

**Return of Organization Exempt From Income Tax**

**2017**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 2017, and ending 20, 20

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

**C** Name of organization Firefighter Cancer Support Network  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2600 W. Olive Avenue, 5th Floor PMB 608  
 City or town, state or province, country, and ZIP or foreign postal code  
Burbank, CA 91505

**D** Employer identification number  
20-4192265

**E** Telephone number  
(866) 994-3276

**G** Gross receipts \$ 483,465.

**F** Name and address of principal officer:  
Bryan Frieders, above address in , Burbank, CA 91505

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: ▶ www.FirefighterCancerSupport.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2006 **M** State of legal domicile: CA

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of FCSN is to provide fire department members &amp; their families with an opportunity to receive timely assistance when dealing with cancer. FCSN provides mentors for those diagnosed as well as cancer prevention &amp; awareness education to all Fire/EMS services &amp; affiliates.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .	5	0
	6 Total number of volunteers (estimate if necessary) . . . . .	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	34,866.
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	371,737.	314,690.
	9 Program service revenue (Part VIII, line 2g) . . . . .		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	662.	529.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-144,157.	37,050.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,242.	352,269.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	11,919.	22,087.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>11,922.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	250,804.	350,953.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	262,723.	373,040.	
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	-34,481.	-20,771.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) . . . . .	308,949.	288,708.
	21 Total liabilities (Part X, line 26) . . . . .	7,144.	7,674.
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	301,805.	281,034.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: [Signature] Date: 11/12/18

Trey Kelso, Treasurer  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Vicki M. Robbins, CPA Preparer's signature: [Signature] Date: 11/09/2018 Check  if self-employed PTIN: P00097242

Firm's name ▶ VICKI M. ROBBINS CPA Firm's EIN ▶ 26-1761330

Firm's address ▶ 6842 S. Dover Circle, Littleton, CO 80128 Phone no. (661) 993-8912

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

- 1 Briefly describe the organization's mission:  
FCSN provides timely assistance & one-on-one peer support to fire/EMS members & their families after a cancer diagnosis. FCSN also educates fire/EMS community about cancer awareness, prevention, early detection & treatment options.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 40,403, including grants of \$ 0.) (Revenue \$ 0.)  
Convention/Expo/Conferences: The Organization has found over the years that the best way to reach firefighters is through these venues. FCSN displays its materials & mission statement to thousands of firefighters & their families at these shows. Without fail, a newly diagnosed firefighter or someone who has a recently diagnosed friend, steps forward to seek direction. FCSN provides them with an organized approach to handle their diagnosis, a shoulder to lean on & an ear to listen.

4b (Code: \_\_\_\_\_) (Expenses \$ 41,048, including grants of \$ 14,000.) (Revenue \$ 0.)  
Education/Training/Meetings: The Organization believes that education is one of their top priorities. FCSN is asked to join in meetings as well as participate on panels with and through unrelated organizations that service firefighters and cancer. FCSN is in the process of developing an online module with one of their partners, the IAFF, that deals with firefighters & their exposures to cancer-causing materials at fire scenes & beyond. If any of their materials can keep one firefighter from being exposed to cancer-causing materials, then they have succeeded.

4c (Code: \_\_\_\_\_) (Expenses \$ 24,304, including grants of \$ 0.) (Revenue \$ 0.)  
Awareness & Outreach: FCSN has developed several videos & DVDs explaining the purpose of the Organization & its value to a firefighter diagnosed with cancer. These can be used as informative material during fund raisers. FCSN is called upon by individuals & unrelated organizations to speak on the topic of firefighters and cancer. The sharing of this information increases awareness & gets the word out about the Organization.

