

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning

, and ending

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.****26-0606190****Net Asset / Fund Balance at Beginning of Year****246,276****Revenue**Contributions **355,130**

Program service revenue

Investment income **148**Capital gain / loss **108**

Fundraising / Gaming:

Gross revenue **146,543**Direct expenses **76,318**Net income **70,225**Other income **-330****Total revenue****425,281****Expenses**Program services **324,159**Management and general **47,914**Fundraising **49,992****Total expenses****422,065****Excess / (deficit)****3,216**

Changes

Net Asset / Fund Balance at End of Year**249,492****Reconciliation of Revenue**

Total revenue per financial statements _____

Less:

Unrealized gains _____

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other _____

Total revenue per return **425,281****Reconciliation of Expenses**

Total expenses per financial statements _____

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other _____

Total expenses per return **422,065****Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>255,605</u>	<u>253,642</u>	
Liabilities	<u>9,329</u>	<u>4,150</u>	
Net assets	<u><u>246,276</u></u>	<u><u>249,492</u></u>	<u><u>3,216</u></u>

Miscellaneous Information

Amended return

Return / extended due date **08/15/16**

Failure to file penalty _____

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 2015, and ending 20

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer identification number

26-0606190

Name and title of officer

**Rene Bowditch
President****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 425,281
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **Thomas A. Smith, Jr. CPA P.C.** to enter my PIN **61904** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **08/10/16****Part III Certification and Authentication**

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

30322720244

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF)** Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **08/10/16****ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2015**Open to Public
Inspection****A For the 2015 calendar year, or tax year beginning , and ending****B** Check if applicable:☒ Address change☐ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending**C** Name of organization**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Doing business as

Beyond Boobs!

Number and street (or P.O. box if mail is not delivered to street address)

1309 Jamestown Road STE 204

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Williamsburg**VA 23185****D** Employer identification number**26-0606190****E** Telephone number**757-645-2649****G** Gross receipts \$**537,101****F** Name and address of principal officer:**Rene Bowditch****8361 Yacht Club Lane****Gloucester****VA 23072****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:☒ 501(c)(3)☐ 501(c) ()

(insert no.)

☐ 4947(a)(1) or☐ 527**J** Website:**www.beyondboobs.org****H(c)** Group exemption number ▶**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation: **2007****M** State of legal domicile: **VA****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:**See Schedule O****2** Check this box ☐ 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 11****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 11****5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)**5 7****6** Total number of volunteers (estimate if necessary)**6 450****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a 43****b** Net unrelated business taxable income from Form 990-T, line 34**7b 0**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

236,810**355,130****9** Program service revenue (Part VIII, line 2g)**0****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**104****256****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**126,995****69,895****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**363,909****425,281**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**227,244****264,822****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****b** Total fundraising expenses (Part IX, column (D), line 25) ▶**49,992****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**106,650****157,243****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**333,894****422,065****19** Revenue less expenses. Subtract line 18 from line 12**30,015****3,216**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

255,605**253,642****21** Total liabilities (Part X, line 26)**9,329****4,150****22** Net assets or fund balances. Subtract line 21 from line 20**246,276****249,492****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

Rene Bowditch**President**

Type or print name and title

Paid**Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**Thomas A Smith Jr****08/08/16**

self-employed

P00852965Firm's name ▶ **Thomas A. Smith, Jr. CPA P.C.**Firm's EIN ▶ **46-4126302**Firm's address ▶ **PO Box 14370****Newport News, VA 23608-0008**Phone no. **757-659-0812**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

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

SUPPORT: "Not Your Typical" Support Systems for Young Women Diagnosed with Breast Cancer

While other organizations are funding research toward a cure for breast cancer, Beyond Boobs! (BB!) is effectively helping young women facing this disease now.

THE NEED: Approximately 26,000 breast cancer diagnoses annually will be in women under the age of 45 (we serve women diagnosed at age 50 and younger). This group faces a unique set of challenges and for a longer duration because of their young age. They rarely know anyone else their age going

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

EDUCATION: Attention-getting breast health education to motivate women of all ages (and men) to take the actions necessary to promote early detection and manage risk of breast cancer through healthy lifestyle choices.

Beyond Boobs! (BB!) is saving lives by changing the focus from passive breast cancer awareness to the empowering concept of breast health action to ensure early detection, the key to surviving this disease. Employing humor, a Good Health Fairy, a breast health guide tucked into a beautiful inspiring wall calendar, quirky videos, a lively speakers' bureau, and eye-catching "retail therapy," BB! has gone a long way in breaking down the stigma of talking about breast cancer. We even use humor to encourage the

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ **324,159** including grants of \$) (Revenue \$)4e Total program service expenses **324,159**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

	1a	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		11		
b Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

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

Section C. Disclosure

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

Rene Bowditch
Williamsburg

1311 Jamestown Road Suite 202
VA 23185

757-561-4749

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brian Freer	0.44									
Board Member	0.00	X						0	0	0
(2) Faye Petro Gargiulo	0.38									
Secretary	0.00	X		X				0	0	0
(3) Karen Reinthaler	0.30									
Board Member	0.00	X						0	0	0
(4) Linda S McKee	1.53									
Treasurer/Board Mem	0.00	X		X				0	0	0
(5) Rene Bowditch	25.00									
President	0.00	X		X				0	0	0
(6) Jake Perez	0.77									
Board Member	0.00	X						0	0	0
(7) Tracy Dickson-Scott	0.30									
Board Member	0.00	X						0	0	0
(8) Chris Gavrilovic	1.15									
Board Member	0.00	X						0	0	0
(9) Natalie Miller Moore	0.30									
Board Member	0.00	X						0	0	0
(10) Carrie Willetts	0.30									
Board Member	0.00	X						0	0	0
(11) Robin Campbell Wyatt	0.40									
Board Member	0.00	X						0	0	0

