** PUBLIC DISCLOSURE COPY **

990

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

B charge Canada	А	For the	e 20 18 calendar year, or tax year beginning and	enaing	_	
CANCER EMPOWERED, INC.	В	Check if	C Name of organization		D Employer identific	ation number
Control business as 16057 TAMPA PALMS BLVD WEST 16057 TAMPA	_		FORCE-FACING OUR RISK OF			
Rooms/sule Roo	Ļ					
Number and street (of P.). So tif flaid is not delivered to street address) Post Park	Ļ				65-09	927702
City or town, state or province, country, and ZIP or foreign postal code G. Genes reserbes \$ 1,995,339.	Ļ	return				
City or town, state or province, country, and 2iP or foreign postal code March State St		return.		373		
SAME AS C ABOVE No. Tax-exempt status: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	_	ated	City or town, state or province, country, and ZIP or foreign postal code			
SAME AS C ABOVE Tax-exempt status	2	return	TAMPA, FL 3364/		7	
Tax exempt status: X 501(c)(3)		tion pendi				
J website: ▶ FACTINGOURRISK.ORG K form of organization: LX Corporation Trust Association Other Vear of formation: 1999 M State of legal demicile: FL Part Summary Briefly describe the organization is mission or most significant activities: TO IMPROVE THE LIVES OF THOSE AFFECTED BY HERDITARY BREAST, OVARIAN, AND RELATED CANCERS. 2 Check this box		•	SAME AS C ABOVE		1	
Part Summary				or 527	1	
Part Summary				1		
Birefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF THOSE APPECTED BY HEREDITARY BREAST, OVARIAN, AND RELATED CANCERS. 2 Check this box ▶				L Year	of formation: 1999 M	State of legal domicile: F L
AFFECTED BY HEREDITARY BREAST, OVARIAN, AND RELATED CANCERS. 2 Check this box ▶	P			MDDOWE		AE MUACE
B Net unrelated business taxable income from Form 990-T, line 38	S	1	Briefly describe the organization's mission or most significant activities: 10 1	MLKOAE	TUE TIVES (OG IUOSE
B Net unrelated business taxable income from Form 990-T, line 38	Jan					
B Net unrelated business taxable income from Form 990-T, line 38	/eri	1				
B Net unrelated business taxable income from Form 990-T, line 38	é				_	
B Net unrelated business taxable income from Form 990-T, line 38	∞					
B Net unrelated business taxable income from Form 990-T, line 38	ijes			.		
B Net unrelated business taxable income from Form 990-T, line 38	Ĭ			(_)	·····	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 4nd 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising lees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Total assets (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block 10 Indie 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. 20 Primt'ly pe preparer's name SAM A. LAZZARA 21 Firm's address P. O. BOX 172359 22 Proparer 23 Firm's saddress P. O. BOX 172359 24 Proparer 25 Firm's address P. O. BOX 172359 25 Phone no. (813) 875-7774	Act				·····	
8 Contributions and grants (Part VIII, line 1h) 1,510,760 1,839,191 1,9 Program service revenue (Part VIII, line 2g) 184,423 143,243 144,423 143,243 144,245 146,2		b	Net unrelated business taxable income from Form 990-T, line 38	·····	' '	
9	enne					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ž	10				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4)		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 900,085. 1,023,678. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.					-	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type or print name and title Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's address P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774	es	15				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type or print name and title Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's address P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774	su:	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type or print name and title Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's address P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774	ď	b	Total fundraising expenses (Part IX, column (D), line 25) 239, 9	06.		
19 Revenue less expenses. Subtract line 18 from line 12	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 998, 429		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
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 BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's END Firm's E		19	Revenue less expenses. Subtract line 18 from line 12		-197,704.	-31,685.
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 BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's END Firm's E	Or Sec			Ве		
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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 BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's END Firm's E	t As	21	Total liabilities (Part X, line 26)			20,849.
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 BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's EIN Firm's END Firm's E		22	Net assets or fund balances. Subtract line 21 from line 20		949,196.	916,900.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	P	art II	Signature Block			
Sign Here BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name SAM A. LAZZARA Preparer Use Only Firm's name PRIVERO, GORDIMER & COMPANY, P.A. Firm's address P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774	Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
Sign Here Signature of officer Date	true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Here BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name SAM A. LAZZARA Preparer SAM A. LAZZARA Preparer Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A. Firm's address ▶ P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774			Su fuff		4/25/19	
Here BARBARA PFEIFFER, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name SAM A. LAZZARA Preparer Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's address P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774	Sig	ın	Signature of officer		Date	
Print/Type preparer's name SAM A. LAZZARA Preparer Firm's name Note			■ BARBARA PFEIFFER, CHIEF EXECUTIVE OFF	ICER		
Paid SAM A. LAZZARA			Type or print name and title			
Paid SAM A. LAZZARA If self-employed P01342929 Preparer Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN ▶ 59-3040705 Use Only Firm's address P. O. BOX 172359 Phone no. (813) 875-7774			Print/Type preparer's name Preparer's signature		OHOOK	PTIN
Preparer Use Only Firm's name RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN ► 59-3040705 TAMPA, FL 33672 Phone no. (813) 875-7774	Pai	d				P01342929
Use Only Firm's address P. O. BOX 172359 TAMPA, FL 33672 Phone no. (813) 875-7774	Pre	parer	Firm's name RIVERO, GORDIMER & COMPANY, P.A	•		
TAMPA, FL 33672 Phone no. (813) 875-7774		-				
		-			Phone no. (81	13) 875-7774
	Ma	y the II				X Yes No

