			** PUBLIC DISCLOSURE COPY	* *			
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047		
For	n <b>H</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundation	<sup>15)</sup> 2014		
		of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public		
		enue Service	Information about Form 990 and its instructions is at www ar year, or tax year beginning and ending		Inspection		
					ation much or		
D (	heck if pplicat		organization E-FACING OUR RISK OF	D Employer identific	auon number		
	Addr		ER EMPOWERED, INC.				
	Name Chan		usiness as	65-0	927702		
	Initia		and street (or P.O. box if mail is not delivered to street address) Room/s				
	Final	1605	7 TAMPA PALMS BLVD WEST 373	(866			
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,488,820.		
	Amer	1 IAMP	A, FL 33647	H(a) Is this a group re			
	Appli tion pend	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: BARBARA PFEIFFER	for subordinates			
		SAME	AS C ABOVE	H(b) Are all subordinates in			
		empt status:			list. (see instructions)		
			NGOURRISK.ORG X Corporation   Trust   Association   Other ►	H(c) Group exemption			
	orm o Int I	f organization: Summary	X Corporation Trust Association Other ▶ L	Year of formation: 1999 N	State of legal domicile: F L		
	1		e the organization's mission or most significant activities: <b>TO IMPRC</b>	VE THE LIVES (			
JCe	'	AFFECTE	D BY HEREDITARY BREAST AND OVARIAN CA	NCER.			
'naı	2				sets		
ovel	3						
Ğ	4 Number of independent voting members of the governing body		ependent voting members of the governing body (Part VI, line 1b)		9		
Activities & Governance	5	Total number	of individuals employed in calendar year 2014 (Part V. line 2a)	5	11		
iviti	6	Total number	of volunteers (estimate if necessary)	6	200		
Acti	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12		0.		
_	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	0.		
			$\bigcirc$	Prior Year	Current Year		
ue	8		and grants (Part VIII, line 1h)	1,407,850.	<u>1,184,087.</u> 282,158.		
Revenue	9	•	ce revenue (Part VIII, line 2g)	62.	73.		
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,871.	-16,897.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,436,783.	1,449,421.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14		to or for members (Part IX, column (A), line 4)	0.	0.		
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	457,552.	789,024.		
nse	16a			0.	0.		
Expenses	b		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 212,736.				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	579,151.	989,734.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,036,703.	1,778,758.		
<u></u> 0	19	Revenue less	expenses. Subtract line 18 from line 12	400,080.	-329,337.		
its o		Tatala 1 /		Beginning of Current Year 788,512.	End of Year 346,332.		
Asse Bala	20	Total assets (F		126,271.	13,428.		
Net Assets or Fund Balances	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	662,241.	332,904.		
	rt II			002,211	552,504.		
_		-	I declare that I have examined this return including accompanying schedules and st	atements, and to the best of my	knowledge and belief it is		

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.

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Sign Here	Signature of officer BARBARA PFEIFFER, CHIP	F EXECUTIVE OFFICER	Date
	Type or print name and title		
Paid	Print/Type preparer's name SAM A LAZZARA	Preparer's signature	Date Check PTIN if self-employed P01342929
Preparer	Firm's name 🕒 RIVERO, GORDIME	R & COMPANY, P.A.	Firm's EIN <b>59-3040705</b>
Use Only	Firm's address P. O. BOX 172359 TAMPA, FL 33672	)	Phone no. (813) 875-7774
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
			- 000 (cost 4)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

	990 (2014) CANCER EMPOWERED, INC. 65-0927702 Pa
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO IMPROVE THE LIVES OF INDIVIDUALS AND
	FAMILIES AFFECTED BY HEREDITARY BREAST AND OVARIAN CANCER. SIGNIFICAN
	ACTIVITIES INCLUDE SUPPORT, EDUCATION, ADVOCACY AND AWARENESS.
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?
	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.
	(Code:) (Expenses \$ 866,232. including grants of \$) (Revenue \$ 160,45
	CANCER ADVOCACY AND PEER TO PEER SUPPORT PROGRAMS. ADVOCACY AND
	SUPPORT PROVIDE OPPORTUNITIES FOR PEOPLE TO BECOME INVOLVED WITH
	CANCER-RELATED ISSUES AND TO CONTRIBUTE TIME AND ENERGY TO HELP THE
	PUBLIC AND THOSE SUFFERING OR AT RISK OF SUFFERING FROM HEREDITARY CANCERS. ADVOCACY CAN INVOLVE PASSING OUT FLYERS AT AN EVENT, GIVING
	TALK, SERVING ON ADVISORY COMMITTEES, SUPPORTING RESEARCH STUDIES, OR
	WRITING AN ARTICLE ABOUT BCRA OR CANCER. IN THIS LIGHT, FORCE RUNS T
	LARGEST VOLUNTEER SUPPORT NETWORK FOR THE HEREDITARY BREAST AND OVARI.
	CANCER COMMUNITY (HBOC) TO ENSURE NO ONE HAS TO TRAVEL THE HBOC JOURN
	ALONE. IN 2014 OVER 250 TRAINED VOLUNTEERS SUPPORTED THOUSAND OF THE
	FELLOW CONSTITUENTS NATIONWIDE THROUGH SIX VOLUNTEER ROLES INCLUDING
	PEER SUPPORT GROUP LEADERS, COMMUNITY LIAISONS, HELPLINE VOLUNTEERS,
	(Code: ) (Expenses \$ 481,729. including grants of \$ ) (Revenue \$ 126,15
	JOINING FORCES CONFERENCE. JOINING FORCES AGAINST HEREDITARY CANCER I
	THE LARGEST CONFERENCE DESIGNED BY AND FOR PEOPLE AND FAMILIES AFFECT
	BY HEREDITARY CANCER OR A BRCA MUTATION.
	THE CONFERENCE PRESENTED A WIDE RANGE OF TOPICS AND THE LATEST RESEAR
	ON THESE CANCERS. OUR 2014 PROGRAM WAS HELD IN PARTNERSHIP WITH PENN
	MEDICINE'S BASSER RESEARCH CENTER FOR BRCA. THE CONFERENCE PROVIDED
	PARTICIPANTS OPPORTUNITIES TO ENROLL IN RESEARCH, INCLUDING
	BASSER-FUNDED STUDIES. ATTENDEES INCLUDED PEOPLE CONCERNED ABOUT
	HEREDITARY CANCER: SURVIVORS, PREVIVORS, PEOPLE WITH A BRCA MUTATION
	FAMILY HISTORY OF CANCER, PATIENT ADVOCATES, RESEARCHERS, AND HEALTH
	CARE PROVIDERS WHO TREAT HIGH-RISK PATIENTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,347,961.
	Form <b>990</b> (
32002 1-07-1	$\alpha = \alpha \alpha \alpha = \alpha =$

FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

65-0927702	Page <b>3</b>
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1         Is the organization described in section 501(c)(3) or 4947(8)(1) (after than a private foundation?         I         X           2         Is the organization required to complete Schedule B, Schedule G Cartibutor@         2         X           2         Is the organization required in direct or index policital camping activities on bahal of or in opposition to candidate for public office? If "Nes," complete Schedule C, Part I         4         X           3         Section 501(r)(6) organizations. Did the organization engage in obbying activities, or have a section 501(r) election in effect during the taxy servir If "Nes," complete Schedule C, Part II         4         X           5         Is the organization require in advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of anounts in south times or accounts 70 Nes," complete Schedule C, Part II         6         X           7         Did the organization require or hold a conservation assemut, including assemuts to preserve open space.         7         X           8         Did the organization require or hold a conservation assemuts in the service and customal for annouts not listel in Part X, ine 21, for secret or custodial account listelity serva are custodian for annouts not listelition Part X.         8         X           9         Did the organization require in the X.         1         X         1         X           9         Did the organization networe in povide credit counsoning, deb tannageme				Yes	No
2         Is the organization required the complete Schedule of Contributoral         2         X           3         Did the organization engage in direct or indirect optical campaign activities on behalf or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I         3         X           4         Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy gar' If "Yes," complete Schedule C, Part II         4         X           5         Is the organization as election 501(e)(4) 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as officient of amounts in such funds or accounts for which donors have the fight to provide activities on the distribution or investment of amounts in such funds or accounts for which donors have the digit to the organization receive or hold a conservation easements in brucking activation. Part II         6         X           6         Did the organization (section of works of art, historical treasures, or other alimits assets? If "Yes," complete Schedule D, Part II         7         X           7         Did the organization, directly or through a related organization, hold assets in temporarily results.         8         X           8         Did the organization in amount in Part X, line 21, for escrove or custodial account liability: serve and usodiain for amounts or quasi-indonoment? If "res," complete Schedule D, Part V         10         X           10         Did the organization inodical treasures, or there is comp	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II       3       X         3       Section 501(e)(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II       4       X         4       Is the organization assettion and any donor advised funds or any simular funds or accounts for which donors have the right of the provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II       6       X         5       Did the organization needed nucleot structures? If Yes," complete Schedule D, Part II       7       X         6       Did the organization needed nucleot structures? If Yes," complete Schedule D, Part II       7       X         9       Did the organization needed nucleotions of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II       7       X         9       Did the organization needed nucleotions of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part IV       8       X         9       Did the organization report an amount for lead organization, hold assets in temporarily result to advowments, permanent endowments, or quasiendowments? (If Yes," complete Schedule D, Part V       9       X         9       Did the organization engarization engarization		If "Yes," complete Schedule A			
public office? // "Yes," complete Schedule C, Part //         3         X           4         Section 501(b)(3) organizations. Dith erganization engage in bibbying activities, or have a section 501(b) election in effect         4         X           5         Is the organization activities of No(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceeding elegitry if Yes," complete Schedule D, Part I         5         X           6         Did the organization maintain any done advised funds or accounts for which dones have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dones have the right to receive on the distribution or investment of amounts in such funds or accounts for which dones have the right to schedule D, Part II         7         X           7         Did the organization report an amount in Part X, line 21, for accrow or custodial account liability serve are dustodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt recelution services?         8         X           10         Did the organization report an amount for lives, complete Schedule D, Part V         10         X           11         H to organization report an amount for investments other securities for Allen 12 that is 5% or more of its total assets reported in Part X, line 12 min 42, line 12 min 42 min 13 mat is 5% or more of its total assets reported in Part X, line 12 min 42, line 12 min 42 min 14 min 42 min 14 b         X           11         M to organization report an a	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
9         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the stay war/1 11%; complete Schedule C, Part II         4         X           5         Is the organization accounts 501(c)(4), or 501(c)(5), or	3		3		x
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smillir anounts as defined in Revenue Procedure 98:19/11 'Yes,' complete Schedule C, Part II         S         X           D Dt the organization maintain any door 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 for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of provide advice on the distribution or investment of an onus in such funds or accounts assets? If "Yes," complete Schedule D, Part II         6         X           9         Did the organization negorit an amount in Part X, line 21, for escrew or custodial account liability, serve as pustodian for amounts no listed in Part X, or provide credit counseling, debit management, credit repair, or debit regionatorit or for organization, area or any of the following questions is 'Yes,' then complete Schedule D, Part V         8         X           10         Did the organization report an amount for land, building, and equipment in Part Ahlf TO 11' Yes,' complete Schedule D, Part V         11a         X           11         If the organization report an amount for investments - program telted preat X, line 12 that is 5% or more of its total assets reported in Part X, line 16 // Yes,' complete Schedule D, Part X         11a         X           12         If the organization report an amount for investments - p	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
similar anounts as defined in Revenue Procedure 96-197 // "Yes," complete Schedule C, Part III.       5       X         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution receive or hold a conservation easement, including easements to preserve open space, the environment, filt role and rease, or historic structures filt "res," complete Schedule D, Part III.       7       X         7       Did the organization maintain collectors of works of art, historical treasures, or other schedula on services?       8       X         9       Did the organization, directly or through a related organization, hold assets in temporarily regime to endowments, preventing to complete Schedule D, Part V.       10       X         10       Did the organization report an amount for investments - order securities in Early. The 12 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X.       11a       X         11       The organization orport an amount for investments - order assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X. <th>E</th> <th></th> <th>4</th> <th></th> <th>- 23</th>	E		4		- 23
provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part II       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 II "Yes," complete Schedule D, Part II       6       X         8       Did the organization receive or hold a conservation easement, including easements to preserve or custodial account lability: serve as equisitodian for amounts no tilsted in Part X, ine 21, for escrive or custodial account lability: serve as equisitodian for amounts no tilsted in Part X, or provide custodia organization, hold assets in temporarily restricted indownets, prevane endownets, or quasi-endownets? If "Yes," complete Schedule D, Part II       8       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 20 HT Yes," complete Schedule D, Part V.       10       X         11       The organization report an amount for investments - other securities if Cerv. Ine 12 that is 5% or more of its total assets reported in Part X, line 167 H"Yes," complete Schedule D, Part X.       11a       X         12       Did the organization report an amount for investments - other securities if Cerv. Ine 13 that is 5% or more of its total assets reported in Part X, line 167 H"Yes," complete Schedule D, Part X.       11a       X         13       Did the organization report an amount for investments - other securities if Cerv. Ine 13 that is 5% or more of its total assets reported in Part X, line 167 H"Yes," complete Schedule D, Part X.	5		5		x
7       Did the organization neceive or hold a conservation easement, including easements to preserve open space, the environment, historic attractures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.       8       X         9       Did the organization report an amount in Part X, line 21, for escrov or custodial account liability: serve as custodian for amounts not listed in Part X, ine 71, for escrov or custodial account liability: serve as custodian for amounts not listed in Part X, ine 21, for escrov or custodial account liability: serve as custodian for amounts or quasi-endowments? (If "Yes," complete Schedule D, Part V       9       X         10       Did the organization, effective or through a related organization, hold assets in temporarity restrict a ndowments, permanent endowments, or quasi-endowments or the following questions is 'Yes," then complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Cart X, line 126 H" Yes," complete Schedule D, Part X       11a       X         11a       X       Did the organization report an amount for investments - program elated in Part X, line 157 H" Yes," complete Schedule D, Part X       11a       X         11b       X       Did the organization port an amount for investments - program elated in Part X, line 157 H" Yes," complete Schedule D, Part X       11a       X         111b       X	6				
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part IV.       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve an outstodian for amounts not listed in Part X, or provide ceredit counseling, debt management, credit repair, or debt negotitation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 20, part V       10       X         11       the organization report an amount for land, buildings, and equipment in Part X, line 120 // "Yes," complete Schedule D, Part V       11a       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X       11a       X         11       Did the organization report an amount for linvestments - other securities in DaX, line 15 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X       11a       X         111       X       Did the organization report an amount for investments - other securities in DaX, line 25 /f "Yes," complete Schedule D, Part X       11a       X         112       Did the organization report an amount for investments - o		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as accustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatization services?       9       X         10       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as accustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatization services?       9       X         10       Did the organization debt on the part X is the organization report an amount for law stress of the securities in Park V, line 100 I/Y set, "complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments - other securities in Park V, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V       111       X         11       Did the organization report an amount for other isability or uncertain a mount for other lassigners in Park V, line 125 / If "Yes," complete Schedule D, Part X       116       X         11       Did the organization report an amount for other lassigners in Park V, line 25 / If "Yes," complete Schedule D, Part X       116       X         11       Did the organization report an amount for thereasystes in Park V, line 25 / If "Yes," complete Schedul	7				
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve and bustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted in dowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part Nuffer 10? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, VI, or X as applicable.       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XIII       11       X         13       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XIII       111       X         14       Did the organization report an amount for other tassets in Part X, line 15? If 'Yes,' complete Schedule D, Part X       112       X         15       Did the organization report an amount for other tassets in Part X, line 15? If 'Yes,' complete Schedule D, Part X       114       X         16       Did the organization aschedule D, Part X       114 <td< th=""><th></th><th></th><th>7</th><th></th><th>X</th></td<>			7		X
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve asequisations for amounts not liste in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily result of adowments, permanent endowments?       9       X         11       If the organization server to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VX, or X as applicable.       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part XII       11a       X         2       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part XIII       11a       X         2       Did the organization report an amount for other liabilities h Part X, line 156 II "Yes," complete Schedule D, Part XIII       11d       X         4       Did the organization report an amount for the than spatism part X, line 157 II "Yes," complete Schedule D, Part X       11d       X         4       Did the organization report an amount for the than part X, line 157 II "Yes," complete Schedule D, Part X       11d       X         4       Did the organization schule b, Par	8	-	8		x
If "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in temporarily respired andowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization report an amount for land, buildings, and equipment in Park Sum 010" If "Yes," complete Schedule D, Part VI     11     X       12     Did the organization report an amount for investments - other securities in Park V, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part W     11     X       13     Did the organization report an amount for investments - program relate UP Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part W     116     X       14     Did the organization report an amount for investments - program relate UP Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X     116     X       116     Did the organization report an amount for other lassing the part X, line 257 If "Yes," complete Schedule D, Part X     116     X       117     Z     Did the organization separate in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X     116     X       118     Its organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X     117     X       13     Is the organization inc	9				
10       Did the organization, directly or through a related organization, hold assets in temporarily respected in holdowments, 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," tem complete Schedule D, Parts VI, VII, VII, VII, VII, VI, VII, VII,					v
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, VII, IX, or X     as applicable.       a     Did the organization report an amount for land, buildings, and equipment in Part Nume 10? If 'Yes,' complete Schedule D, Part VI     11a     X       b     Did the organization report an amount for investments - other securities in Part A, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII     11c     X       c     Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII     11c     X       d     Did the organization report an amount for other assets in Part X, line 257 If 'Yes,' complete Schedule D, Part X     11d     X       e     Did the organization report an amount for other labilities h Part X, line 257 If 'Yes,' complete Schedule D, Part X     11d     X       12a     Did the organization obtain separate, independent audited financial statements for the tax year?     11f     X       13     Ith organization obtain separate, independent audited financial statements for the tax year?     12b     X       14a     Did the organization obtain separate, independent audited financial statements for the tax year?     11f     X       14b     Did the organization ashol deSi	10		9		
11       If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VII, VII, VI, VI, VII, VI, VII, VI	10		10		x
as applicable.       Did the organization report an amount for land, buildings, and equipment in Part Nume T0? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization orbid separate, independent audited financial statements for the tax year?       11t       X         13       Is the organization and shored in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional       12b       X         14a       X       Did the organization maintain a office, employees, or agents outside of the United	11		10		
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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       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       16       X         18       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       17       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       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	15				<b>v</b>
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       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			15		
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>.</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>.</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>.</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>.</li> <li>20a X</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> </ul>	16		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       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       10	17				
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         10       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       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		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a 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       20b	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
complete Schedule G, Part III       19       X         20a       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       V			18	Х	
20a 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	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		complete Schedule G, Part III			
					<u> </u>
	<u>u</u>	וו וידש נט ווויש בטמ, טוט נווש טוטמווצמנוטון מנומטון מ טטאיט ווג מטטופט וווזמווטומו גומנפווופווג נט נווג ופנטווי		990	(2017)