(A)

Name and title

(B)
Average
hours per
week
(list any
hours for
related
organizations
below dotted
line)

(C)
Position
(do not check more than one box, unless person is both an officer and a director/trustee)

Former
Highest compensated employee
Key employee
Officer
Institutional trustee
Individual trustee or director

(D)
Reportable
compensation
from
the
organization
(W-2/1099-MISC)

(E)
Reportable
compensation from
related
organizations
(W-2/1099-MISC)

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
-----	----

3

X

4

X

5

X

Section B. Independent Contractors

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

(A)
Name and business address

(B)
Description of services

(C)
Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	87,436			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	267,694			
	g Noncash contributions included in lines 1a-1f: \$		19,770			
	h Total. Add lines 1a-1f		355,130			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		148		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	19,963			
b Less: cost or other basis & sales exps.			19,855			
c Gain or (loss)			108			
d Net gain or (loss)			108			108
8a Gross income from fundraising events (not including \$ 87,436 of contributions reported on line 1c). See Part IV, line 18		a	106,761			
b Less: direct expenses		b	56,823			
c Net income or (loss) from fundraising events			49,938			52,931
9a Gross income from gaming activities. See Part IV, line 19		a	39,782			
b Less: direct expenses		b	19,495			
c Net income or (loss) from gaming activities			20,287			20,287
10a Gross sales of inventory, less returns and allowances		a	15,274			
b Less: cost of goods sold		b	15,647			
c Net income or (loss) from sales of inventory			-373			-373
Miscellaneous Revenue		Busn. Code				
11a Shipping		480000	43		43	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		43				
12 Total revenue. See instructions.		425,281	0	43	73,101	

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				
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				
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	246,003	183,019	25,956	37,028
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,819	14,114	2,823	1,882
11 Fees for services (non-employees):				
a Management				
b Legal	2,000	2,000		
c Accounting	18,646		14,917	3,729
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 Schedule O.)	9,676	9,665		11
12 Advertising and promotion	95	57		38
13 Office expenses	17,011	14,935	687	1,389
14 Information technology	2,187	1,870	190	127
15 Royalties				
16 Occupancy	32,029	27,545	2,242	2,242
17 Travel	2,593	2,593		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,497	7,497		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,420	994	142	284
23 Insurance	4,601	3,817	526	258
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 Beyond Boobs Programs	18,629	18,629		
b Restricted Donations Exp	14,709	14,709		
c Venues	7,092	7,092		
d Meals and Entertainment	5,104	4,852	252	
e All other expenses	13,954	10,771	179	3,004
25 Total functional expenses. Add lines 1 through 24e	422,065	324,159	47,914	49,992
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	171,165	1	169,354
	2 Savings and temporary cash investments	83,263	2	83,397
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,144	8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,379		
	b Less: accumulated depreciation	10b 5,488	33	10c 891
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	255,605	16	253,642	
Liabilities	17 Accounts payable and accrued expenses	4,841	17	4,150
	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	4,488	25	
	26 Total liabilities. Add lines 17 through 25	9,329	26	4,150
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	228,951	27	230,936
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	17,325	29	18,556
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	246,276	33	249,492
34 Total liabilities and net assets/fund balances	255,605	34	253,642	

Part XI Reconciliation of Net AssetsCheck 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	425,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	422,065
3	Revenue less expenses. Subtract line 2 from line 1	3	3,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	246,276
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	249,492

Part XII Financial Statements and ReportingCheck 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 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.		
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.		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer identification number

26-0606190**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	255,682	199,988	267,428	236,810	355,130	1,315,038
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	255,682	199,988	267,428	236,810	355,130	1,315,038
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)						
6 Public support. Subtract line 5 from line 4.						1,315,038

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	255,682	199,988	267,428	236,810	355,130	1,315,038
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	412	258	172	136	148	1,126
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,732			2,732
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,705	201,864	147,186	215,853	159,984	743,592
11 Total support. Add lines 7 through 10						2,062,488
12 Gross receipts from related activities, etc. (see instructions)					12	1,833

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	63.76 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	65.19 %
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 ► <input type="checkbox"/>						

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		<input type="checkbox"/>
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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
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 .		
11c		

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.		
1		
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.		
2		

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).		
1		

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?		
1		
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).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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
2a		
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.		
2b		
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 .		
3a		
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.		
3b		

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

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

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

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

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

Part II, Line 10 - Other Income Detail

Other income \$ 583,608

**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

2015Open to Public
Inspection

Name of the organization

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer identification number

26-0606190**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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:

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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		6,379	5,488	891
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				891

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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 ☐

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

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

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 XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2015Department of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer identification number

26-0606190**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ Nob If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	<u>Event to Live B</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	60,780	58,354	70,113	189,247
	2 Less: Contributions	16,178	24,817	43,324	84,319
	3 Gross income (line 1 minus line 2)	44,602	33,537	26,789	104,928
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,860	790	7,792	15,442
	7 Food and beverages	4,600	22,071	61	26,732
	8 Entertainment				
	9 Other direct expenses	136	1,025	8,662	9,823
	10 Direct expense summary. Add lines 4 through 9 in column (d)				51,997
	11 Net income summary. Subtract line 10 from line 3, column (d)				52,931

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			39,782	39,782
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			19,000	19,000
	4 Rent/facility costs				
	5 Other direct expenses			495	495
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				19,495
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				20,287

9 Enter the state(s) in which the organization conducts gaming activities: VA

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **Rene Bowditch**
1311 Jamestown Road Suite 202
 Address ▶ **Williamsburg** **VA 23185**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶
 Address ▶

16 Gaming manager information:

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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****Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer identification number

26-0606190**Form 990 - Organization's Mission**

Mission: "Beyond Boobs! is dedicated to saving and healing lives by supporting young women diagnosed with breast cancer while providing breast health education for all."