Par	t 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: TO IMPROVE THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY
	HEREDITARY BREAST, OVARIAN AND RELATED CANCERS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 613,949 • including grants of \$) (Revenue \$ 78,354 •)
	2018 JOINING FORCES CONFERENCE: JOINING FORCES AGAINST HEREDITARY
	CANCER IS THE LARGEST CONFERENCE DESIGNED BY AND FOR PEOPLE AND
	FAMILIES AFFECTED BY HEREDITARY CANCERS. THE CONFERENCE PRESENTED A
	WIDE RANGE OF TOPICS AND THE LATEST RESEARCH ON THESE CANCERS. OUR 2018
	PROGRAM WAS OUR LARGEST TO DATE WITH OVER 700 ATTENDEES AND WAS HELD IN
	SAN DIEGO OCTOBER 18TH-20TH, 2018. ATTENDEES INCLUDED PEOPLE CONCERNED
	ABOUT HEREDITARY CANCER: SURVIVORS, PREVIVORS, PEOPLE WITH GENETIC
	MUTATIONS OR FAMILY HISTORY OF CANCER, PATIENT ADVOCATES, RESEARCHERS,
	AND HEALTH CARE PROVIDERS WHO TREAT HIGH-RISK PATIENTS.
4b	(Code:) (Expenses \$ 147,137. including grants of \$) (Revenue \$)
	RESEARCH REGISTRY: FORCE HAS COLLABORATED WITH RESEARCHERS AT THE
	UNIVERSITY OF SOUTH FLORIDA AND THE MICHIGAN DEPARTMENT OF COMMUNITY
	HEALTH TO FORM THE ABOUT PATIENT POWERED RESEARCH NETWORK. THE GOAL OF
	THE ABOUT NETWORK IS TO BUILD A RESEARCH REGISTRY TO CONDUCT
	PATIENT-CENTERED OUTCOMES RESEARCH IN ORDER TO IMPROVE INFORMED
	DECISION MAKING AND HEALTH OUTCOMES FOR PEOPLE AFFECTED BY HEREDITARY
	BREAST, OVARIAN AND RELATED CANCERS. UNLIKE TRADITIONAL RESEARCH THAT
	INVOLVED PATIENTS ONLY AS RESEARCH PARTICIPANTS, ABOUT INVOLVES
	CONSUMER PARTICIPATION IN EVERY ASPECT OF THE NETWORK INCLUDING
	GOVERNANCE AND PRIORITIZATION AND DESIGN OF THE RESEARCH STUDIES. WE
	PLAN TO ENROLL 10,000 PEOPLE, BUILD A NETWORK GOVERNANCE STRUCTURE THAT
	INCLUDES PATIENTS AND ADVOCATES, AND COMPILE AND REFINE PEOPLE'S REAL
4c	(Code:) (Expenses \$ 322,840. including grants of \$) (Revenue \$) XRAYS: THE FORCE XRAYS PROGRAM TRANSLATES ARTICLES AND REPORTS ON
	EMERGING BREAST CANCER RESEARCH INTO LANGUAGE THAT IS CLEAR AND
	ACCESIBLE TO HEREDITARY BREAST AND OVARIAN CANCER PATIENTS, AND LOVED ONES. SEPARATING HELP FROM HYPE, FORCE HAS A TEAM OF MEDICAL EXPERTS
	WHO REVIEW AND SIMPLIFIY NEWS REPORTS RELATED TO BREAST CANCER
	RESEARCH, RATING THE REPORTS FOR ACCURACY AND RELEVANCE. RATED REVIEWS ARE PUBLISHED WEEKLY ON THE FORCE WEBSITE AND SOCIAL MEDIA.
	ARE PUBLISHED WEEKLY ON THE FORCE WEBSITE AND SOCIAL MEDIA.
	Other pregram comises (Describe in Schedule O.)
40	Other program services (Describe in Schedule O.) (Expenses \$ 510,556 • including grants of \$) (Revenue \$)
	(Expenses \$ 510,556 • including grants of \$) (Revenue \$) Total program service expenses ► 1,594,482 •
-10	Form 990 (2018)