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ 151,991, including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses **▶** 257,746.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		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 amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		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? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		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? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		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? <i>If "Yes," complete Schedule J . . . . .</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
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? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for various IRS forms and financial reporting requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		X
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	<b>a</b> The governing body? . . . . .	X	
<b>8b</b>	<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	X	
<b>10b</b>	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
<b>12a</b>	<b>a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12b</b>	<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12c</b>	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		X
<b>13</b>	<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		X
<b>14</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>15a</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15b</b>	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? . . . . .		
<b>15a</b>	<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>15b</b>	<b>b</b> Other officers or key employees of the organization . . . . .		X
<b>16a</b>	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, NY, FL
- 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     Another's website     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: ►  
Debbie Herd, 2600 W. Olive Ave, 5th Floor, Burbank, CA 91505 (866) 994-3276

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bryan Frieders President	9.60			X				0.	0.	0.
(2) Curtis Dunn Vice President - Central	9.60			X				0.	0.	0.
(3) Keith Tyson VP of Education	9.60			X				0.	0.	0.
(4) Tony Cruz Nat'l State Director	9.60			X				0.	0.	0.
(5) Steve Fisher Vice President - West	9.60			X				0.	0.	0.
(6) Trey Kelso Treasurer	9.60			X				0.	0.	0.
(7) Joe Schumacher Secretary	9.60			X				0.	0.	0.
(8) Debbie Pike VP - Wellness Coordinator	9.60			X				0.	0.	0.
(9) Donna MacDonnell Vice President -East	9.60			X				0.	0.	0.
(10) Matt Pidjeon Nat'l State Director	9.60			X				0.	0.	0.
(11) Lisa Marie Raggio Executive Director	13.33					X		25,000.	0.	0.
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							25,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							25,000.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 3,774.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 24,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 286,916.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	5,424.					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	▶	314,690.				
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	529.	529.	0.	0.	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . .	▶					
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .	▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .	▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 139,234.					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> 91,222.				
		<b>c</b> Net income or (loss) from fundraising events . . . . .	▶	48,012.		48,012.	0.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 18,160.					
<b>b</b> Less: direct expenses . . . . .		<b>b</b> 20,585.					
<b>c</b> Net income or (loss) from gaming activities . . . . .		▶	-2,425.	0.	-2,425.	0.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 8,668.						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 19,389.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	▶	-10,721.	0.	-10,721.	0.	
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .			2,184.	2,184.	0.	0.	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	▶		2,184.				
<b>12</b> <b>Total revenue.</b> See instructions. . . . .	▶		352,269.	2,713.	34,866.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	22,087.	22,087.		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	13,500.	0.	13,500.	0.
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	45,846.	8,333.	25,591.	11,922.
<b>12</b> Advertising and promotion . . . . .	1,063.	1,063.	0.	0.
<b>13</b> Office expenses . . . . .	9,307.	0.	9,307.	0.
<b>14</b> Information technology . . . . .	11,978.	5,989.	5,989.	0.
<b>15</b> Royalties . . . . .	0.	0.	0.	0.
<b>16</b> Occupancy . . . . .	7,614.	0.	7,614.	0.
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . . .	109,358.	109,358.	0.	0.
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,718.	0.	3,718.	0.
<b>23</b> Insurance . . . . .	4,658.	0.	4,658.	0.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Education/Training/Meetings	41,048.	41,048.	0.	0.
<b>b</b> Awareness & Outreach	24,304.	24,304.	0.	0.
<b>c</b> Registration Fees	3,623.	0.	3,623.	0.
<b>d</b> Donation Expense	240.	0.	240.	0.
<b>e</b> All other expenses	74,696.	45,564.	29,132.	0.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	373,040.	257,746.	103,372.	11,922.
<b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	172,638.	<b>1</b>	200,599.
	<b>2</b> Savings and temporary cash investments . . . . .	130,678.	<b>2</b>	83,132.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 40,353.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 35,376.	5,633.	<b>10c</b> 4,977.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		308,949.	<b>16</b>	288,708.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,700.	<b>17</b>	6,159.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	3,444.	<b>24</b>	1,515.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		7,144.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	301,805.	<b>27</b>	281,034.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	301,805.	<b>33</b>	281,034.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	308,949.	<b>34</b>	288,708.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	352,269.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	373,040.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-20,771.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	301,805.
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b> Investment expenses . . . . .	<b>7</b>	
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	281,034.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		x
<b>2b</b>		x
<b>2c</b>		x
<b>3a</b>		x
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Firefighter Cancer Support Network** Employer identification number: **20-4192265**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	206,532.	427,291.	625,515.	371,737.	314,690.	1,945,765.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	1,807.	8,698.	7,309.	7,732.	8,668.	34,214.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	208,339.	435,989.	632,824.	379,469.	323,358.	1,979,979.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						1,979,979.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . . .	208,339.	435,989.	632,824.	379,469.	323,358.	1,979,979.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	151.	27.	392.	662.	529.	1,761.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	151.	27.	392.	662.	529.	1,761.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	45,587.	45,587.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2,800.				2,184.	4,984.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	211,290.	436,016.	633,216.	380,131.	371,658.	2,032,311.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	97.43 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.78 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.09 %
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.07 %
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		<input type="checkbox"/>