Beyond Boobs! (BB!) was founded in 2007 by two young breast cancer survivors to fill the lack of support services in their community for the unique needs of young women with this disease. This gap in support and educational services for young survivors is now recognized as a public health issue by the Center for Disease Control (CDC).

BB! addresses this issue. In the process it has changed the model for support and altered the dialogue around breast cancer. Recognizing that laughter is the best medicine, we use an encouraging, light approach to help our young women heal and to enhance our ability to educate the community at large about breast health action by making it less frightening to talk about and do.

Form 990, Part I, Line 6

Beyond Boobs! many volunteers assist in all aspects of our services.

WAYS VOLUNTEERS HELP: Volunteer, peer facilitators (all young survivors themselves) lead our "Not Your Typical" (NYT) Support Systems for young breast cancer survivors in their local communities. These trained facilitators host monthly "not your typical" support group gatherings;

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connect with these young women by phone, email, personal visits, and private Facebook groups in between; plan fun activities for the women to enjoy each other's company; and coordinate the provision of services as needed, such as accompaniment to doctor appointments and treatments.

Volunteers also assist in program presentations (such as speaking engagements, health fairs, and exhibit booths), fundraising, administrative tasks, coordinating retail inventory, organizing retreats, staffing our events, serving on our speaker's bureau, and representing Beyond Boobs! at community events to help spread our educational messages of early detection and taking charge of your breast health.

VOLUNTEER HOURS CONTRIBUTED: In 2015, volunteers contributed a total of 12,885 hours to the work of Beyond Boobs! The staff contributed 1584 volunteer hours over and above their paid time, and one of the co-founders contributed 1280 volunteer hours. Our "Full Support" Volunteers (committed to working on a regular basis throughout the year) contributed a total of 7590 hours, and event related volunteers added another 2431 hours.

SKILLED VOLUNTEER SERVICES: Within our total number of volunteers seven provide specialized skills that were they not donated, we would have to pay a salaried person or professional consultant for these services. To recognize and quantify these contributions, we measured and valued the donated time of these "skilled volunteers" based on skill level. The value of the services of these 7 volunteers (2330 hours) was \$275,875 in 2015. This total, if allowed to be included in the tax return as income, would be apportioned \$211,872 to Program Services, \$32,553 to Fund Raising

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Activities, and \$31,449 to Administrative Activities.

VALUE OF DONATED SERVICES WOULD CHANGE EXPENSE ALLOCATIONS: If allowed to include the value of these specialized volunteer services we otherwise would have had to hire, our percentage allocation of cash expenditures would be more heavily weighted toward the Program Services category and much reduced in the Administrative category.

Form 990, Part III, Line 4a - First Accomplishment

through it, are facing their mortality when they should be focusing on building their futures, may have young children and careers to manage while in treatment, and are left with life altering psychosocial and health related issues, if they survive. Their breast cancers tend to be more advanced at diagnosis and more aggressive, and their death rate is higher than for older survivors. All these factors add to the compelling need for support services designed specifically for these young women, commonly referred to as Young Breast Cancer Survivors (YBCS).

THE ACCOMPLISHMENT: Beyond Boobs! (BB!) is meeting this need through reproducible, community-based "Not Your Typical" (NYT) Support Systems offered in multiple locations in four states and spreading. Our brand of support appeals to young women because we have rejected the sterile, traditional medical-based support group experience for an upbeat, positive, environment with more laughter than tears, and more empowerment than victimization. As co-founder Mary Beth said, "I had great family support, but there was nothing like women who understood exactly what I was going through because they'd been there."

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With the help of peer facilitators, BB! creates an environment where young survivors can get vital health and coping information wrapped up in a positive outlook in the midst of this unexpected trauma. For example, our YBCS share how to tell your children, suggest questions to ask your doctor, explain treatment options and what the surgeries involve, and even do "show and tell" (of mastectomy scars or reconstruction results) to reduce fear of what lies ahead - vital information for the newly diagnosed. For those in treatment, they provide emotional as well as physical (going to doctor appointments, treatments, babysitting, meals, etc.) support. For those past treatment, they talk about sex after cancer, finding your "new fabulous" and how to deal with fear of the "The Stalker" (recurrence). We model and talk about healthy living and exercise to reduce risk of recurrence and increase wellbeing, and we focus on having fun.