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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	- 21	
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	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		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		77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3.7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			l 🕶
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
ıza	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		Х
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	15		Х
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	16		Х
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	17		Х
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	18		Х
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	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ ₃₇
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23		X
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2.0	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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	051		X
00	Schedule L, Part I	25b		
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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ.		32		Х
33	Schedule N, Part II 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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check 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				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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).	-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	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	- Ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A			
a		9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
	in 188, Sampleto Familia 120, Contourio C.	Form	000	/2010

CANCER EMPOWERED, INC. Form 990 (2018) 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 Yes No 16 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. 14 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes $\overline{\mathbf{x}}$ 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. X Another's website X Upon request X Own website Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records JACKIE MEDINA, VICE PRESIDENT OF FINANCE AND OPERATIONS -16057 TAMPA PALMS BLVD WEST SUITE 373, TAMPA, FL 33647

> SEE SCHEDULE O FOR FULL LIST

Form **990** (2018)

Form 990 (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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.

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

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

(A)	(B)	l g		(()		, iou	(D)	(E)	(F)
Name and Title	Average hours per week	box	not cl , unle: cer an	ss pe	more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUE FRIEDMAN EXECUTIVE DIRECTOR/SECRETARY	40.00	Х		Х			1	80,025.	0.	3,265.
(2) ELLYN DAVIDSON PRESIDENT	2.00	х		х	_ (C	O	0.	0.	0.
(3) TERI WOODHULL VICE PRESIDENT	2.00	Х		X	C)		0.	0.	0.
(4) CARRIE CATLIN TREASURER	2.00	X	5	x	*			0.	0.	0.
(5) REBECCA CARR DIRECTOR	2.00	X						0.	0.	0.
(6) TARA FREUNDLICH DIRECTOR	2.00	х						0.	0.	0.
(7) JUDY GARBER	2.00									
DIRECTOR (8) ALLISON KURIAN	2.00	Х						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(9) REBECCA SUTPHEN DIRECTOR	2.00	Х						0.	0.	0.
(10) ELANIE KENNEDY DIRECTOR	2.00	х						0.	0.	0.
(11) WILLIAM LUCKEN DIRECTOR	2.00	х						0.	0.	0.
(12) KATHY COHN DIRECTOR	2.00	х						0.	0.	0.
(13) MELANIE HERALD DIRECTOR	2.00	х						0.	0.	0.
(14) DAVID NIXON DIRECTOR	2.00	X						0.	0.	0.
(15) TAMMY LI	2.00	X						0.	0.	
DIRECTOR (16) BARBARA PFEIFFER	40.00	_								0.
CHIEF EXECUTIVE OFFICER	40.00			Х				79,032.	0.	3,265.
(17) JACKIE MEDINA CHIEF FINANCIAL OFFICER	40.00			Х				63,863.	0.	1,480. Form 990 (2018)

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Form **990** (2018)

		FORCE-FA						?			CE 000	7700	_	
	1 990 (2018) Tt VII Section A. Officer	CANCER EI						_			65-092	1102	P	age 8
Pai		rs, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe				
	(A) Name and tit	le	(B) Average hours per	box	not c	ss pe	ition more rson	than o	n an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount	
		week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line)		from related organizations (W-2/1099-MISC)	f org an	other compensation from the organization and related organizatior								
					=	0	×	± ө	4					
												_		
										608				
										O				
									7	0				
1b	Sub-total									222,920.	0	•	8,0	10.
	Total from continuation								>	0.	0	•		0.
d	Total (add lines 1b and	1c)			Ca	\mathbf{Q}			<u> </u>	222,920.	0	•	8,0	10.
2	Total number of individual compensation from the compensation from	•	ot limited to th	ose	liste	ed al	ove	e) wh	no r	eceived more than \$100	,000 of reportable		T	0
			CA										Yes	No
3	Did the organization list a line 1a? If "Yes," comple	te Schedule J for s	uch individual									. 3		Х
4	For any individual listed and related organization:										the organization			X
5	Did any person listed on	-	, .								dual for services	. 4		25
	rendered to the organiza	tion? If "Yes," com	plete Schedul	e J f	or su	uch _I	pers	son .				. 5		Х
Sec	tion B. Independent Con													
1	Complete this table for y the organization. Report	•	•	•							•	nsation	from	
	N	(A) ame and business	address	N	ONE	3				(B) Description of s	ervices	Compe	C) ensatio	n

