

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

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

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2016 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
BREAST CANCER FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address)
P O BOX 751982

City or town, state or province, country, and ZIP or foreign postal code
DAYTON, OH 45475

D Employer identification number
31-1376300

E Telephone number
937-229-7790

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **62,466.**

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received		52,644.																											
	2	Program service revenue including government fees and contracts		3,367.																											
	3	Membership dues and assessments																													
	4	Investment income				250.																									
	5a	Gross amount from sale of assets other than inventory	5a																												
	b	Less: cost or other basis and sales expenses	5b																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c																												
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																												
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		6,205.																											
c	Less: direct expenses from gaming and fundraising events	6c		6,593.																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d										-388.																			
7a	Gross sales of inventory, less returns and allowances	7a																													
b	Less: cost of goods sold	7b																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c																													
8	Other revenue (describe in Schedule O)	8																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,000.																											
	11	Benefits paid to or for members	11																												
	12	Salaries, other compensation, and employee benefits	12																												
	13	Professional fees and other payments to independent contractors	13		2,250.																										
	14	Occupancy, rent, utilities, and maintenance	14																												
	15	Printing, publications, postage, and shipping	15		548.																										
	16	Other expenses (describe in Schedule O)	16		9,124.																										
17	Total expenses. Add lines 10 through 16	17																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19																												
	20	Other changes in net assets or fund balances (explain in Schedule O)	20																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21																												

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	116,283.	155,030.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	4,505.	5,054.
25 Total assets	120,788.	160,084.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,788.	160,084.

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

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

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

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

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

28 PROVIDING MAMMOGRAM SCREENINGS AND BREAST CANCER EDUCATION TO NEEDY INDIVIDUALS AT LOW COST OR NO COST.	28a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29 PROVIDING "ESSENTIALS IN MAMMOGRAPHY" CONTINUING EDUCATION SEMINARS FOR RADIOLOGIC TECHNOLOGISTS.	29a	3,749.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30 PROVIDING VARIOUS HEALTH EDUCATION PROGRAMS TO INCREASE PUBLIC AWARENESS OF BREAST CANCER INCLUDING, AMONG OTHER THINGS, DETECTION AND TREATMENT.	30a	3,902.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)	32	7,651.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
K. CHRIS CHUNG, MD				
DIRECTOR	0.10	0.	0.	0.
JAMES HAMILTON				
CHAIR	2.00	0.	0.	0.
PATTY SCHNEIDER				
TREASURER	2.00	0.	0.	0.
DONNA WALLS				
DIRECTOR	0.10	0.	0.	0.
NANCY HAMILTON				
DIRECTOR	0.10	0.	0.	0.
AMY JAMES				
DIRECTOR	0.10	0.	0.	0.
ROSALEE BRADLEY				
SECRETARY	0.10	0.	0.	0.
BRITTANY STOUT				
DIRECTOR	0.10	0.	0.	0.
TRACEY JACKSON				
DIRECTOR	0.10	0.	0.	0.
DEE TROXELL				
DIRECTOR	0.10	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year? 37b X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed OH
42a The organization's books are in care of THE ORGANIZATION Telephone no. 937-229-7790
Located at 2591 MIAMISBURG CENTERVILLE RD, SUITE 302, DAYTON ZIP + 4 45459
42b 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)? 42b X
42c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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 JAMES HAMILTON, CHAIR. Date. PREPARED BY FLAGEL HUBER FLAGEL 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439

Paid Preparer Use Only: Print/Type preparer's name BRUCE G. KREINBRINK, Preparer's signature, Date 05-09-2016, Check self-employed, PTIN P00189815, Firm's name FLAGEL HUBER FLAGEL, Firm's EIN 31-0796034, Firm's address 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439, Phone no. (937) 299-3400

May the IRS discuss this return with the preparer shown above? See instructions