Here is an example of the transformational impact of this innovative support model:

"Almost exactly a year ago, I was diagnosed with breast cancer. I had no idea what to do and/or what to expect; neither did my friends nor family. I was a 29-year-old single mother in the military, surrounded by people who've never experienced breast cancer. I had doctors throwing information at me from every angle and was given days to make critical decisions about my life and my body. An overwhelming amount of ladies that I could relate to came to me with open arms and told me everything I needed to hear at that time. Almost immediately, I knew what to ask my doctors and I had an idea of what to expect from chemotherapy, surgery, radiation, etc. The fear

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of the unknown can be one of the scariest things ever! Becoming a Boober! [a member of a Beyond Boobs! NYT Support System] has made me feel normal again. This is definitely "Not Your Typical" Support System . . . thank God!" Rashida S., diagnosed at 29

A survey showed that being part of a BB! NYT Support System positively affects quality of life, as well as treatment and recovery, by contributing substantially to social, emotional, and physical wellbeing. The "I can do this" support we provide is empowering these women to turn their diagnoses into a catalyst for positive change and return to their families and communities stronger than before, thus benefiting their families and communities as well:

"I have personally witnessed the exceptional benefits of this program in the young women in my practice. In the past, the young breast cancer patient often felt isolated as many women are diagnosed with the disease in their later years. The young woman faces a host of challenges that are very different from those of the older breast cancer patient. How does one care for young children and receive intensive chemotherapy? What about the possibility of having children after treatment of breast cancer? How will this diagnosis change the way I am viewed in the workplace? What will happen in my relationship with my spouse? Through the efforts of Beyond Boobs!, an incredible network has been created for patients, their families, and the general community." Christy Prillaman, M.D., Virginia Oncology Associates

Our NYT Support System is a proven, scalable model poised to be broadly

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disseminated to YBCS across the country as is already being done regionally. Thus, more young women can benefit from our unique brand of encouragement during treatment and beyond, when it is often needed even more.

Our goal is to make sure that any young woman diagnosed with breast cancer has access to all the love, support, and friendship she needs from her peers who have traveled the same scary, life-altering journey before her.

Form 990, Part III, Line 4b - Second Accomplishment

men in their lives to help (assigning them the task of being "Early Detector Inspectors").

To spread BB!'s breast health message, we use a robust and diverse communication plan leveraging print, multimedia, our education-enriched website (www.beyondboobs.org), social media, and our speakers' bureau, all of which we use to stay connected with and deliver health messaging to our key stakeholders.

Following is more detail about specific ways we share our health message:

"A Calendar to LIVE By" -- This award-winning, inspiring wall calendar of young survivors contains a "health guide"(in removable form) and is filled with information to help all women make their health a top priority. Our main educational tool, it includes what every woman needs to know to take charge of her breast and overall health, what to do if you've been diagnosed, and how to help someone going through it. Of the 10,000 printed

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for 2015, we donated or distributed 87% to health departments, hospitals, schools, free clinics, and newly diagnosed women in the communities we serve.

Educational Speakers Bureau/Health Events Outreach -- We offer lively, entertaining presentations on topics such as "How to be a Chick in Charge (of Your Breast Health)" and "Living Life with an Exclamation Point! Instead of a Period." Designed to encourage healthy living and share the things we learned from having breast cancer, our presentations dispel fear and leave listeners (even men) smiling and inspired.

Lights, Camera, (Breast Health) Action! -- Beyond Boobs! offers fun, feisty public service announcement videos (on YouTube) promoting early detection and living life with an exclamation point (!) instead of a period. The pink ribbon has made us all aware, but that's not enough. We take it to the next level by calling all women to ACTION and using our videos to show them how to begin.

Social Media Outreach - Beyond Boobs! effectively uses social media (Facebook and Twitter) to reach many more people than we could otherwise with our educational messages, reminders to do the actions required for early detection, and inspiration to live life to the fullest. We consistently posted (generally on a daily basis) to our BB! Facebook Fans throughout the year (11,000 Fans at year end); and used email newsletters to reach the women we serve, supporters, and volunteers with our healthy living messages. By year-end we increased our Twitter Followers from 340 to 475.

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Community Outreach -- Through a number of Beyond Boobs! Signature Events (see below) and other events hosted by various community organizations and businesses to benefit Beyond Boobs! (73 in 2015), we spread our educational message throughout the areas we serve, to motivate more women to take the steps to ensure early detection.

Signature Events	Location	Attendance
(2015)		
"Breast Fest"	Virginia Beach	150
"Breast Ball Golf Tournament"	Williamsburg	400
"Dancing With the Survivors"	Virginia Beach	225
"Run for the Hills" 10K	Williamsburg	654
"Pink Carpet Gala"	Newport News	450

Form 990, Part III, Line 4d - All Other Accomplishment

See Items 1 and 2, above.

Form 990, Part VI - Additional Information

Line 14 - The organization is in the process of implementing a document destruction policy

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 2015 Form 990 was reviewed by BB!'s Finance Committee and the Audit Committee, and then emailed to every member of the Board of Directors for comments before being submitted to the IRS.

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Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Our written Conflict of Interest Policy is in our Board Binders, which have been distributed to every Director, and are updated annually. For any decision that might involve a conflict of interest, we refer to and follow the Conflict Policy both in our meetings and individually. In addition, Directors, Officers, and Key Employees must annually sign a Conflicts Statement affirming they have received, read, and understand, and are complying with Beyond Boobs! Conflicts' Policy. They also have an ongoing obligation to disclose any possible conflicts at any time during the year if a situation arises that might create a conflict.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

15a: Yes, the compensation for the office of Executive Director was determined through review and approval by the Board (only independent members), comparability data of the amount paid to Executive Directors of similarly situated non-profits in our geographic area, and contemporaneous substantiation of the deliberation and decision according to the policy for setting compensation set forth in Appendix A to the organization's Bylaws.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Beyond Boobs!' Forms 990 (for the last four years), Form 1023, governing documents (Including Conflicts of Interest Policy), Permission to Solicit in Virginia, and IRS 501(c)(3) Determination Letter are available to the public upon request. Previous Form 990s are also available on our website at www.beyondboobs.org and Guidestar.