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Form 990 (2014)

Part IV Checklist of Required Schedules

	990 (2014) CANCER EMPOWERED, INC. 65-09	27702	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	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?	<b>24d</b>		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes," complete			
	Schedule L, Part I	<b>25</b> b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
2	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35</b> a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
-	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			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
	Note. All Form 990 filers are required to complete Schedule O	38	- 11	

Form **990** (2014)

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FORCE-FACING OUR RISK OF

CANCER EMPOWERED, INC.

Form	(2014) CANCER EMPOWERED, INC. 65-0927	702	р	<b>5</b>
	rt V Statements Regarding Other IRS Filings and Tax Compliance	102	P	age 5
1 4	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Box 3 of Form 1096 Enter $0$ if not applicable 10		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
•	(gambling) winnings to prize winners?	1c		
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 <b>2a 11</b>			
		~		v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		v
	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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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 $$ N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
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 13b			
с	Enter the amount of reserves on hand 13c			
	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		
			990	(2014)

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	FORCE-FACING OUR RISK OF			
Form	990 (2014) CANCER EMPOWERED, INC. 65-0927	702	P	age <b>6</b>
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" r	espon	se
	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization bave members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
74	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
a h	The governing body?	oa 8b	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	uo	- 23	
9		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
000	tion B. Toncies (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110		11a	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118	- 23	
b 100		10-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
u c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 22	
C		10-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	v	
a	The organization's CEO, Executive Director, or top management official	15a	X X	
b	Other officers or key employees of the organization	15b	Δ	
40	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			v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		I

# exempt status with respect to such arrangements? Section C. Disclosure

000	
17	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
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website X Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	JACKIE MEDINA, VICE PRESIDENT OF FINANCE AND OPERATIONS - 813-228-7475
	16057 TAMPA PALMS BLVD WEST SUITE 373, TAMPA, FL 33647
43200	6 11-07-14 SEE SCHEDULE O FOR FULL LIST OF STATES Form <b>990</b> (2014)
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Part VII	Со	mpensation of (	Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Em	ployees, and In	depende	ent Contra	ctors		

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

CANCER EMPOWERED, INC.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the org	ganization nor any rela	ed organization con	pensated any	current officer,	director,	or trustee
-----------------------------------	-------------------------	---------------------	--------------	------------------	-----------	------------

(A)	(B)	(C)			mpe	nou	(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c , unle	Pos heck	ition more erson	than is bot or/trus	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	In stitutional 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	40.00	x		x				85,000.	0.	0.
(2) BARBARA PFEIFFER	40.00			11				05,000.		
CHEIF EXECUTIVE OFFICER		x		x		$\sim$	2	70,000.	0.	0.
(3) THOMAS BROCK	2.00					$\mathcal{D}$		,		
PRESIDENT		x		X		1		0.	0.	Ο.
(4) JOI MORRIS	2.00			5						
VICE PRESIDENT		X		X				0.	0.	0.
(5) WILLIAM F. BURKE, JR.	2.00	~								
DIRECTOR		X						0.	0.	0.
(6) REBECCA SUTPHEN, MD	2.00									•
DIRECTOR		X						0.	0.	0.
(7) JUDY GARBER, MD	2.00	x		x				0.	0.	0
DIRECTOR	2.00	<u>^</u>		<u>^</u>	┝─	-		0.	0.	0.
(8) CATHY JOLLY DIRECTOR	2.00	x						0.	0.	0.
(9) CATHERINE JANZEN	2.00			-	├──	$\vdash$		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(10) AMY BOESKY	2.00									
DIRECTOR		x						0.	0.	0.
(11) IB ALEXANDER	2.00									
DIRECTOR		X						0.	0.	0.
			-	-	⊢	$\vdash$	┝			
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432007 11-07-14										Form 990 (2014)

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Form **990** (2014)

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	990 (2014) CANCER EN						abo	-+ (		65-0	927	702	Pa	age <b>8</b>
I di	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average	(do	not c	(C Posi	<b>;)</b> ition	) than	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable			(F) timate	
		hours per week (list any hours for related organizations below line)					Highest compensated signal si		compensation from the organization (W-2/1099-MISC)	compensatic from related organization (W-2/1099-MIS	t s	com fr org an	nount other pensa om the anizat d relat anizatio	tion e ion ed
										1				
									R	*				
							Ċ		K.					
1b	Sub-total	<u> </u>				$\overline{}$	)-		155,000.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		C		/			0. 155,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	ove	e) wł	סר no r	eceived more than \$100	),000 of reportab	le			0
3	Did the organization list any <b>former</b> officer,										I		Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	um of reportabl	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	;	4		x x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piele Scheduie	eJI	or su	ucn p	oers	<u>son .</u>					5		<u></u>
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation	rom	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	<b>))</b> compe	<b>;)</b> nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organized structure of the transmission from the organized structure of the transmission of t		ot lii	mite	d to		se lis 0	stec	d above) who received n	nore than				
43200 11-07-	8 14											Form	990 (2	2014)

FORCE-H	FACING	OUR	RISK	OF
CANCER	EMPOWE	ERED	, INC.	•

Form	990	) (2	2014) CANCER	EMPOWE	ERED, II	NC.			65-0927	702 Page 9
Pa	rt V		Statement of Revenue							
			Check if Schedule O contains	a response	or note to an	iy line	in this Part VIII			
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 ;	а	Federated campaigns	1a						
Gra			Membership dues							
Arr, o	(	С	Fundraising events		60,26	1.				
Gif	(	d	Related organizations	1d	=4 0.03	_				
ns, Sim			Government grants (contributions)	1e	51,00	3.				
er S	1	f	All other contributions, gifts, grants, an			_				
oth			similar amounts not included above $\dots$		,072,82	3.				
ont			Noncash contributions included in lines 1a-1f:			1	104 007			
a C		h	Total. Add lines 1a-1f		1	-	<u>,184,087.</u>			
	•	_	RESEARCH AND RECR	тттмъ	Business Co 54172		156,000.	156,000.		
vice			CONFERENCE INCOME		61171		126,158.	126,158.		
Ser		D C				<u> </u>	120,130.	120,150.		
an evel		d								
Program Service Revenue		e						$\sim$		
Pro	1	f	All other program service revenue							
			Total. Add lines 2a-2f				282,158.			
	3		Investment income (including divid							
			other similar amounts)			▶∟	73.			73.
	4		Income from investment of tax-exe			▶∟				
	5		Royalties			▶				
	-			(i) Real	(ii) Persona	al	S			
			Gross rents			—(	$\mathbf{r}$			
			Less: rental expenses							
			Rental income or (loss)							
			· · /	Securities	(ii) Other	-				
	1	a	assets other than inventory	Securities						
	1	h	Less: cost or other basis	•	$\bigcirc$					
			and sales expenses	C						
	(	с	Gain or (loss)		)					
			Net gain or (loss)							
ē			Gross income from fundraising eve	nts (not						
Other Revenue			including \$ 60,261							
Rev			contributions reported on line 1c).		10 05					
er			Part IV, line 18		18,05	2.				
đ			Less: direct expenses		39,39	9.	-21,347.			21 247
			Net income or (loss) from fundraisin	-			-21,34/.			-21,347.
	9 8	а	Gross income from gaming activitie							
		h	Part IV, line 19 Less: direct expenses			_				
			Net income or (loss) from gaming a							
			Gross sales of inventory, less retur							
			and allowances		1					
	I	b	Less: cost of goods sold							
		с	Net income or (loss) from sales of i	nventory .						
			Miscellaneous Revenue		Business Co					
			OTHER REVENUE		90009	9	4,450.	4,450.		
		b				-+				
		C				-+				
			All other revenue <b>Total.</b> Add lines 11a-11d			+	4,450.			
	12	0	Total revenue. See instructions.			1	,449,421.	286,608.	0.	-21,274.
43200 11-07					<b>,</b>	- 1		,		Form <b>990</b> (2014)
							9			

