	02/14/14	899.	330.	200DB	5.00	228.
74	LEXAR 128GB MEMORY CARD	02/14/14	490.	180.	200DB	5.00	124.
75	CANON SPEEDLITE	02/14/14	469.	172.	200DB	5.00	119.
76	REDROCK MOTORIZED SLIDER	03/07/14	1,495.	498.	200DB	5.00	399.
77	LACIE 500GB HARDDRIVE	03/07/14	500.	167.	200DB	5.00	133.
78	SONY CYBERSHOT	08/27/14	798.	106.	200DB	5.00	277.
79	DUZI SLIDER	08/27/14	431.	57.	200DB	5.00	150.
80	DJI RONIN HANDHELD GIMBLE	09/25/14	3,054.	305.	200DB	5.00	1,100.
81	STREET SIGN FOR BUILDING	05/12/14	1,054.	703.	200DB	2.00	351.
82	FULL DJ SETUP	01/27/14	7,629.	2,797.	200DB	5.00	1,933.
83	GPS FOR SPRINTER	01/31/14	907.	333.	200DB	5.00	230.
84	TURNTABLE	01/31/14	864.	317.	200DB	5.00	219.
85	ALARM INSTALL	03/10/14	1,299.	433.	200DB	5.00	346.
86	SHIRT PRESS	06/23/14	1,450.	290.	200DB	5.00	348.
87	HAT PRESS	06/23/14	750.	150.	200DB	5.00	180.
88	PIONEER MOBILE DJ SETUP	10/24/14	1,222.	81.	200DB	5.00	456.
89	2012 SPRINTER	01/04/14	43,718.	17,487.	200DB	5.00	10,492.
90	EVENT BOX PLUS REGISTRATION FEES	09/02/14	81,366.	10,849.	200DB	5.00	28,207.
91	TV FOR EVENT BOX DISPLAY	09/22/14	818.	82.	200DB	5.00	294.

BARBELLS FOR BOOBS

27-2027629

92	5' COUNTER FOR EVENT BOX						
	09/30/14	2,450.	175.	200DB	7.00	650.	
93	2014 CHEVY SILVERADO						
	11/12/14	47,998.	3,200.	200DB	5.00	7,466.	
94	2014 CHEVY SILVERADO						
	01/09/15	1,801.		200DB	5.00	300.	
95	APPLE #1						
	11/27/15	867.		200DB	5.00	116.	
96	APPLE #2						
	11/27/15	1,082.		200DB	5.00	144.	
97	APPLE IPHONE						
	01/08/16	380.		200DB	5.00	38.	
98	SS LITE EVENT BOX						
	01/22/16	524.		200DB	5.00	35.	
99	LENS						
	12/21/13	2,299.	1,058.	200DB	5.00	455.	
TOTAL DEPR TO FORM 3885		<u>379,456.</u>	<u>112,392.</u>			<u>80,410.</u>	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

March 31, 2016

Prepared for	Barbells for Boobs 3011 S. Croddy Way Santa Ana, CA 92704
Prepared by	Wright Ford Young & Co. CPA's 16140 Sand Canyon Avenue Irvine, CA 92618-3715
Amount due or refund	Balance due of \$150.00
Make check payable to	Attorney General Registry of Charitable Trusts
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

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

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

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

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

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

State Charity Registration Number: CT 0183876 BARBELLS FOR BOOBS <small>Name of Organization</small> 3011 S. CRODDY WAY <small>Address (Number and Street)</small> SANTA ANA, CA 92704 <small>City or Town, State and ZIP Code</small>	Check if: <input 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 04/01/2015 ending 03/31/2016) list:
 Gross annual revenue \$ 1,916,212. Total assets \$ 528,095.

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

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

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

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

Organization's e-mail address _____

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

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____