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2015Attachment
Sequence No.**179**

Name(s) shown on return

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Identifying number

26-0606190

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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 (see instructions)	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.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,139
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	181

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	33
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		334	5.0	HY	200DB	67
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	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,420
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

26-0606190

Federal Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
5	Computer-Dev Director	3/25/15	668			X	334	5 HY 200DB	0	401
			<u>668</u>				<u>334</u>		<u>0</u>	<u>401</u>
Prior MACRS:										
1	Computer and Software	10/31/09	929			X	464	5 MQ200DB	929	0
2	Computer-Laptop	7/26/10	1,154			X	577	5 HY 200DB	1,121	33
3	Computer and Software	12/23/11	2,018			X	0	5 MQ200DB	2,018	0
			<u>4,101</u>				<u>1,041</u>		<u>4,068</u>	<u>33</u>
Other Depreciation:										
4	Microsoft Exchange Software	3/24/15	1,000			X	500	3 MOAmort	0	639
6	Computer Operating System	8/26/15	609			X	304	3 MOAmort	0	347
	Total Other Depreciation		<u>1,609</u>				<u>804</u>		<u>0</u>	<u>986</u>
	Total ACRS and Other Depreciation		<u>1,609</u>				<u>804</u>		<u>0</u>	<u>986</u>
	Grand Totals		6,378				2,179		4,068	1,420
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>6,378</u>				<u>2,179</u>		<u>4,068</u>	<u>1,420</u>

26-0606190

VA Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
<u>5-year GDS Property:</u>								
5	Computer-Dev Director	3/25/15	668	668	0	134	401	267
			<u>668</u>	<u>668</u>	<u>0</u>	<u>134</u>	<u>401</u>	<u>267</u>
<u>Prior MACRS:</u>								
1	Computer and Software	10/31/09	929	929	929	0	0	0
2	Computer-Laptop	7/26/10	1,154	1,154	1,087	67	33	-34
3	Computer and Software	12/23/11	2,018	2,018	1,604	221	0	-221
			<u>4,101</u>	<u>4,101</u>	<u>3,620</u>	<u>288</u>	<u>33</u>	<u>-255</u>
<u>Other Depreciation:</u>								
4	Microsoft Exchange Software	3/24/15	1,000	1,000	0	278	639	361
6	Computer Operating System	8/26/15	609	609	0	85	347	262
	Total Other Depreciation		<u>1,609</u>	<u>1,609</u>	<u>0</u>	<u>363</u>	<u>986</u>	<u>623</u>
	Total ACRS and Other Depreciation		<u>1,609</u>	<u>1,609</u>	<u>0</u>	<u>363</u>	<u>986</u>	<u>623</u>
	Grand Totals		6,378	6,378	3,620	785	1,420	635
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>6,378</u>	<u>6,378</u>	<u>3,620</u>	<u>785</u>	<u>1,420</u>	<u>635</u>

26-0606190

AMT Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
5	Computer-Dev Director	3/25/15	668			X	334	5 HY 200DB	0	401
			<u>668</u>				<u>334</u>		<u>0</u>	<u>401</u>
Prior MACRS:										
1	Computer and Software	10/31/09	929			X	464	5 MQ200DB	929	0
2	Computer-Laptop	7/26/10	1,154			X	577	5 HY 200DB	1,121	33
3	Computer and Software	12/23/11	2,018			X	0	5 MQ200DB	2,018	0
			<u>4,101</u>				<u>1,041</u>		<u>4,068</u>	<u>33</u>
Grand Totals			4,769				1,375		4,068	434
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>4,769</u>				<u>1,375</u>		<u>4,068</u>	<u>434</u>

26-0606190

Bonus Depreciation Report

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
4	Microsoft Exchange Software	3/24/15	1,000		0	500	0	500
6	Computer Operating System	8/26/15	609		0	305	0	304
1	Computer and Software	10/31/09	929		0	0	465	464
2	Computer-Laptop	7/26/10	1,154		0	0	577	577
3	Computer and Software	12/23/11	2,018		0	0	2,018	0
5	Computer-Dev Director	3/25/15	668		0	334	0	334
Form 990, Page 1			<u>6,378</u>		<u>0</u>	<u>1,139</u>	<u>3,060</u>	<u>2,179</u>
Grand Total			<u>6,378</u>		<u>0</u>	<u>1,139</u>	<u>3,060</u>	<u>2,179</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	Computer and Software	0	0	0
Page 1	1	2	Computer-Laptop	33	33	0
Page 1	1	3	Computer and Software	0	0	0
Page 1	1	5	Computer-Dev Director	401	401	0
				<u>434</u>	<u>434</u>	<u>0</u>