FORCE-E	FACING	OUR	RISK	OF
CANCER	EMPOWE	CRED	TNC	

eci	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	155,000.	90,500.	49,000.	15,50
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and			4	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	575,015.	419,978.	39,389.	115,64
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
D	Payroll taxes	59,009.	37,766.	5,311.	15,93
1	Fees for services (non-employees):				
а	Management				
b	Legal	20,843.	1,761.	19,082.	
с	Accounting	25,216.	16,272.	6,620.	2,32
d		C			
е	Professional fundraising services. See Part IV, line 17		)		
f	Investment management fees		-		
g					
Ū	column (A) amount, list line 11g expenses on Sch 0.)	126,030.	71,470.	40,958.	13,60
2	Advertising and promotion	14,500.	7,807.		6,69
3	Office expenses	87,926.	62,124.	15,107.	10,69
4	Information technology	87,634.	78,397.	8,239.	99
5	Royalties	)			
6	Occupancy				
7	Travel	49,167.	23,243.	11,457.	14,46
3	Payments of travel or entertainment expenses	- , -			<b>,</b> -
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	481,729.	481,729.		
, )					
, I	Payments to affiliates				
2	Depreciation, depletion, and amortization				
2 3		9,626.	6,259.	851.	2,51
, 1	Other expenses. Itemize expenses not covered	5,0200			1,51
r	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 0.)				
~	SOFTWARE	65,455.	34,793.	17,795.	12,86
a h	OUTREACH PROGRAM	11,486.	11,486.		12,00
b	BANK FEES	7,668.	2,918.	3,256.	1,49
с 4	MISCELLANEOUS	2,454.	1,458.	996.	±,49
d		4,494.	I,400.		
	· · · · · · · · · · · · · · · · · · ·	1,778,758.	1,347,961.	218,061.	212,73
5	Total functional expenses. Add lines 1 through 24e	т,//0,/30.	т,54/,901.	210,U01.	414,13
5	<b>Joint costs.</b> 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)				

432010 11-07-14

Form 990 (2014)

 $10310417 \ 795320 \ 650927702$ 

10 2014.03020 FORCE-FACING OUR RISK OF CA 65092771

Form **990** (2014)

