50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	2016 calend	lar year, or tax year beginning	01/01	, 2016,	and ending		12/31	, 20	16	
В	Check if ap	oplicable:	C Name of organization				D Empl	oyer id	entification numb	er	
	Address c	hange	DONT BE A CHUMP CHECK FOR A LUN	MP				27-4626148			
	Name cha	inge	Number and street (or P.O. box, if mail is not de	elivered to street address)		Room/suite	E Telep	hone nu	umber		
님	Initial retu		340 W Gleneagles Drive					60	2-688-5232		
H	Final return Amended	n/terminated	City or town, state or province, country, and ZIF	P or foreign postal code			F Grou	ıp Exei	mption	-	
H	Application		Phoenix, AZ, 85023					nber ▶	•		
_		ting Method:		v) >		н	Check I	▶ ∏i	f the organizatio	n is not	
	Website	· ·	.checkforalump.org			''			ach Schedule B	1110 1100	
			eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 494	47(a)(1) o		•		0-EZ, or 990-PF)).	
			: Corporation Trust		Other					-	
			7 b to line 9 to determine gross receipts. If			nore, or if tota	al assets				
			w) are \$500,000 or more, file Form 990 inste					▶ ¢	1	57,613	
_	art I		ie, Expenses, and Changes in Ne				instruc	<u>Ψ</u> rtions		37,013	
	arti		f the organization used Schedule O to							. 🗸	
	1		ons, gifts, grants, and similar amounts					1		09,906	
	2		service revenue including government f					2	'	0 0	
	3	_	nip dues and assessments					3		0	
	1		•					4			
	4	Investmen						4		0	
	5a		ount from sale of assets other than inve	=			0				
	b		or other basis and sales expenses .		5b	\	0			_	
e	6 6	•	ss) from sale of assets other than invent and fundraising events	ntory (Subtract line 5	od trom II	ine 5a)		5c		0	
	а	Gross inc \$15,000)	come from gaming (attach Schedule	_	n 6a		0				
Revenue	b	Gross inco	ome from fundraising events (not includ	dina \$		contributio					
§			raising events reported on line 1) (atta								
ш			ch gross income and contributions exc		6b		47,707				
	С		ct expenses from gaming and fundraisi	·	6c		24,141				
	d		ne or (loss) from gaming and fundrais			d 6b and su					
		line 6c)	, , ,					6d		23,566	
	7a	,	es of inventory, less returns and allowa	inces	7a	l	0	- Ou		23,300	
	b		of goods sold		7b		0				
	C		fit or (loss) from sales of inventory (Sub					7c		0	
	8	-	enue (describe in Schedule O)					8		0	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					9	1	33,472	
	10		d similar amounts paid (list in Schedule					10	'		
	11		aid to or for members	50)				11		0	
"		•		nofita				12		0	
ses	12		other compensation, and employee ber							0	
ē	13		nal fees and other payments to indeper					13		36,343	
Expenses	14		ry, rent, utilities, and maintenance .		14		10,661				
	.0		ublications, postage, and shipping.					15		17,913	
	16		enses (describe in Schedule O) .See S					16		63,003	
	17	rotal expe	enses. Add lines 10 through 16				. ▶	17	1	27,920	
ş	18		(deficit) for the year (Subtract line 17 fr					18		5,552	
SSe	19		s or fund balances at beginning of ye					4.5			
Net Assets			ar figure reported on prior year's return					19		29,941	
ē	20		nges in net assets or fund balances (ex					20		0	
Z	21	Net assets	s or fund balances at end of year. Com	ibine lines 18 through	า 20 .		. ▶	21		35,493	

Form 990-EZ (2016) Page **2**

Pa	Balance Sheets (see the instructions t	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			22,753	22	32,610
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 3	<u> </u>	7,188	24	2,883
25	Total assets			29,941	25	35,493
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	29,941	27	35,493
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for I	Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	Educational outreac	h and providing cus	tom wigs		uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each of	f its three largest p	rogram services.		nizations; optional for
	neasured by expenses. In a clear and concise m				othe	rs.)
pers	ons benefited, and other relevant information for ea	ach program title.	·			
28	Organization has provided 227 custom wigs for won	nen undergoing chem	otherapy			
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	89,740
29	Organization reached over 50,000 people via social r	nedia, online reminde	er program, health e	xpos and		
	other breast health presentations					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	28,779
30						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a	through 31a)		•	32	118,519
Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the i	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		🗆
		(b) Average	(c) Reportable	(d) Health benefits,	(2)	Fatimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	
Holly	y Rose	40	30,000		0	0
Pres	ident					
Kate	Kunberger	2	C		0	0
Vice	President, Operations					
Shel	ley Sakala	2	C		0	0
Vice	President, Marketing & Promotion					
Erin	Alstad	2	C		0	0
Vice	President, Programs					
Marc	ci McDonald	2	C		0	0
Secr	etary					
		-				
					+	

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 35c 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 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 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 If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ o ; section 4912 ► o ; section 4955 ▶ 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912. 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► AZ 41 42a The organization's books are in care of ► Holly Rose Telephone no. ▶ 602-688-5232 Located at ► 340 W Gleneagles Drive, Phoenix, AZ 85023 ZIP + 4 ▶ 85023 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: ▶ 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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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 45b