26-0606190

Future Depreciation Report**FYE: 12/31/16**

FYE: 12/31/2015

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	Computer and Software	10/31/09	929	0	0
2	Computer-Laptop	7/26/10	1,154	0	0
3	Computer and Software	12/23/11	2,018	0	0
5	Computer-Dev Director	3/25/15	668	107	107
			<u>4,769</u>	<u>107</u>	<u>107</u>
<u>Other Depreciation:</u>					
4	Microsoft Exchange Software	3/24/15	1,000	167	0
6	Computer Operating System	8/26/15	609	101	0
	Total Other Depreciation		<u>1,609</u>	<u>268</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,609</u>	<u>268</u>	<u>0</u>
	Grand Totals		<u>6,378</u>	<u>375</u>	<u>107</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
<u>Prior MACRS:</u>				
1	Computer and Software	10/31/09	929	0
2	Computer-Laptop	7/26/10	1,154	0
3	Computer and Software	12/23/11	2,018	193
5	Computer-Dev Director	3/25/15	668	213
			<u>4,769</u>	<u>406</u>
<u>Other Depreciation:</u>				
4	Microsoft Exchange Software	3/24/15	1,000	333
6	Computer Operating System	8/26/15	609	203
	Total Other Depreciation		<u>1,609</u>	<u>536</u>
	Total ACRS and Other Depreciation		<u>1,609</u>	<u>536</u>
	Grand Totals		<u>6,378</u>	<u>942</u>

SCHEDULE G
(Form 990 or
990-EZ)**Fundraising Other Events****2015**

For calendar year 2015, or tax year beginning

, and ending

Name

**Beyond Boobs! Young Breast Cancer
Survivors, Inc.**

Employer Identification Number

26-0606190

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Ten K Run</u> (event type)	<u>Florida Event</u> (event type)	<u>Starlets of Dan</u> (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	45,327	14,454	10,332	70,113
	2 Less: Charitable contributions	26,352	12,101	4,871	43,324
	3 Gross income (line 1 minus line 2)	18,975	2,353	5,461	26,789
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,977	487	2,328	7,792
	7 Food/beverages		61		61
	8 Entertainment				
	9 Other expenses	7,145	1,158	359	8,662

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning

, ending

Name

Beyond Boobs! Young Breast Cancer Survivors, Inc.

Taxpayer Identification Number

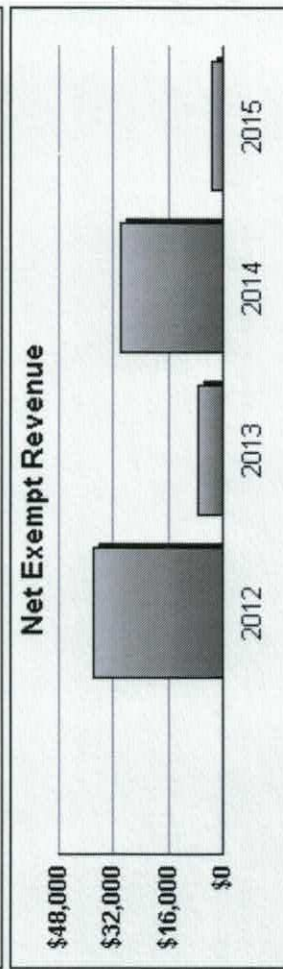
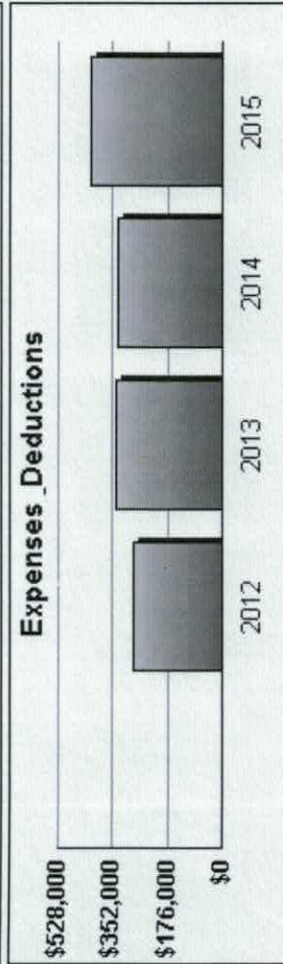
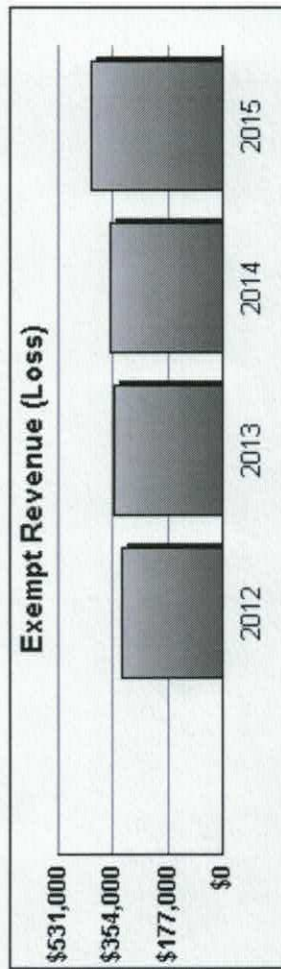
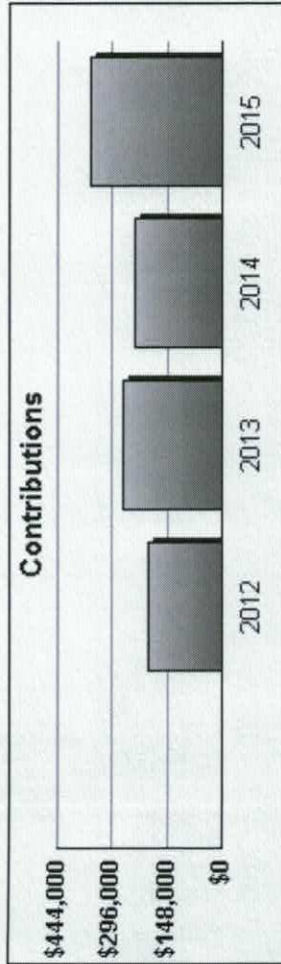
26-0606190