10310417 795320 650927702

11 2014.03020 FORCE-FACING OUR RISK OF CA 65092771

FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

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34         Total liabilities and net assets/fund balances         788,512.34         346,332.		• • •				
Beginning of year         End of year           1         Cash - non-interest bearing         733, 302, 1         282, 047, 7           2         Savings and temporary cash investments         40, 593, 2         282, 047, 7           3         Pledges and grants receivable, net         3         61, 1           4         Accounts receivable, net         3         61, 1           5         Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete         5           6         Loans and other receivables from other disqualified persons (as defined under sector 4356(1/1)), persons described in sectors 4356(1/1), persons described in sectors 4356(1/1), persons described in sectors 4356(1/1), persons described in sectors 405 (1/1), persons described in the sector of the tasks. Complete Part V of Schedule D         6           10         Loss accumulated deprecision         100         100           11         Investments - challer, securities. See Part IV, Ine 11         11         12           11         Investments - challer, securities. See Part IV, Ine 11         13         14           16         Other securities. See Part IV, Ine 11         13         14           16         Total asesets. Add lines 11			Check if Schedule O contains a response or note to any line in this Part X			
2         Savings and temporary cash investments         40,593. 2         63,199.           3         Pedges and grants receivables from current and former officers, directors, functions, sign of highest compensated employees. Complete Part II of Schedule L         4         61.           6         Loans and other receivables from current and former officers, directors, functions, sign of highest compensated employees. Complete Part II of Schedule L         5         6           6         Loans and other receivables from current disqualified persons (as defined under section 4986(V)(I), porsons described in section 4988(V) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L         6           7         Notes and loans receivable, net         6           9         Prepaid expenses and deferred trange         14 + 617.           9         Prepaid expenses and deferred trange         14 + 617.           9         Prepaid expenses and deferred trange         14 + 617.           9         Prepaid expenses and active or other         100           10         100         100           11         transets. See Part IV, line 11         11           14         13         14           16         Total assets. Add lines 11 through 15 (must equal line 34)         788, 512.1         6         346, 332.           17         Accounts payable and accrued				Beginning of year		End of year
2       Savings and temporary cash investments       40,593.2       63,199.         3       Predges and grants receivable, net       4       61.         4       Loans and other receivables from ourrent and former officers, trustees, key employees, and highes compensated employees. Complete Part II of Schedule L       4       61.         6       Loans and other receivables from other disqualified persons (as defined under section 4958(IV)), persons described in section 4958(IQ)(9) volurary employees: beneficiary organizations (see inst). Complete Part II of Sch L       7         7       Notes and loans receivable, net       8       7         9       Prepaid expenses and deterred charges       14,4017.9       1,025.         9       Prepaid expenses and deterred charges       14,4017.9       1,025.         9       Prepaid expenses and celerred charges       14       10         10       Investments - other securities. See Part IV, line 11       11       12         11       Investments - other securities. See Part IV, line 11       13       14         11       Investments - other securities. See Part IV, line 11       14       13         14       10a       16       16       3466, 3322.         16       Total assets. Acid lines 1 through 15 (must equal line 54)       7.07       13, 4228.         16		1	Cash - non-interest-bearing		1	
3       Plodges and grants receivable, net       3         4       Accounts mecivable, not       4       61.         5       Loans and other receivables from current and former officers, directors, trustes, key employees, and highest compensated employees. Complete Part II of Schedule L       5       6         6       Loans and other receivables from other disqualified persons (as defined under section 4956)(fi), persons described in section 4956)(fi), persons described in section 4956)(fi), and conthiling employees: beneficiary organizations of section 501(c)(8), and conthiling employees: beneficiary organizations (see inst). Complete Part II of Sch L       7       8         9       Prepaid expresses and defered charges       104       7       1, 025.         10a       Inventories for sale or use       10a       10c       10c         11       Investments - publicly traded securities       111       11       101       112         11       Investments - program related. See Part IV, line 11       113       114       113       114         12       Investments - program related. See Part IV, line 11       114       114       113       114         14       Intagestes. Add line ascertifice. See Part IV, line 11       115       116       116       116         14       Intagestes. Add line ascertifice. See Part IV, line 11       114       113       1		2		40,593.	2	63,199.
4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       4       61.         6       Loars and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(2)(8), and contributing employees and ponsoring organizations of section 501(6) voluntary employees. The form of the section 4958(r)(1), persons described in Cip(9) voluntary employees and ponsoring organizations of section 501(6) voluntary employees. The form of the section 4958(r)(1), persons described in Cip(9) voluntary employees. The form of the section 4958(r) voluntary employeeser employement and form of the sectin 4958(r) voluntary employee		3			3	
Set       Lans and other receivables from current and former officers, directors, furstess, key onployees, and highest compensated employees. Complete Part II of Schedule L       5         Get       Lans and other receivables from other disqualified persons (as defined under escence) about the sector 4988 ((1), persons described in sector 4988 ((2)), encode on thut rung employees beneficiary organizations described in Schedule L       5         Get       Notes and other receivable, etc.       7         Prepaid expenses and deferred charges       14 + 60 7.1 9       1, 025.         10a       Lans, building, and equipment, cost or other basis. Complete Part II of Sch L       7         11       Investments - publicly traded securities       11         11       Investments - publicly traded securities       11         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - publicly traded securities       14         14       Intangble assets. Add lines of through 15 (must equal line 34)       7 88 , 512.1       16 346 , 332.2         14       Taccourts payable and accrued expenses       8 , 047.1       17 13 , 428.         15       Taccourts payable and accrued expenses       12       20         21       Earce and trade on teta trade preproces.       22       22		4			4	61.
Part II of Schedule L       5         I Loans and other receivables from other disqualified persons (as defined under section 4958(1(1)), sonsons described selection 501(c)(9) voluntary employers and sponsons described selection 501(c)(9) voluntary employers is hereficial or grainizations of section 4958(1(1)), sonsons described selections 501(c)(9) voluntary employers is hereficial or selection 4958(1(1)), sonsons described selections 501(c)(9) voluntary employers is hereficial or selection 4958(1(1)), sonsons described selections 501(c)(9) voluntary employers is hereficial or defined under the selection 501(c)(9) voluntary employers is hereficial of defined under the selection 501(c)(9) voluntary employers is hereficial of defined under the selection 501(c)(9) voluntary employers is hereficial of defined under the selection 501(c)(9) voluntary employers is hereficial of defined under the selection 501(c)(9) voluntary employers is hereficial of defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial defined under the selection 501(c)(9) voluntary employers is hereficial definition 511(c)(0) volume is the selection 501(c)(0) volume is and other payable to current funds and there payable to current and former of the selection 501(c)(0) volume is and other payable to current and former of the selection 501(c)(0) volume is and other payable to current and former of the selecis (1) volune is a dis through 29, and there payable to unerelate		5				
6       Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(n)(3)(8), and contributing employees the openoting organizations of section 501 (c)(9) voluntary employees the openoting organizations of section 501 (c)(9) voluntary employees the openoting organizations of section 501 (c)(9) voluntary employees the openoting organizations of section 501 (c)(9) voluntary employees the openoting organizations of section 501 (c)(9) voluntary employees the openoting organizations of section 501 (c)(9) voluntary employees the openotic of or other basis. Complete Part V of Schedule D       6         10a       10a       10a       10a         11       Investments - publicly traded securities       111         11       Investments - publicly traded securities       111         11       Investments - publicly traded securities       111         13       Investments - publicly traded securities       111         14       133       114         15       Other assets. See Part IV, line 11       13         16       Total assets. Add inset through 15 (must equal line 34)       788, 512.       16       346, 332.         17       Accounts payable and accrued expenses       8, 047.       17       13, 428.         18       Grants payable       16       16       346, 332.         19       Deferred revenue       20       21       22       23			trustees, key employees, and highest compensated employees. Complete			
generation       section       4582(0)3(0), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L       7         8       Investments portions of section 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L       7         9       Prepaid expenses and deferred charges       14 + 6017.9       1, 025.         10       Land, buildings, and equipment: cost or other tog       100       100         11       Investments - publicity traded securities       111       112         12       Investments - publicity traded securities       111       114         13       Investments - publicity traded securities       114         14       100       100       100         14       13       114       13         15       Total assets. Add lines 1 through 15 (must equal line 34)       788, 5122.16       346, 3322.         17       Accounts payable and accruet depreses       8, 047.17       13, 428.         19       Defered revonue       19       20       21         21       Lass and other payables to current and former only of Schedule D       21       22         22       Lans and other payables to current and former only of Schedule D       22       23			Part II of Schedule L		5	
gengloyers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L.       6         7       Notes and loans receivable, net Inventories for sale or use       7         9       Prepaid expenses and deferred charges       14 + 5017.         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - publicly traded securities       11         14       15       14         15       Total assets. See Part IV, line 11       13         16       Total assets. See Part IV, line 11       13         17       Accounts payable and accrued expenses       8, 047.         18       Total assets. Add lines 1 through 15 (must equal line 34)       788, 512.         19       Deferred revenue       19         20       Tax-exempt bond liabilitie       20         21       Lans and other payables to current and former theres, directors, trustees, key employees, highest compensated employes, and disqualified persons. Complete Part II of Schedule L       22         22       Secured norts and loans payable our leated third parties       24		6	Loans and other receivables from other disqualified persons (as defined under			
general construction of the securities of the securitis of the securities of the securities of the securiti			section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
9       Prepaid expenses and deferred charges       14 ± 617.7       9       1,025.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c       10c         11       Investments - publicly traded securities       11       11       11         12       Investments - publicly traded securities. See Part IV, line 11       11       12       13         13       Investments - program-related. See Part IV, line 11       13       14       14         14       Intragible assets       14       14       15         16       Other assets. See Part IV, line 11       13       14       14         16       Other assets. See Part IV, line 11       14       14       15         17       Accounts payable and accrued expenses       8, 047.17       13, 428.         18       Grants payable and accrued expenses, and disqualified persons.       20       21         21       Escrow or custodial account liability. Complete Part IV Schedule D       21       22         22       Secured mortgages and notes payable to unrelated third parties       22       22         23       Secured mortgages and notes payable to unrelated third parties       24       24         24       Unsecured notes and l			employers and sponsoring organizations of section 501(c)(9) voluntary			
9       Prepaid expenses and deferred charges       14 ± 617.*9       1,025.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c       10c         11       Investments - publicly traded securities       10a       10c       10c       10c         12       Investments - publicly traded securities. See Part IV, line 11       11       112       113       114       112         13       Investments - other securities. See Part IV, line 11       113       114       114       114         14       Intragible assets       114       115       114       113       114       115         14       Intragible assets       114       114       115       115       116       124       124       124       124       124       124       124       124       124       124       124       124       124       124       124       125       126	ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
9       Prepaid expenses and deferred charges       14 ± 617.*9       1,025.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c       10c         11       Investments - publicly traded securities       10a       10c       10c       10c         12       Investments - publicly traded securities. See Part IV, line 11       11       112       113       114       112         13       Investments - other securities. See Part IV, line 11       113       114       114       114         14       Intragible assets       114       115       114       113       114       115         14       Intragible assets       114       114       115       115       116       124       124       124       124       124       124       124       124       124       124       124       124       124       124       124       125       126	sse	7	Notes and loans receivable, net		7	
9       Prepaid expenses and defered charges       14 + 017.9       1,025.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c         11       Investments - publicly traded securities       11       10c       10c         11       Investments - publicly traded securities       11       11       11         12       Investments - publicly traded securities       11       12       11         13       Investments - program-related. See Part IV, line 11       13       11       13         14       Intragible assets       14       14       16       17       346, 332.         16       Total assets. Sce Part IV, line 11       13       14       13       14         16       Total assets. Sce Part IV, line 11       13       13       14       13         17       Accounts payable and accrued expenses       8, 047.17       13, 428.0       13, 428.0         17       Accounts payable and accrued expenses       8, 047.17       13, 428.0       14         18       Grants payable to current and former others, ayables to current and former others.       20       21       22         22       Leas and other payables to current and disqualified persons.       24	Ä	8			8	
basis. Complete Part VI of Schedule D       10a       10b       10c         b Less: accumulated depreciation       10b       10c       10c         11       Investments - program-related. See Part IV, line 11       11       12         12       Investments - program-related. See Part IV, line 11       13       13         14       Intagible assets       14       14         15       Other assets. See Part IV, line 11       12       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       788 , 512 · 16       346 , 332 · 32 · 346 , 333 · 34 · 346 , 332 · 346 ,		9		14,617.	9	1,025.
b Less: accumulated depreciation       10b       10c         11       Investments - publicly traded securities       11         12       Investments - program-related. See Part IV, line 11       13         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)       788 , 512 - 16       346 , 332 - 346		10a	Land, buildings, and equipment: cost or other	0		
11       Investments · publicly traded securities       11         12       Investments · other securities. See Part IV, line 11       12         13       Investments · orgam:related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. Add lines 1 through 15 (must equal line 34)       788, 512.       16       346, 332.         16       Total assets. Add lines 1 through 15 (must equal line 34)       788, 512.       16       346, 332.         17       Accounts payable and accrued expenses       8, 047.       17       13, 428.         18       Grants payable and accrued expenses, directors, trustes, key employees, highest complexed employees, bind liability. Complete Part IV 0 Schedule D       20       21         21       Escrew or custodial account liability. Complete Part V 0 Schedule D       21       22         22       Loans and other payables to current and former others, directors, trustes, key employees, highest compensated employees, and disqualified persons.       22         23       Secured mortagaes and notes payable to unrelated thrid parties       24         24       Unsecured notes and loans payable to unrelated thrid parties       24         25       Other liabilities nothrotoded on lines 17:24). Complete Part X of Schedule D       118, 224, 25       0.         26			basis. Complete Part VI of Schedule D 10a	OX I		
12       Investments - other securities. See Part IV, line 11       12         14       Introstments - program-related. See Part IV, line 11       13         14       Intragible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       788, 512.       16       346, 332.         17       Accounts payable and accrued expenses       8, 047.       17       13, 428.         19       Deferred revenue       19       20       20       21         21       Escrow or custodial account liability. Complete Part Vo Schedule D       21       21       20         22       Loans and other payables to current and former others, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities (nother liabilities, nother baseds 17/24). Complete Part X of Schedule D       22.       118, 224.       25       0.		b	Less: accumulated depreciation 10b		10c	
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)       788, 512.       16       346, 332.         17       Accounts payable and accrued expenses       8, 047.       17       13, 428.         19       Deferred revenue       19       20       20         21       Escrew or custodial account liability. Complete Part Mog Schedule D       21       21         22       Loans and other payables to current and former onlyoes, and disqualified persons. Complete Part II of Schedule L       22       22         23       Secured mortgages and notes payable to unrelated third parties       24       24         25       Other liabilities (including federal proome tax, payables to related third parties       24       24         26       Total liabilities. Add lines 17 through 25       126, 2771.       26       13, 428.         28       Torganizations that follow SFAS 117 (ASC 958), check here        30       29       00.         29       Permanently restricted net assets       95, 0000.       28       130.,000.         29       Permanently restricted net assets       95, 0000.		11	Investments - publicly traded securities	$\mathbf{O}$	11	
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)       788, 512.       16       346, 332.         17       Accounts payable and accrued expenses       8, 047.       17       13, 428.         18       Grants payable       19       20       12.       20         20       Tax-exempt bond liabilities       20       20       21         21       Escrow or custodial account liability. Complete PartMoD Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       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, not motoided on lines 17-24). Complete Part X of Schedule D       118, 224.       25       0.         26       Total liabilities not motoided on lines 33 and 34.       126, 271.       26       13, 428.         29       Organizations that follow SFAS 117 (ASC 958), check here > 3       30       29       29         0       Organizations that follow SFA		12			12	
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16       Total assets. Add lines 1 through 15 (must equal line 34)       788,512.       16       346,332.         17       Accounts payable and accrued expenses       8,047.       17       13,428.         18       Grants payable       18       18         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part MO Schedule D       21       21         22       Loans and other payables to current and former others, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24       24         25       Other liabilities (including federal noome tax, payables to related third parties       24       24       24         26       Total liabilities. Add lines 17 through 25       126,2711.       26       13,428.         27       Unrestricted net assets       95,000.       28       130,000.         29       Organizations that do not follow SFAS 117 (ASC 958), check here        29       29       29         20       Organizations that do not follow SFAS 117 (ASC 958), check here        29       29       29         29       Organizations that do not follow SFA		14	Intangible assets		14	
17       Accounts payable and accrued expenses       8,047.17       13,428.         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part Woll Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mottagaes and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not notuced on lines 17.24). Complete Part X of Schedule D       118,224.25       0.         26       Total liabilities. Add lines 17 through 25       126,271.26       13,428.         26       Organizations that follow SFAS 117 (ASC 958), check here ▶       X       and complete lines 20 through 29, and lines 33 and 34.         27       Unrestricted net assets       29       0.       29         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶       30       30         30       Capital stock or trust principal, or current funds       30       30       31       32 <t< th=""><th></th><th>15</th><th>Other assets. See Part IV, line 11</th><th></th><th>15</th><th></th></t<>		15	Other assets. See Part IV, line 11		15	
18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part Wol Schedule D       21         22       Loans and other payables to current and former others, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including feder) broome tax, payables to related third parties, and other liabilities not noticed on lines 17-24). Complete Part X of Schedule D       26         26       Total liabilities. Add lines 17 through 25       126, 2711, 26       13, 428.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       5677, 241. 27       202, 904.         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30       29       29       00         30       Capital stock or trust principal, or current funds       30       30       31       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31       32       332, 904. <th></th> <th>16</th> <th></th> <th></th> <th></th> <th></th>		16				
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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 mome tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       118,224.25       0.         26       Total liabilities. Add lines 17 through 25       126,271.26       13,428.         Organizations that follow SFAS 117 (ASC 958), check here ▶	ies	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 mome tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       118,224.25       0.         26       Total liabilities. Add lines 17 through 25       126,271.26       13,428.         Organizations that follow SFAS 117 (ASC 958), check here ▶	oilit					
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 mome tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       118,224.25       0.         26       Total liabilities. Add lines 17 through 25       126,271.26       13,428.         Organizations that follow SFAS 117 (ASC 958), check here ▶	-iat					
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Source       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       X and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       567, 241.       27       202, 904.         28       Temporarily restricted net assets       95,000.       28       130,000.         29       Permanently restricted net assets       29       29         0       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       30       30         30       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       662, 241.       33       332, 904.         34       Total liabilities and net assets/fund balances       788, 512.       34       346, 332.		~				
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33         1011 Het assets of fund balances         002,241.33         332,304.           34         Total liabilities and net assets/fund balances         788,512.34         346,332.	ces	07		567 241	07	202 904
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34         Total liabilities and net assets/fund balances         788,512.34         346,332.	Ne			662,241.		332,904.
		UT.		,		Form <b>990</b> (2014)