Form **990** (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Related or Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 349,623 e Government grants (contributions) f All other contributions, gifts, grants, and 489,568 similar amounts not included above 352 g Noncash contributions included in lines 1a-1f: \$,839,191. h Total. Add lines 1a-1f. Business Code 611710 78,354 2 a CONFERENCE INCOME 78,354 Program Service Revenue 541720 64,889. RESEARCH AND RECRUITME 64,889. b С All other program service revenue 143,243. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,793 5,793. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 7,112. 7,112 b d All other revenue 7,112. e Total. Add lines 11a-11d

14330424 795320 650927702

Total revenue. See instructions

995,339.

150,355.

5,793

Form 990 (2018) CANCER EMPOWE: Part IX | Statement of Functional Expenses

Tarana statement of an area and a second statement of the second statement of										
Section 501(c)(3) and 501(c)(4) organizations must con	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 6h	(A)	(B)	(C)	(D)						

	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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	222,920.	169,419.	20,063.	33,438.
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	800,758.	611,574.	68,647.	120,537.
8	Pension plan accruals and contributions (include			\sim	
	section 401(k) and 403(b) employer contributions)			0,	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		.(7)		
b	Legal	14,210.		13,961.	249.
С	Accounting	33,470.		33,470.	
d	Lobbying		5		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	. 60			
	column (A) amount, list line 11g expenses on Sch O.)	181,476.	147,214.	20,983.	13,279.
12	Advertising and promotion	42,108.	33,281.		8,827.
13	Office expenses	94,438.	54,041.	4,484.	35,913.
14	Information technology	24,677.	15,994.	4,339.	4,344.
15	Royalties				
16	Occupancy		11 101		
17	Travel	54,131.	41,494.	950.	11,687.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	441,419.	441,419.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11 000		11 000	
23	Insurance	11,088.		11,088.	
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.)				
а	OUTREACH PROGRAM	49,782.	49,782.		
b	SOFTWARE	44,921.	29,422.	4,170.	11,329.
c	BANK FEES	9,837.	-	9,829.	8.
d	MISCELLANEOUS	1,789.	842.	652.	295.
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,027,024.	1,594,482.	192,636.	239,906.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02001				<u>-</u>	Earm 990 (2018)

Form **990** (2018)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	407,644.	1	527,510.
	2	Savings and temporary cash investments	232,169.	2	68,396.
	3	Pledges and grants receivable, net	35,000.	3	10,000.
	4	Accounts receivable, net	10,000.	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,067.	9	11,894.
	10a	Land, buildings, and equipment: cost or other	1		
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	(0)	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	300,549.	12	319,949.
	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)	998,429.	16	937,749.
	17	Accounts payable and accrued expenses	49,233.	17	20,849.
	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	
8	22	Loans and other payables to current and former officers, directors, trustees,			
≅		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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		25	
	26	Total liabilities. Add lines 17 through 25	49,233.	26	20,849.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	064 406		255 222
anc	27	Unrestricted net assets	864,196.	27	866,900.
Fund Balances	28	Temporarily restricted net assets	85,000.	28	50,000.
<u> </u>	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	0.40 405	32	016 000
~	33	Total net assets or fund balances	949,196.	33	916,900.
	34	Total liabilities and net assets/fund balances	998,429.	34	937,749.

Form **990** (2018)

Pai	rt XI Reconciliation of Net Assets				<i>y</i> -		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1 - 3	L,99	5,3	39.		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,02	7,0	24.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	1,6	85.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94	9,1	96.		
5	Net unrealized gains (losses) on investments	5		-6	11.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	91	6,9	00.		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
	()		Form	990	(2018)		

832012 12-31-18

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FORCE-FACING OUR RISK OF Employer identification number CANCER EMPOWERED, 65-0927702 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 12, 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). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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 Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2018 CANCER EMPOWERED, INC.

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.)