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1. 236,810	355,130	118,320
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 136	148	12
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -32	108	140
	8. Net income or (loss) from fundraising events	8. 91,615	49,938	-41,677
	9. Net income or (loss) from gaming	9. 18,662	20,287	1,625
	10. Net gain or (loss) on sales of inventory	10. 15,759	-373	-16,132
	11. Other revenue	11. 959	43	-916
	12. Total revenue. Add lines 1 through 11	12. 363,909	425,281	61,372
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 227,244	264,822	37,578
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 14,605	30,322	15,717
	19. Occupancy, rent, utilities, and maintenance	19. 16,928	32,029	15,101
	20. Depreciation and Depletion	20. 111	1,420	1,309
	21. Other expenses	21. 75,006	93,472	18,466
	22. Total expenses. Add lines 13 through 21	22. 333,894	422,065	88,171
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 30,015	3,216	-26,799
Other Information	24. Total exempt revenue	24. 363,909	425,281	61,372
	25. Total unrelated revenue	25.	43	43
	26. Total excludable revenue	26. 127,457	73,101	-54,356
	27. Total assets	27. 255,605	253,642	-1,963
	28. Total liabilities	28. 9,329	4,150	-5,179
	29. Retained earnings	29. 246,276	249,492	3,216
	30. Number of voting members of governing body	30. 12	11	
	31. Number of independent voting members of governing body	31. 12	11	
	32. Number of employees	32. 6	7	
	33. Number of volunteers	33. 443	450	

Form 990		Tax Return History					2015
Name	Beyond Boobs! Young Breast Cancer Survivors, Inc.	Employer Identification Number 26-0606190					2015
		2011	2012	2013	2014	2015	2016
Contributions, gifts, grants			199,988	267,428	236,810	355,130	
Membership dues							
Program service revenue			11				
Capital gain or loss							
Investment income			258	172	-32	108	
Fundraising revenue (income/loss)			94,827	57,387	136	148	
Gaming revenue (income/loss)			16,780	16,471	91,615	49,938	
Other revenue			14,017	10,188	18,662	20,287	
Total revenue			325,881	351,646	16,718	-330	
Grants and similar amounts paid			7,500		363,909	425,281	
Benefits paid to or for members							
Compensation of officers, etc.							
Other compensation			185,149	226,471	227,244	264,822	
Professional fees					14,605	30,322	
Occupancy costs			16,291	16,637	16,928	32,029	
Depreciation and depletion			175	117	111	1,420	
Other expenses			78,649	101,189	75,006	93,472	
Total expenses			287,764	344,414	333,894	422,065	
Excess or (Deficit)			38,117	7,232	30,015	3,216	
Total exempt revenue			325,881	351,646	363,909	425,281	
Total unrelated revenue						43	
Total excludable revenue			325,881	84,727	127,457	73,101	
Total Assets			214,019	223,466	255,605	253,642	
Total Liabilities			4,990	7,205	9,329	4,150	
Net Fund Balances			209,029	216,261	246,276	249,492	

Form 990T	Tax Return History				2015
Name	Beyond Boobs! Young Breast Cancer Survivors, Inc.				Employer Identification Number 26-0606190