Form 990 (2014)

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Part X Balance Sheet

	FORCE-FACING OUR RISK OF				
Form	1990 (2014) CANCER EMPOWERED, INC.	65-092	27702	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	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	1,449		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,778		
3	Revenue less expenses. Subtract line 2 from line 1	3	-329		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	662	2,2	41.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	332	2,9	04.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
	1			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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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 separa				
	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	ie 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	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	$C_{1}$		Form	990	(2014)
	$\sim$				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

432012 11-07-14

10310417 795320 650927702

SCHEDULE A	-	Nublia Cha	with Ctatura an		alia C.			OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status an ization is a section 50					2014
			I7(a)(1) nonexempt cha			or a section		2014
Department of the Treasury Internal Revenue Service		► A	Attach to Form 990 or F	Form 990-	EZ.			Open to Public
			Form 990 or 990-EZ) and	its instruct	ions is at <sub>W</sub>	ww.irs.gov/fc		Inspection
Name of the organizat		ER EMPOWER	UR RISK OF					identification number 5-0927702
Part I Reason			All organizations must co	omolete th	is part ) Se	e instruction		5-0521102
The organization is not a								
Ē.		l.	on of churches describe	,	,			
			Attach Schedule E.)			•,~,•,•		
			anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4 A medical res	search organiza	tion operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
city, and stat	:e:							
5 🗌 An organizat	ion operated for	the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
section 170	( <b>b)(1)(A)(iv).</b> (Co	omplete Part II.)						
		•	nental unit described in			.,		
			ntial part of its support	from a gov	ernmental	unit or from	the general	public described in
	<b>b)(1)(A)(vi).</b> (Co					~		
37			1)(A)(vi). (Complete Par	-	oontributi		abia faca a	nd areas ressints from
5			than 33 1/3% of its sup ct to certain exceptions					
			(less section 511 tax) fr					
	509(a)(2). (Com				.5505 0040		gamzation	
		• •	ively to test for public sa	afety. See	section 50	<b>09(a)(4)</b> .		
			vely for the benefit of, t				arry out the	purposes of one or
more publicly	/ supported org	anizations describe	ed in <b>section 509(a)(1)</b> o	or section :	509(a)(2).	See section	509(a)(3). C	heck the box in
			f supporting organizatio					
		-	upervised, or controlled	•				
			gularly appoint or elect	a majority (	of the dire	ctors or trust	ees of the s	upporting
		omplete Part IV, Se						
			or controlled in connect anization vested in the s					
		complete Part IV,		ame perso			age the sup	poned
			organization operated	in connec	tion with	and functiona	Illy integrate	ed with
			). You must complete				ing integrate	, a with,
			orting organization oper				rted organi	zation(s)
			ation generally must sa					
requiremer	nt (see instructio	ons). <b>You must con</b>	nplete Part IV, Section	s A and D,	, and Part	<b>V</b> .		
e Check this	box if the organ	nization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
			nally integrated support					
g Provide the follow (i) Name of supp	<u> </u>	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the o	roanization	(v) Amount o	f monetary	(vi) Amount of
organization		(,	(described on lines 1-9	listed i		support		other support (see
			above or IRC section (see instructions))	Yes	No	Instruct	ions)	Instructions)
Total								
LHA For Paperwork Re	duction Act No	otice, see the Instr	uctions for			Schee	dule A (Fori	m 990 or 990-EZ) 2014
Form 990 or 990-EZ.	432021 09-17-14						-	-

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#### Schedule A (Form 990 or 990-EZ) 2014

Page 2

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support				/		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,			6			
	dividends, payments received on		6				
	securities loans, rents, royalties			D			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		.0				
	business is regularly carried on						
10	Other income. Do not include gain		)				
	or loss from the sale of capital	C.					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
k	33 1/3% support test - 2013. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	ó or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		
k	0 10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						ns 🕨 🗌
							0 or 990-E7) 2014

Schedule A (Form 990 or 990-EZ) 2014

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## Schedule A (Form 990 or 990 EZ) 2014 CANCER EMPOWERED, INC.

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	483,878.	729,723.	873,209.	1407850.	1184087.	4678747.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	16,973.	37,385.	11,601.	28,933.	282,158.	377,050.
2	organization's tax-exempt purpose	10,575.	57,505.	11,001.	20,555.	202,130.	577,050.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf				L		
5	The value of services or facilities						
	furnished by a governmental unit to				$\sim$		
	the organization without charge						
6	Total. Add lines 1 through 5	500,851.	767,108.	884,810.	1436783.	1466245.	5055797.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			$\sim$		110,674.	110,674.
c	Add lines 7a and 7b			$\sim$		110,674.	
	Public support (Subtract line 7c from line 6.)			)			4945123.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	500,851.	767,108.	884,810.	1436783.	1466245.	5055797.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	880.	197.	71.	62.	73.	1,283.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	$\circ$					
c	Add lines 10a and 10b	880.	197.	71.	62.	73.	1,283.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	501,731.	767,305.	884,881.	1436845.	1466318.	5057080.
	First five years. If the Form 990 is fo	-	-				
	check this box and <b>stop here</b>	0					►
Sec	ction C. Computation of Publ						
15	Public support percentage for 2014 (	line 8, column (f) d	ivided by line 13, c	column (f))		15	97.79 %
	Public support percentage from 2013					16	99.88 %
-	ction D. Computation of Inve						
17	Investment income percentage for 20	)14 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.03 %
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	.12 %
<b>19</b> a	<b>33 1/3% support tests - 2014.</b> If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organization	ation	►X
b	b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>
43202	23 09-17-14				Sch	edule A (Form 99	0 or 990-EZ) 2014
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#### Schedule A (Form 990 or 990-EZ) 2014 CANCER EMPOWERED, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization") If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in *part VI*, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