Calendar year (or fiscal year beginning in) Gitts, grants, contributions, and membership fees received. (ib on to include any *unusual grants.*) Gitts, grants, contributions, and membership fees received. (ib on to include any *unusual grants.*) Gitts, grants, contributions and there paid to or expended on its behalf Tark revenues levied for the organization without charge 4	Sec	ction A. Public Support						
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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.								
Schedule A (Form 990 or 990-F7) 2018	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cast.	qualify under the tests listed b	ciow, picase comp	,				
	ion A. Public Support	1					_
	lar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	aifts, grants, contributions, and						
	nembership fees received. (Do not	1104007	1054401	1004200	1510560	1020101	0060015
	nclude any "unusual grants.")	1184087.	1954401.	1774378.	1510760.	1839191.	8262817.
m fo	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the						
	rganization's tax-exempt purpose	282,158.	210,870.	133,228.	183,438.	143,243.	952,937.
3 G	cross receipts from activities that						
a	re not an unrelated trade or bus-						
in	ness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
	he value of services or facilities				1		
fι	urnished by a governmental unit to				~~		
th	ne organization without charge				\sim \sim \sim		
	otal. Add lines 1 through 5	1466245.	2165271.	1907606	1694198.	1982434.	9215754.
7a A	mounts included on lines 1, 2, and				1		
3	received from disqualified persons						0.
fro	mounts included on lines 2 and 3 received on other than disqualified persons that ceed the greater of \$5,000 or 1% of the			10			
	mount on line 13 for the year	110,674.	221,694.	185,922.	216,647.	240,094.	975,031.
	dd lines 7a and 7b	110,674.	221,694.	185,922.	216,647.	240,094.	975,031.
	ublic support. (Subtract line 7c from line 6.))			8240723.
Secti	ion B. Total Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
				100000	160/100	1982434.	0015754
9 A	mounts from line 6	1466245.	2165271.	1907606.	1694198.	1307424	9215754.
10a G di se ai	aross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources	73.	71.	145.	941.	5,793.	7,023.
10a G di se ai b U	aross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources nrelated business taxable income ess section 511 taxes) from businesses		O,				
10a G di se ai b Ui (le	iross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources nrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975	73.	71.	145.	941.	5,793.	7,023.
10a G di se au b U (le au t A 11 N au w re	ividends, payments received on ecurities loans, rents, royalties, and income from similar sources in related business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975 and lines 10a and 10b let income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on		O,				
10a G di se an b U (ld ac c A 11 N ac w re 12 O o o ac ac a c a c a c a c a c a c a c a	ividends, payments received on ecurities loans, rents, royalties, and income from similar sources inrelated business taxable income ess section 511 taxes) from businesses add lines 10a and 10b income from unrelated business and 10b income from unrelated business and income from unrelated business are tivities not included in line 10b, whether or not the business is egularly carried on include gain r loss from the sale of capital ssets (Explain in Part VI.)	73.	71.	145.	941.	5,793. 5,793. 7,112.	7,023.
10a G di se ai se ai se b Ui (le ao ac A 11 N ac we re 12 O o o ai 313 Ti	aross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources. In related business taxable income ess section 511 taxes) from businesses equired after June 30, 1975. Ind lines 10a and 10b. It income from unrelated business civities not included in line 10b, whether or not the business is egularly carried on other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)	73,	71.	145.	941. 941. 7. 1695146.	5,793. 5,793. 7,112. 1995339.	7,023. 7,023. 7,119. 9229896.
10a G di se ari se ari se se ari se	ividends, payments received on ecurities loans, rents, royalties, and income from similar sources inrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975 and lines 10a and 10b elet income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on other income. Do not include gain r loss from the sale of capital sesses (Explain in Part VI.) otal support. (Add lines 9, 10c, 11, and 12.) irst five years. If the Form 990 is for	73,	71.	145.	941. 941. 7. 1695146.	5,793. 5,793. 7,112. 1995339.	7,023. 7,023. 7,119. 9229896.
10a G di se an b Ui (lú ao ao an	ividends, payments received on ecurities loans, rents, royalties, and income from similar sources inrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975 and lines 10a and 10b elet income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.) otal support. (Add lines 9, 10c, 11, and 12.) irst five years. If the Form 990 is folheck this box and stop here	73. 73. 1466318. The organization's	71. 71. 2165342. s first, second, thir	145. 145. 1907751. d, fourth, or fifth ta	941. 941. 7. 1695146.	5,793. 5,793. 7,112. 1995339. n 501(c)(3) organiz	7,023. 7,023. 7,119. 9229896.
10a G di se ali	ividends, payments received on ecurities loans, rents, royalties, and income from similar sources in related business taxable income ess section 511 taxes) from businesses equired after June 30, 1975 and lines 10a and 10b income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.) otal support. (Add lines 9, 10c, 11, and 12.) irst five years. If the Form 990 is for heck this box and stop here income. Computation of Publicand in the support of publicance in the computation of Publicance in the support of publicance in the computation of Publicance in the support of publicance in the computation of Publicance in the support of publicance in	73. 73. 1466318. r the organization's	71. 71. 2165342. s first, second, thir	145. 145. 1907751. d, fourth, or fifth ta	941. 941. 7. 1695146. ax year as a section	5,793. 5,793. 7,112. 1995339. n 501(c)(3) organiz	7,023. 7,023. 7,119. 9229896. ation,
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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.)