Page 3

Form 99	0-EZ (2	016)						F	age 4
								Yes	No
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	idirectly, in political c	ampaign activities o	on behalf o	for in opposi	tion		
Dort		Section 501(c)(3) organizations		, Faili		· · · ·	. 46		✓
Part		All section 501(c)(3) organizations		etione 47–40h and	d 52 and	complete th	o tables t	for lin	00
		50 and 51.	s must answer que	5110115 47-49D at 10	u 52, and	complete th	e lables i	01 1111	62
		Check if the organization used Sch	andula O to respond	l to any guestion in	thic Dart \	/1			
		Check if the organization used Sci	ledule O to respond	ito any question in	i iiiis Fait	vı		Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elect	ion in effe	et during the	tax	162	NO
4,		If "Yes," complete Schedule C, Part				or during the	. 47		_/
48	•	organization a school as described in				- · · · ·	. 48		
49a		ne organization make any transfers to					⊢ –		·/
b		es," was the related organization a se		_					-
50		plete this table for the organization's							d ke
00		oyees) who each received more than							
				1		alth benefits,	-,		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribution	ons to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MISO	.) '	ns, and deferred	other cor	npensa	lion
None									
INOTIC									
f	Total	number of other employees paid over	er \$100.000	. ▶					
51		plete this table for the organization'			nt contract	- ors who eacl	n received	more	thar
		,000 of compensation from the orga							
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(6)) Compensat	ion	
	()	Thains and Sacrices address of sacri indepond		(a) .) po o. o.		(0)	, component		
None									
				_					
				_					
				-					
				A 105 333					
		number of other independent contra	•		. •				
52		the organization complete Schedu	lle A? Note: All se			must attacl	. — -		
		pleted Schedule A					.► ✓ Yes		No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					nowledge and	d belief,	it is
	11001, 411	. Declaration of property (other than	omeen is based on an ime	mation of which prepare	i nas any kno	wicage.			
Sign		Signature of officer				Date			
Here		· · · · · · · · · · · · · · · · · · ·				Date			
11616		Holly Rose, President Type or print name and title							
		1	Preparer's signature	Г	Date		ı PTIN		
Paid		Print/Type preparer's name	oparor o orginaturo			Check self-emplo	if	1/201	01
Prep		Katherine Gray			1.	<u> </u>	46-40	14301	JI
Use	Unly	Firm's name ► Katherine Gray Firm's address ► 2013 North 22nd Place	PA Phoeniy A7 95006			Firm's EIN ► Phone no.	602-795		
Mav th	ne IRS	discuss this return with the preparer		nstructions		HOHE HU.	► ✓ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

T

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.

Inspection Name of the organization Employer identification number DONT BE A CHUMP CHECK FOR A LUMP 27-4626148

Pai	rt I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.		
The o	organization is not a private found		,	•	•	,			
1	A church, convention of church								
2	A school described in section		· · · · · · · · · · · · · · · · · · ·						
3 4	☐ A hospital or a cooperative ho☐ A medical research organizati						(iii) Enter the		
-	hospital's name, city, and stat	e:							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described ir		
6 7	☐ A federal, state, or local gover☑ An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				n the general public		
8	A community trust described	in section 170(b))(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
10	An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	☐ An organization organized and		_		-	•			
12	☐ An organization organized and								
	of one or more publicly supp Check the box in lines 12a thro								
а									
	the supported organization supporting organization.					he directors or trust	ees of the		
b									
	control or management of organization(s). You must	complete Part I	V, Sections A and C.						
С	Type III functionally integrated its supported organization						ally integrated with,		
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.						• , ,		
е	Check this box if the organ functionally integrated, or						e II, Type III		
f									
g	Provide the following information					T	T		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	.1								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 **(e)** 2016 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 10,876 62,660 160,689 121,854 157,613 513,692 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 10,876 62,660 160,689 121.854 157,613 513,692 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 90,860 Public support. Subtract line 5 from line 4 422,832 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 10,876 160,689 62,660 121,854 157,613 513,692 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 513.694 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 82.31 % 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