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Schedule A (Form 990 or 990-EZ) 2014

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Sche	dule A (Form 990 or 990-EZ) 2014 CANCER EMPOWERED, INC.	65-092770	2 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 year(see ins	structions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	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.	ty (see instructions)	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
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#### Schedule A (Form 990 or 990 EZ) 2014 CANCER EMPOWERED, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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		F	
	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		
С	Fair market value of other non-exempt-use assets	1c	$\mathbf{C}$	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	Ň		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-	intear	ated Type III supporting org	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2014

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	dule A (Form 990 or 990-EZ) 2014 CANCER EMPOWE	RED, INC.		65-0927702 <sub>Page</sub> 7			
	Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)           Section D - Distributions         Current Year						
	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	or purposes of supported					
3	Administrative expenses paid to accomplish exempt purpos	os of supported organization					
4	Amounts paid to acquire exempt-use assets	es of supported organization	5				
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsive	2				
-	(provide details in <b>Part VI</b> ). See instructions.		-				
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	, ,	(i)	(ii)	(iii)			
-		Excess Distributions	Underdistributions	Distributable			
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6		7				
2	Underdistributions, if any, for years prior to 2014		0				
	(reasonable cause required-see instructions)		$\sim$				
3	Excess distributions carryover, if any, to 2014:						
а							
b			,				
С							
d		*	*				
е	From 2013						
f	Total of lines 3a through e	6					
g	Applied to underdistributions of prior years	$\sim$					
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)	$\sim$					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	U'					
4	Distributions for 2014 from Section D,	0					
	line 7: \$						
	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
<u>a</u>							
b c							
	Excess from 2013						
-	Excess from 2013						

Schedule A (Form 990 or 990-EZ) 2014

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Also cor	emental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 nplete this part for any additional information. (See instructions).
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	Schedule A (Form 990 or 990-EZ
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PUBLIC DISCLOSURE COPY Schedule of Contributors Schedule B OMB No. 1545-0047 (Form 990, 990-FZ. Attach to Form 990, Form 990-EZ, or Form 990-PF. or 990-PF) Information about Schedule B (Form 990, 990-EZ, or 990-PF) and Department of the Treasury Internal Revenue Service its instructions is at www.irs.gov/form990 · Name of the organization Employer identification number FORCE-FACING OUR RISK OF CANCER EMPOWERED, 65-0927702 INC. Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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. Only 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 🔟 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 Rules X For an organization described in section 501(c)(3) tiling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, 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, 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. Do not 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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it does not meet the 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) (2014)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2014)
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Name of organization FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>50,000.</u>	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
2		\$51,003.	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
3		\$ <u>25,000.</u>	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
4		\$ <u>75,000.</u>	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
5		\$ <u>65,260.</u>	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
423452 11-05		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2014)
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Name of organization FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

10310417 795320 650927702

65-0927702

	,,,		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>70,000.</u>	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
		s_OP4	Person Payroll On 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On 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.)
423452 11-05	23	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Page 2

ANCER	R EMPOWERED, INC.		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	(b) Description of noncash property given	\$(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
(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 receive
		\$	
(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
—		\$	

Schedule B lame of orga	(Form 990, 990-EZ, or 990-PF) (2014)			Page Employer identification number
•	FACING OUR RISK OF			Employer Identification number
	EMPOWERED, INC.			65-0927702
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,00	ed in section 501(c)(7), (8), o llowing line entry. For organizatic o or less for the year. (Enter this info. on	rr (10) that total more than \$1,000 for <sup>ons</sup> ► \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	 Transferee's name, address, ar	(e) Transfer of	-	ansferor to transferee
			4	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(r) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trail	ansferor to transferee
Γ			·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
_		)		
	N	(e) Transfer of	gift	
	Transferee sname, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
23454 11-05-	14		Schedule	B (Form 990, 990-EZ, or 990-PF) (20
10417	795320 650927702 2	25 2014.03020 FORCE	-FACING OUR R	ISK OF CA 6509277
041/		1014.03020 FORCE	I LYCTING OOK K	TOK OF CA 000021

10310417 795320 650927702

90	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		ganization answered "Yes" to Form 990,		2014
-	-	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service	Information about Schedule D (For Information about Schedule D)	Attach to Form 990. rm 990) and its instructions is at <u>www.irs.gov/r</u>	orm99	
Nam	e of the organizati				oloyer identification number
	_	CANCER EMPOWERED,		-	65-0927702
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccor	Ints.Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, lin			
				b) Fun	ds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fun		
6			exclusive legal control?		Yes No
6			advisors in writing that grant funds can be used or or donor advisor, or for any other purpose confer		
	impermissible priva		or donor advisor, or for any other purpose comer	•	Yes No
Pa			ganization answered "Yes" to Form 990, Part IV,		
1		servation easements held by the organizat		•	
•		n of land for public use (e.g., recreation or e	·	impoi	tant land area
		of natural habitat	Preservation of a certified hi		
		n of open space			
2			ified conservation contribution in the form of a co	onserv	ation easement on the last
	day of the tax year				
	, ,				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements	$\sim$	2b	
с	Number of conser	vation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nizatior	n during the tax
	year 🕨		2		
4		where property subject to conservation ea			
5	-	tion have a written policy regarding the pe			
		forcement of the conservation easements			
6			, and enforcing conservation easements during t		
7			enforcing conservation easements during the ye		\$
8			ve satisfy the requirements of section 170(h)(4)(E		
0	and section 170(n)	)(4)(B)(II)?	ion easements in its revenue and expense state		
9					
	conservation ease	• • • • • • • • • • • • • • • • • • •	ttion's financial statements that describes the org	Janiza	tion's accounting for
Pa			of Art, Historical Treasures, or Other	Simil	ar Assets.
		f the organization answered "Yes" to Form			
1a			SC 958), not to report in its revenue statement a	nd bala	ance sheet works of art,
	U U		hibition, education, or research in furtherance of		
	the text of the foot	tnote to its financial statements that descr	ibes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and b	alance	e sheet works of art, historical
	treasures, or other	r similar assets held for public exhibition, e	ducation, or research in furtherance of public se	rvice, j	provide the following amounts
	relating to these it	ems:			
	(i) Revenue inclu	ded in Form 990, Part VIII, line 1		. 🕨	\$
				•	\$
2	If the organization	received or held works of art, historical tre	easures, or other similar assets for financial gain,	provid	le
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а					\$
b	Assets included in	1 Form 990, Part X		. 🕨	\$
LHA 43205		eduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2014
10-01-	14		26		
			26		

10310417 795320 650927702 2014.03020 FORCE-FACING OUR RISK OF CA 65092771

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Sche		EMPOWERED,					0927702	
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	or Other	Similar A	ssets(continue	ed)
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	e following tha	at are a sign	ificant use o	of its collection if	tems
	(check all that apply):							
а	Public exhibition	d	I 🛄 Loan or ex	change progra	ams			
b	Scholarly research	e	• 🔄 Other					
с	Preservation for future generations							
4	Provide a description of the organization's ca	ollections and explai	n how they further	the organizati	on's exemp	t purpose ir	n Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or oth	er similar as	sets		
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's o	collection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered	"Yes" to Fo	rm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ons or other as	sets not ind	luded		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial acco	ount liability	?	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to F	orm 990, Part	IV, line 10.			
		(a) Current year	<b>(b)</b> Prior year	(c) Two yea	rs back (d)	Three years	back <b>(e)</b> Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships		S					
е	Other expenditures for facilities		$\sim$					
	and programs							
f	Administrative expenses		$\sim$					
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment 🕨		_%					
b	Permanent endowment	_%						
с	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c shot	uld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held	and administe	ered for the	organizatio	ר ר	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a.	See Form 990	, Part X, line	e 10.		
	Description of property	<b>(a)</b> Cost or o basis (investr	• • •	st or other s (other)	.,	imulated ciation	<b>(d)</b> Book v	alue
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
e	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		►		0.