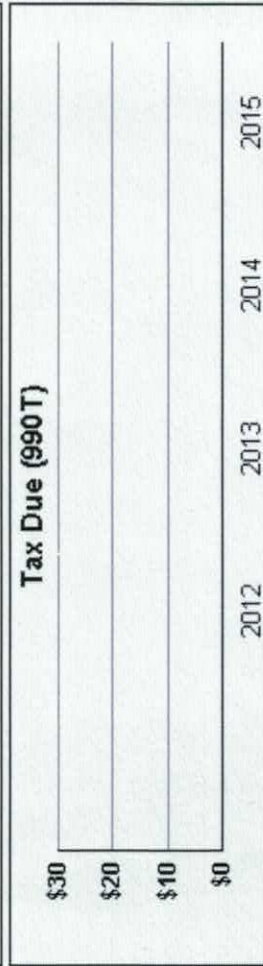
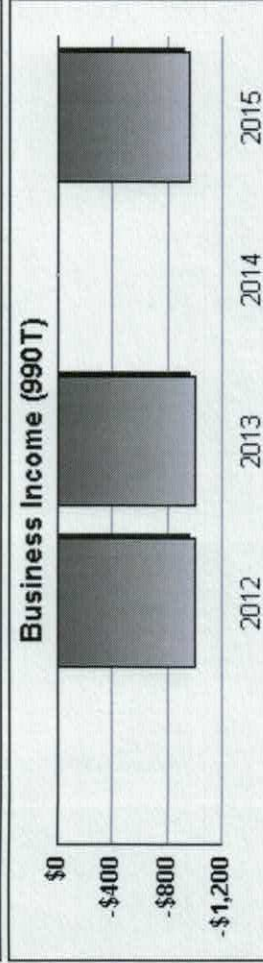
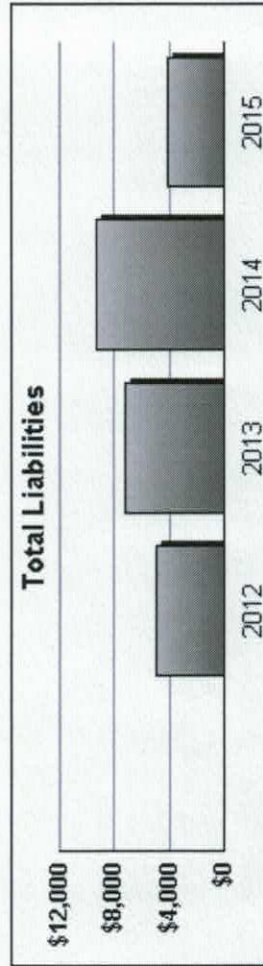
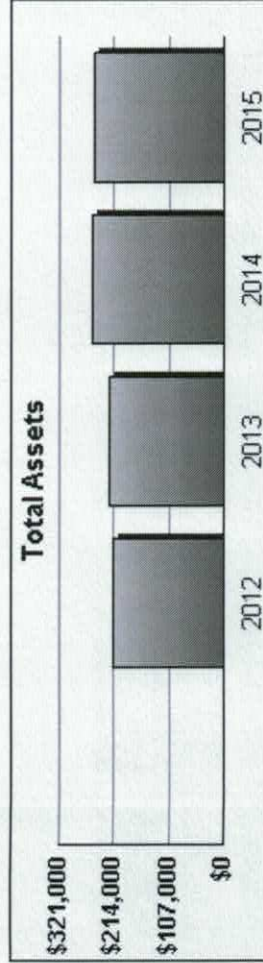
	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income					43	
Total trade or business income.					43	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History				2015
Name	Beyond Boobs! Young Breast Cancer Survivors, Inc.				Employer Identification Number 26-0606190

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000		1,000	
Income after expense and deductions		-1,000	-1,000		-957	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income		\$ 148		14	VA		
Total		<u>\$ 148</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contract Svcs	\$ 9,665	\$ 9,665	\$	\$
Calender & T- Shirt Sales	11			11
Merchant Card Fees				
Total	\$ 9,676	\$ 9,665	\$ 0	\$ 11

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Merchant Service Fees	\$ 4,795	\$ 2,877	\$	\$ 1,918
Dues and Subscriptions	2,384	1,788		596
Staff Development	1,839	1,839		
Volunteer Recognition	1,231	1,231		
Graphic Design	1,072	1,072		
Taxes	650	650		
Gifts	626	626		
COGS	478			478
Expansion	430	430		
Networking Organizations	290	217	73	
Gift Sharing	100		100	
Bank Fees	59	41	6	12
Total	\$ 13,954	\$ 10,771	\$ 179	\$ 3,004

Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount
Annual Angel Appeal	\$ 22,045
Calendar Sponsorships	89,956
Individual Donors	97,796
Matching Gifts	1,310
Restricted Gifts/Grants	4,025
BB Programs	50
Honorariums	2,600
Riverside Healthcare	
Cash Contribution	17,500
Rene R Bowditch	
Cash Contribution	1,230
325 Shares of Altria	19,770
Old Dudes Motorcycle Club	
Cash Contribution	11,412
Event to Live By Gala	
Cash Contribution	24,817
Golf Tournament	
Cash Contribution	16,178
Starlets of Dance	
Cash Contribution	4,871
Ten K Run	
Cash Contribution	26,352
Florida Event	
Cash Contribution	12,101
Breast Fest	
Cash Contribution	3,117
Total	<u>\$ 355,130</u>

Federal Statements

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Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	\$ 148
Total	<u>\$ 148</u>

Schedule A, Part II, Line 9(e)

Description	Amount
Shipping	\$ 43
Less: Deductions	-1,000
Total	<u>\$ -957</u>

Schedule A, Part II, Line 10(e)

Description	Amount
Event to Live By Gala	\$ 33,537
Calender & T- Shirt Sales	15,274
Golf Tournament	44,602
Starlets of Dance	5,461
Charitable Raffles	39,782
Ten K Run	18,975
Florida Event	2,353
Total	<u>\$ 159,984</u>

Schedule A, Part II, Line 12

Description	Amount
Breast Fest	\$ 1,833
Total	<u>\$ 1,833</u>

Federal Statements**Event to Live By Gala****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Printing	\$ 495
Volunteer Expenses	449
Meals	24
Postage	6
Total	<u>\$ 974</u>

Federal Statements**Golf Tournament****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Bank Fees	\$ 12
Graphic Design	124
Total	<u>\$ 136</u>

Federal Statements**Starlets of Dance****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Participation	\$ 180
Printing	179
Total	<u>\$ 359</u>

Federal Statements**Charitable Raffles****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Office Expenses	\$ 297
Postage	59
Printing	67
Volunteers	50
Graphice Design	22
Total	<u>\$ 495</u>

Federal Statements**Ten K Run****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Graphic Design	\$ 26
Event Volunteers	96
Participation Expenses	6,052
Office Expenses	51
Postage	123
Printing	792
Total	<u>\$ 7,140</u>

Federal Statements**Florida Event****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Participation Expenses	\$ 851
Printing Expenses	80
Total	<u>\$ 931</u>

Federal Statements**Breast Fest****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Printing	\$ 96
Volunteer Expenses	107
Graphic Design	30
Total	<u>\$ 233</u>