

990

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
The American Breast Cancer Foundation Inc.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10400 Little Patuxent Pkwy 480
 City or town, state or province, country, and ZIP or foreign postal code
Columbia, MD 21044

D Employer identification number
**** - ***1814**

E Telephone number
410-730-5105

G Gross receipts \$ **2,079,023.**

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)
 H(c) Group exemption number ▶

F Name and address of principal officer: **Paul J. Loube same as C above**

I Tax-exempt status: 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ABCF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1997** M State of legal domicile: **MD**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **PROVIDES FINANCIAL ASSISTANCE TO UNDERSERVED AND UNDERINSURED INDIVIDUALS FOR THE SCREENING AND**

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 5

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 11

6 Total number of volunteers (estimate if necessary) 6 20

7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) COPY	1,659,377.	626,291.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,368.	141,871.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,890.	19,207.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,758,635.	787,369.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	166,197.	176,889.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	447,694.	559,914.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 170,256.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	247,816.	217,566.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	861,707.	954,369.
19 Revenue less expenses. Subtract line 18 from line 12	896,928.	-167,000.
20 Total assets (Part X, line 16)	Beginning of Current Year 2,339,862.	End of Year 2,051,665.
21 Total liabilities (Part X, line 26)	170,345.	232,923.
22 Net assets or fund balances. Subtract line 21 from line 20	2,169,517.	1,818,742.

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: *Paul J. Loube* Date: **12/2/16**
 ▶ Paul J. Loube, CEO
 Type or print name and title

Paid Preparer Use Only

Print/type preparer's name: **Allan C. Sanders, CPA** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00919875**

Firm's name ▶ **Weil, Akman, Baylin & Coleman, P.A.** Firm's EIN ▶ **** - ***5472**

Firm's address ▶ **201 West Padonia Road, Suite 600 Timonium, MD 21093-2186** Phone no. **410-561-4411**

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