Schedule D (Form 990) 2014

432052 10-01-14

FORCE-H	FACING	OUR	RISK	OF
CANCER	EMPOWE	RED	TNC	

Cor (a) Description of 1) Financial der	vestments - Other Securities. mplete if the organization answered "Yes" for security or category (including name of security) rivatives equity interests	to Form 990, Part IV, line <b>(b)</b> Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	end-of-year market value
(a) Description of Financial der Closely-held Other (A) (B) (C) (D) (E) (F)	of security or category (including name of security) rivatives			end-of-year market value
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C	rivatives	(b) BOOK Value	(c) Method of Valuation. Cost of a	enu-or-year market value
<ul> <li>Closely-held</li> <li>Other</li> <li>(A)</li> <li>(B)</li> <li>(C)</li> <li>(D)</li> <li>(E)</li> <li>(F)</li> </ul>				
3) Other	equity interests			
(A) (B) (C) (D) (E) (F)				
(B) (C) (D) (E) (F)				
(C) (D) (E) (F)				
(D) (E) (F)				
(E) (F)				
(F)				
(9)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Inv	vestments - Program Related.			
	mplete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			$\mathbf{O}^{\perp}$	
(9)	vet equal Form 000, Dart V, eal. (D) line 10.			
	ust equal Form 990, Part X, col. (B) line 13.) ▶   her Assets.	— () <sup>•</sup>	·	
	mplete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990 Part X line 15	
001		Description	110. See 10111330, 1 art A, inte 13.	(b) Book value
(1)	(-)-	6		(-)
(2)				
(3)				
(4)	<b>C</b> .	V		
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (l	b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Ot	her Liabilities.			
Cor	mplete if the organization answered "Yes"	to Form 990, Part IV, line		25.
•	(a) Description of liability		(b) Book value	
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must aqual Farm 000 Dart V and (D)	25)		
	<i>b) must equal Form 990, Part X, col. (B) line</i> uncertain tax positions. In Part XIII, provide		a the organization's financial statement	to that reports the
	i's liability for uncertain tax positions under			

Schedule D (Form 990) 2014

432053 10-01-14

	FORCE-FACING OUR RISK OF	Р		
	dule D (Form 990) 2014 CANCER EMPOWERED, INC.			)927702 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue p	er Return	-
	Complete if the organization answered "Yes" to Form 990, Part IV, line			
1	Total revenue, gains, and other support per audited financial statements		1	1,449,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		_	
d	Other (Describe in Part XIII.)			٥
-	Add lines 2a through 2d			0. 1,449,421.
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,449,421•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		4c	0.
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			1,449,421.
	t XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" to Form 990, Part IV, line	•		
1	Total expenses and losses per audited financial statements		1	1,778,758.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0	,	<u> </u>
	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,778,758.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
	—			0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	5	1,778,758.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		, line 4; Part 2	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.		
DAD				
FAI	T X, LINE 2:			
FOF	CE HAS BEEN RECOGNIZED AS EXEMPT FROM F	EDERAL INCOME T	AXES IN	IDER
SEC	TION 501(C)(3) OF THE INTERNAL REVENUE	CODE AND CHAPTE	R 220.1	L3 OF THE
FLC	RIDA STATUTES, RESPECTIVLEY. ACCORDINGI	Y, NO PROVISION	FOR IN	ICOME TAXES
	·	-		
HAS	BEEN PRESENTED IN THESE FINANCIAL STAT	EMENTS. FORCE H	AS NOT	REPORTED
ANY	UNRELATED BUSINESS INCOME; HOWEVER, SU	JCH STATUS IS SU	BJECT 7	FO FINAL
DEI	ERMINATION UPON EXAMINATION, IF ANY, OF	THE RELATED IN	COME TA	AX RETURNS
BY	THE APPROPRIATE TAXING AUTHORITIES.			
	AR TO NOT AWARD OF ANY TAY ROOTSTONG TO			
FOL	CE IS NOT AWARE OF ANY TAX POSITIONS IT	HAS TAKEN THAT	ARE SU	IRTECL LO
~ ~ ~ ~			יארדים 11	
AN	SIGNIFICANT DEGREE OF UNCERTAINTY. TAX	L TEARS AFTER 20	II KEMA	AIN SORDECI
mО				
<u>.1.0</u>	EXAMINATION BY FEDERAL AND STATE TAXING	AUTHORITIES.		

						<b>N</b> = = = = = = = = = = = = = = = = = = =						
	432054 10-01-14									Sche	dule D	) (Form 990) 2014
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Part XIII	(Form 990) 2014 Supplemental Info	rmation (cont	inued)	INC.		
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						Schedule D (Form 990) 2014
432055 10-01-14				20		
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10310417 795320 650927702 2014.03020 FORCE-FACING OUR RISK OF CA 65092771

SCHEDULE G	Suppleme	ntal Information Regarding	ı Fun	drais	ing or Gaming /	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" to	Form 9	990, P	art IV, lines 17, 18, o			2014
Department of the Treasury Internal Revenue Service		rganization entered more than \$1 Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization	FORCE-F	<u>bout Schedule G (Form 990 or 990-EZ)</u> ACING OUR RISK OF	and its	s instru	ictions is at <u>www.irs.g</u>	ov/fo	orm 990. Employer i	dentification number
		EMPOWERED, INC.					65-092	
	complete this par	<ul> <li>Complete if the organization answer t.</li> </ul>	ered "Y	es" to	990, Part IV, li	ine 1	7. Form 990-	EZ filers are not
		sed funds through any of the followi						
a Mail solicitat	email solicitations				overnment grants nment grants			
c Dhone solicit	tations	g 🗔 Special						
d In-person so		or oral agreement with any individua	l (inclu	dina o	fficare diractore true	etoo	or	
		art VII) or entity in connection with p						es 🗌 No
<b>b</b> If "Yes," list the ter compensated at le		ividuals or entities (fundraisers) purs organization.	suant to	o agre	ements under which	the f	fundraiser is t	to be
			(iii)	Did			Amount paid	
(i) Name and addres or entity (func		(ii) Activity	have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (e	fundraiser ted in col. (i)	
			Yes	No				
					N N			
				$\mathcal{O}$				
			5					
		$\otimes$						
	Q							
Total		L						
3 List all states in whi	ch the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from	registration
or licensing.								
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	· 990-l	EZ. S	Sche	dule G (Form	1 990 or 990-EZ) 2014
432081 08-28-14								

10310417 795320 650927702

#### Schedule G (Form 990 or 990-EZ) 2014 CANCER EMPOWERED, INC.

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Ра		<b>Fundraising Events.</b> Complete if th of fundraising event contributions and groups of fundraising events	•		· · ·	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Revenue						
Rev	1	Gross receipts	78,313.			78,313.
	2	Less: Contributions	60,261.			60,261.
	3	Gross income (line 1 minus line 2)	18,052.			18,052.
	4	Cash prizes				
	•					
	5	Noncash prizes				
Ises	_				1	
xper	6	Rent/facility costs			7	
Direct Expenses	7	Food and beverages			×	
Ц	8	Entertainment		C		
	9	Other direct expenses	39,402.		/	39,402.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	39,402.
_	11		ne 3, column (d)		►	-21,350.
Pa	rt	<b>5 5</b> - <b>5 5</b> - <b>5 5</b> - <b>5 5</b> - <b>5 5</b> - <b>5</b>	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ŭ	1	Gross revenue				
			S			
ses	2	Cash prizes				
suac	3	Nanagah prizag				
Exp	з	Noncash prizes	)			
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	~		e 11 al 1 (1)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· ►	
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re		-		L Yes No
b	11 "	Yes," explain:				
43208	32 0	8-28-14			Schedule G (Fo	orm 990 or 990-EZ) 2014

FORCE-FACING OUR RISK OF	65-0927702 Page 3
<b>11</b> Does the organization conduct gaming activities with nonmembers?	Yes I No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes L No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	unt
of gaming revenue retained by the third party $\triangleright$ \$	
<b>c</b> If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes 📖 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year $\blacktriangleright$ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	<sup>2</sup> art III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

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Schedule G (Form 990 or 990-EZ) 2014

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Schedule G (Form 990 or 990-EZ	CANCER EMPOWERED, INC.	65-0927702 Page 4
Schedule G (Form 990 or 990-EZ Part IV Supplemental	nformation (continued)	
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FORM 990, PART VI, SECTION B, LINE 11:

 

 THE
 CHIEF
 EXECUTIVE
 OFFICER
 AND
 VICE
 PRESIDENT
 OF
 FINANCE
 REVIEW
 THE
 RETURN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)
 Schedule O (Form 990 or 990-EZ) (2014)

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Schedule O (Form 990 or 990-EZ) (2014)	Page <b>2</b>		
Name of the organization FORCE-FACING OUR RISK OF	Employer identification number		
CANCER EMPOWERED, INC.	65-0927702		
PRIOR TO SIGNING. THE BOARD IS PROVIDED WITH THE OPPORTUN	ITY TO REVIEW AND		
PROPOSE CHANGES TO THE 990 PRIOR TO FILING. ADDITIONALLY,	THE		
ORGANIZATION'S OUTSIDE LEGAL COUNSEL REVIEWS THE TAX RETU	RN.		
FORM 990, PART VI, SECTION B, LINE 12C:			
THE BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTE	REST DISCLOSURE		
ANNUALLY.			
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FORM 990, PART VI, SECTION B, LINE 15:			
CEO RAISE BROUGHT TO AND APPROVED BY THE BOARD. GUIDESTAR INFORMATION WAS			
USED AS BENCHMARK.			
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:			
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.			
FORM 990, PART XII, LINE 2C			
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.			
	dule O (Form 990 or 990-EZ) (2014)		
36			

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