Section 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 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 12a or 12b 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 (as 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on 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 fami	ly member of a person described in (a) above?	11b		
С	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		
Sec	tion B	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e directors, trustees, or membership of one or more supported organizations have the power to			
	regulai	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax yea	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
0		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec		oported organization(s). D. All Type III Supporting Organizations	'		<u> </u>
000	tion D	. All Type III oupporting organizations		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	Щ.	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ-	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2		ies Test. Answer (a) and (b) below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
р		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		is for the organization's position that its supported organization(s) would have engaged in these	O.L		
2		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b		supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2018 CANCER EMPOWERED, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):		\	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	70,	
С	Fair market value of other non-exempt-use assets	1c	~ () \	
d	Total (add lines 1a, 1b, and 1c)	1d (
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	. (2)		
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		
Sect	ion 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-functionally	/ integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 CANCER EMPOWERED, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		A	
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.		-07	
3	Excess distributions carryover, if any, to 2018		A.	
	From 2013		<u> </u>	
	From 2014		\supset	
	From 2015	O ₄		
	From 2016	.(0		
	From 2017			
	Total of lines 3a through e	S		
	Applied to underdistributions of prior years Applied to 2018 distributable amount	103		
- "	Carryover from 2013 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	~ ()		
4	Distributions for 2018 from Section D,	5		
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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,

	Sec (See	tion D instru	, lines 5, 6 uctions.)	, and 8; a	nd Part V,	Section	E, lines 2, 5, a	and 6. Also	complet	e this part fo	or any additional	information.
SCHEI	ULE	Α,	PART	III,	LINE	12,	EXPLAN	ATION	FOR	OTHER	INCOME:	
MISCI	ELLA	JEOU	JS INC	COME								
2017	AMO	JNT :	: \$	7.								
2018	AMO	JNT :	: \$	7,11	2.							
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

FORCE-FACING OUR RISK OF

CANCER EMPOWERED, INC.

Employer identification number

65-0927702

Filers of	:	Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if	your organization is	covered by the General Rule or a Special Rule.				
Note: On	ly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule	SUL				
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or				
	property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules	Cis ⁶				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\int \frac{1}{2} \text{ \$\frac{1}{2} \$\frac					
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
FORCE-FACING OUR RISK OF
CANCER EMPOWERED, INC.

Employer identification number

65-0927702

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1			Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	- ischosulf	\$ 349,623.	Person X Payroll Noncash Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 95,050.	Person X Payroll Noncash Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Name of organization
FORCE-FACING OUR RISK OF
CANCER EMPOWERED, INC.

Employer identification number

65-0927702

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- ; schosuli	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir +++	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

FORCE-FACING OUR RISK OF

CANCER EMPOWERED, INC.

Employer identification number

65-0927702

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_		\$ 600%					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	- Print	\$					
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_		\$					
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of or				Employer identification number			
	-FACING OUR RISK OF			65 0007700			
Part III	R EMPOWERED, INC. Exclusively religious, charitable, etc., contribution	ons to organizations described in	section 501(c)(7), (8), or	65-0927702 (10) that total more than \$1,000 for the yea			
r art iii	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line er naritable, etc., contributions of \$1,000 or	try For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
		(e) Transfer of git	it				
	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee			
(a) No.			1				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
		70_	•				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held			
		<u></u>					
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held			
Tarri							
	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FORCE-FACING OUR RISK OF CANCER EMPOWERED