<u> </u>	if the organization falls to quality	under the te	sts listed bei	Jw, piease co	inplete Fait	11.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
•	-						
6	Total. Add lines 1 through 5						
/a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	. ,) ,	ì	ì	, ,	.,
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	·						
	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	e organizatio	n's first, secon	d, third, fourth	ı, or fifth tax y	ear as a sectic	n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2016 (line 8	3, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2015 Sch	edule A, Part	III, line 15 .	<u></u> .	<u></u> .	16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2016 (I	ine 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015			-		18	%
19a	331/3% support tests - 2016. If the organi					nore than 331/3	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organiz		-			_	
~	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization di	-	-	•		•	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
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		Yes	No
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	6		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9c		
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.	10a		
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.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
	on B. Type I Supporting Organizations			
	We seller a 2 a 2 a second		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		
•	Did the consequent of the best of the consequent of the consequent of the consequent of the consequent of	-		
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	on 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	on 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	on 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 in	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
			100	110
а	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.	0-		
1.	·	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.			
а	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		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	ons 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 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supportir	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)						
Sect	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish	exempt purposes							
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
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.								
	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive						
	(provide details in Part VI). See instructions.								
9_									
10	Line 8 amount divided by Line 9 amount	Г	400	(iii)					
Se	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2016								
1	Distributable amount for 2016 from Section C, line 6								
	Underdistributions, if any, for years prior to 2016								
2	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2016:								
a									
b									
c	From 2013								
d	From 2014								
e	From 2015								
f	Total of lines 3a through e								
<u>g</u>	Applied to underdistributions of prior years								
h	Applied to 2016 distributable amount								
<u>i</u> _	Carryover from 2011 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2016 from Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2016 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a									
<u>b</u>	Excess from 2013								
	Excess from 2014								
d	Excess from 2015								
e	Excess from 2016								

Part VI	Ill, 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.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	BE A CHUMP CHECK FOR A LUM						4626148
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	theck all that apply	
a .	☐ Mail solicitations	orrando a ramado			ion of non-govern		
b	☐ Internet and email solicitation	ns			ion of governmen	_	
С	☐ Phone solicitations		g [] Special 1	fundraising events	S	
d	☐ In-person solicitations						
2a	Did the organization have a writ						
L	or key employees listed in Form		•		•	•	
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			uraisers) pi	disuant to agreen	ients under which ti	le futidiaiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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							
Γotal				🕨			
3	List all states in which the organ registration or licensing.	nization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

b If "Yes," explain:

		(Form 990 or 990-EZ) 2016				Page 2
Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising				
		gross receipts greater tha		and gross income on	ronn 990-EZ, iines i a	nd ob. List events with
		g. 555 : 555.p.ts g. 54.ts. 1.15	(a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa
			Wig Out Gala			(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nne						
Revenue	1	Gross receipts	46,390			46,390
Œ	2	Less: Contributions	6,415			6,415
	3	Gross income (line 1 minus	0,413			0,413
		line 2)	39,975			39,975
						_
	4	Cash prizes	0			0
	5	Nanasah prizos				0
	Э	Noncash prizes	0			0
ses	6	Rent/facility costs	13,638			13,638
Sen		•				· ·
Š	7	Food and beverages	0		0	0
Direct Expenses	•	.			_	
ā	8	Entertainment	7,626		0	7,626
	9	Other direct expenses .	2,401			2,401
		·				· · · · · ·
	10	Direct expense summary. Ac				23,665
Do	11 71	Net income summary. Subtra Gaming. Complete if the		2 2		16,310
Га		than \$15,000 on Form 9		ed res on Form 99	o, Fait IV, lille 19, or	reported more
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enc			(a) 2gc	bingo/progressive bingo	(4) 5 gag	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
S	2	Cash prizes				
enses	_	Out prizo				
xbe	3	Noncash prizes				
Direct Exp						
irec	4	Rent/facility costs				
Ц	5	Other direct expenses				
	3	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		
	•	Not a prima in a constant	Oulatus at line 7 fuera li	(al)		
	8	Net gaming income summar	y. Subtract line / from ill	ne i, column (a)		
9	_	nter the state(s) in which the or	rganization conducts gar	ming activities:		
	⊢r		-			
		the organization licensed to co	onduct gaming activities	in each of these states	87	L 165 L NO
	a Is	"No " evolain:	onduct gaming activities			Tes NO
	a Is	"No " evolain:				
	a Is b If '	"No " evolain:				

cneau	ie G (Form 990 or 990-EZ) 2016	P	age 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐	
13	Indicate the percentage of gaming activity conducted in:	☐ Yes ☐	No
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐	No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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 a	Mandatory distributions: 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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
DONT BE A CHUMP CHECK FOR A LUMP	27-4626148

Schedule O, Statement 1

DONT BE A CHUMP CHECK FOR A LUMP

Form: **Form 990-EZ (2016)**Page: **1 Header Section**

Reasonable Cause Explanations

Explanation
Filed under extension

DONT BE A CHUMP CHECK FOR A LUMP

Form: **Form 990-EZ (2016)** EIN: **27-4626148**

Page: **1**

Other Expenses Structured Explanation

Part I, Line 16

Description	Amount
Advertising Promotion	969
Auto	280
Bank charges	1,449
Charitable Contribution	5,000
Conference fees	640
Depreciation	305
Dues and subscriptions	459
Insurance	500
Licenses and permits	95
Meals and donor relations	1,883
Office expenses	3,415
Program Wig expense	41,869
Repairs	357
Security	392
Supplies	2,293
Travel	234
Tshirts	1,785
Website	1,078
Total:	63,003

Schedule O, Statement 3

DONT BE A CHUMP CHECK FOR A LUMP

Form: **Form 990-EZ (2016)** EIN: **27-4626148**

Page: **2**

Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
Prepaid expenses	1,500
Security deposit	800
Office Equipment	1,523
Accumulated Depreciation	-940
Total:	2.883