Employer identification number 65-0927702

Schedule D (Form 990) 2018

Pa	•	Funds or Other Similar Funds	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advised funds	(b) Fu	nds 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 wi	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e.	_		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
			ŭ	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	<u> </u>	1	
-	Preservation of land for public use (e.g., recreation or ed		orically impo	ortant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	vation easement on the last
_	day of the tax year.	od concentation contribution in the form		Held at the End of the Tax Year
а	Total number of conservation easements	.01	2a	
b			Ob	
c	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included in (c) acquired af		·····	
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			on during the tax
-	year >		o o ga	and take
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>	, , , , , , , , , , , , , , , , , , ,		3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	ents during the year
	▶ \$, ,		3 ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)	
	and anotion 470/b)(4)(D)(ii)0	, ,		Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	·		
	conservation easements.		· ·	· ·
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and ba	lance sheet works of art,
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furthera	ance of publi	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ıblic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
			_	\$
2	If the organization received or held works of art, historical treas			de
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	- ' '	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			

832051 10-29-18

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

	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasure	s, or Oth	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession								
	(check all that apply):								
а	Public exhibition	d	I	exchange pr	ograms				
b	Scholarly research	е							
С	Preservation for future generations		_						
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the organ	ization's exe	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						\square	Yes	☐ No
Par	t IV Escrow and Custodial Arran							line 9, or	
	reported an amount on Form 990, Par		· ·					,	
	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribu	tions or othe	er assets no	t included			
	on Form 990, Part X?		-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
_								Amount	
С	Beginning balance					1c			
e	Distributions during the year								
f	Ending balance					15			
	Did the organization include an amount on Fo					···· ——		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		·		4			00	
Par									
		(a) Current year	(b) Prior year		years back	(d) Three y	ears hack	(e) Four	years back
1a	Beginning of year balance	(a) current year	(b) i noi year	(4)	youro buon	(4) 111100)	ouro buon	(C) i cui	youro buon
	Contributions			.01					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities		6	'					
е	-		.03						
	and programs								
	T	rative expenses							
g	End of year balance	rant vacy and balance	a (line 1 a colum						
2		ent year end balanc		iri (a)) rielu a	5.				
	Board designated or quasi-endowment								
	b Permanent endowment ►								
С	The percentages on lines 2s. 2h. and 2s she								
2-	The percentages on lines 2a, 2b, and 2c should equal 100%.								
Sa	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by: (i) unrelated organizations Yes No 3a(i)								
	(i) unrelated organizations							3a(i)	
		tions listed as us with							
D	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tunas.						
Fai			Dort IV line 11	a Caa Farm	000 Dod V	/ line 10			
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·			•		(1) D 1	<u> </u>
								(d) Book	value
		basis (investr	nent) ba	sis (other)	de	epreciation			
_	Land								
b									
С	Leasehold improvements								
d	Equipment						$-\!\!\!\!+\!\!\!\!\!-$		
	Other		<u> </u>	46.1			\leftarrow		^
Intal	L Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	x column (R) li	ne 10c)					0.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	5 000 B 1 W	" 441 0	F 000	D 1 1 1 10		
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	on Form 990, Part IV (b) Book value					-of-year market value
	al derivatives	(b) Book value	(0) 11	netriod or v	aldation: Cost (Ji Cild	or year market value
	to a fall a southern for a source and						
(3) Other	neid equity interests						
(A) CE	RTIFICATES OF DEPOSITS	319,94	9. ENI	O-OF-Y	EAR MARI	KET	VALUE
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	h) mount a most Farma 000 Bart V and (B) that 40 \	210 07	10				
	b) must equal Form 990, Part X, col. (B) line 12.)	319,94	£9•				
Fait VIII	_	on Form OOO Dort IV	line 11e Coo	Form 000	Dort V line 10		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) N	Nethod of v	aluation: Cost of	or end	-of-year market value
(1)	(a) 2000 phon or mirror men	(b) Doon value	(0)		•		or your marries raise
(2)					3		
(3)				_ <) 		
(4)				~ (<u>)</u>			
(5)							
(6)				0			
(7)			.0				
(8)							
(9)							
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.						
Part IX	Complete if the organization answered "Yes"	on Form 000 Port IV	line 11d Coo	Form 000	Dort V line 15		
		Description	, iiile 11u. See	FOITH 990,	Part A, line 15.		(b) Book value
(1)	(-)					\rightarrow	(b) Doom raido
(2)						-+	
(3)						\neg	
(4)	.:.0)					
(5)							
(6)							
(7)							
(8)						\longrightarrow	
(9)							
	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)				<u> ▶ </u>	
Part X		on Form OOO Dort IV	lina 11a av 11	If Coo Form	2 000 Dort V II	ino OF	
1.	Complete if the organization answered "Yes" (a) Description of liability	On Form 990, Fart IV	(b) Book		11 990, Part A, II	116 25.	
	leral income taxes		(2) 2001	· uiuo			
(2)	icial income taxes						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 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 X

Schedule D (Form 990) 2018

Sche	edule D	(Form 990) 2018	CANCER	EMPOWERED,	INC.			65-	0927702	Page 4
Pa	rt XI	Reconciliation o	f Revenue	per Audited Fina	ncial Statemer	nts With I	Revenue per P			
		Complete if the organ	ization answere	ed "Yes" on Form 990	, Part IV, line 12a.					
1	Total	revenue, gains, and oth	ner support per	audited financial state	ements			1	1,994,	728
2	Amou	ınts included on line 1 b	out not on Form	n 990, Part VIII, line 12	::					
а	Net u	nrealized gains (losses)	on investment	:s		2a	-611.			
b	Donat	ted services and use of	facilities			2b				
С	Recov	veries of prior year gran	ıts			2c				
d		(Describe in Part XIII.)				2d				
е								2e		611.
3	Subtr	act line 2e from line 1						3	1,995,	339
4		ınts included on Form 9								
а	Invest	tment expenses not inc	luded on Form	990, Part VIII, line 7b		4a				
b	Other	(Describe in Part XIII.)				4b				
С								4c		0 .
5		revenue. Add lines 3 ar							1,995,	339
Pa	rt XII	Reconciliation o	f Expenses	per Audited Fina	ancial Stateme	nts With	Expenses per	Retu	rn.	
		Complete if the organ	ization answere	ed "Yes" on Form 990	, Part IV, line 12a.					
1	Total	expenses and losses p	er audited finar	ncial statements				1	2,027,	024
2	Amou	ınts included on line 1 b	out not on Form	n 990, Part IX, line 25:						
а	Donat	ted services and use of	facilities			2a				
b	Prior y	year adjustments				2b	\mathcal{O} ,			
С	Other	losses) \			
d		(Describe in Part XIII.)								•
е	Add li	nes 2a through 2d				~		2e		0.
3	Subtr	act line 2e from line 1				(_)		3	2,027,	024
4		ints included on Form 9	, ,	,						
а		tment expenses not inc			/ · ~ —	4a				
b	Other	(Describe in Part XIII.)				4b				_
С					<u> </u>			4c		0.
5	Total	expenses. Add lines 3	and 4c. (This m	nust equal Form 990, F	Part I, line 18.)			5	2,027,	024

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 X, LINE 2:

FORCE HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVLEY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PRESENTED IN THESE FINANCIAL STATEMENTS. FORCE HAS NOT REPORTED ANY UNRELATED BUSINESS INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION, IF ANY, OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES.

FORCE IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO ANY SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS AFTER 2015 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)	
Supplemental information (continuea)	
	\
	4
))
	•
• C1	
V	
	Schedule D (Form 990) 2018
	Julieuule D (L0111 220) 50 10

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

Employer identification number 65-0927702

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WORLD EXPERIENCES TO SHAPE AND PRIORITIZE THE IMPORTANT RESEARCH QUESTIONS.

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

THE CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT OF FINANCE REVIEW THE RETURN THE BOARD IS PROVIDED WITH THE OPPORTUNITY TO REVIEW AND PRIOR TO SIGNING. PROPOSE CHANGES TO THE 990 PRIOR TO FILING. ADDITIONALLY, THE ORGANIZATION'S OUTSIDE LEGAL COUNSEL REVIEWS THE TAX RETURN.

SECTION B, FORM 990, PART VI, LINE 12C:

PROVIDE YEARLY REQUESTS FOR UPDATED INFORMATION. REVIEW BY SECRETARY AND ISSUES REPORTED TO THE BOARD.

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

360 PERFORMANCE REVIEWS BY THE BOARD OF CEO AND ED UNDERGO ANNUAL DIRECTORS. COMPENSATION IS BASED ON PERFORMANCE AS WELL AS GUIDESTAR SALARY AND COMPENSATION BENCHMARKS. NO CHANAGE IN COMPENSATION WAS MADE IN 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,WY

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

FORM 990 IS AVAILABLE ON THE ORGANIZATIONS WEBSITE. AUDITED FINANCIAL

CONFILCT OF INTEREST POLICY, AS WELL GOVERNING DOCUMENTS ARE STATEMENTS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18