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt III Ln 12: Other Income Part III, Line 12 Description: Credit Card Rebate

2013: 2800. 2017: 2184.

Series of horizontal dashed lines for supplemental information.

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <u>Firefighter Cancer Support Network</u>	Employer identification number <u>20-4192265</u>
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ       501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF               501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** 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**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization Firefighter Cancer Support Network	Employer identification number 20-4192265
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lion Group 7200 Poe Ave, #400 Dayton OH 45414	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Quantum House 901 46th Street West Palm Beach FL 33407	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Dade County Association of FF Charities 8000 NW 21st St., #222 Miami FL 33122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Alameda County Firefighters Association 369 15th St. Oakland CA 94612	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Justin Alexander 44920 SE Pagh Rd. Sandy OR 97055	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CDF FF Benevolent Foundation 1731 J Street #100 Sacramento CA 95811	\$ 9,387.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

## Name of organization

Firefighter Cancer Support Network

## Employer identification number

20-4192265

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MSA Safety 1000 Cranberry Woods Rd. Cranberry Township PA 16066	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Rescue Wipes LLC 14545 Sylvan St Van Nuys CA 91411	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Distinctive Recognition 8441 24th Ave., Suite A Sacramento CA 95826	\$ 29,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Lewis, Marenstein, Wickes, Sherwin & Lee 20750 Ventura Blvd., #400 Woodland Hills CA 91364	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	San Diego Fireman's Relief Assoc 10509 San Diego Mission Rd., #F San Diego CA 92108	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Fire Wipes 251 N. Leoma Ct. Chandler AZ 85225	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> Firefighter Cancer Support Network	<b>Employer identification number</b> 20-4192265
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	L.A. County Firefighters, IAFF, Local 1014 3460 Fletcher Ave El Monte CA 91731	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Straussner Sherman & Young 16207 Ventura Blvd., #506 Encino CA 91436	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Survivor Tails Animal Rescue 11 Standish Rd Hull MA 02045	\$ 7,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: Firefighter Cancer Support Network; Employer identification number: 20-4192265

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		16,786.	11,809.	4,977.
<b>e</b> Other . . . . .		23,567.	23,567.	0.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶ 4,977.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CA GALA (event type)	NY GOLF (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	106,089.	23,100.	10,045.	139,234.
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	106,089.	23,100.	10,045.	139,234.
Direct Expenses	<b>4</b> Cash prizes . . . . .	255.			255.
	<b>5</b> Noncash prizes . . . . .	1,705.	2,301.		4,006.
	<b>6</b> Rent/facility costs . . . . .	13,186.	6,738.	4,864.	24,788.
	<b>7</b> Food and beverages . . . . .	40,270.	3,258.	84.	43,612.
	<b>8</b> Entertainment . . . . .	8,000.		2,500.	10,500.
	<b>9</b> Other direct expenses . . . . .	8,053.	83.	-75.	8,061.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				91,222.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				48,012.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue			
<b>1</b> Gross revenue . . . . .				18,160.	18,160.
Direct Expenses	<b>2</b> Cash prizes . . . . .			146.	146.
	<b>3</b> Noncash prizes . . . . .			12,715.	12,715.
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .			7,724.	7,724.
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100. % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				20,585.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				-2,425.	

**9** Enter the state(s) in which the organization conducts gaming activities: See States Gaming Activities

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

Firefighter Cancer Support Network

Employer identification number

20-4192265

Part V, Line 3b: Annual Fundraising events are not conducted regularly,  
therefore, not subject to UBTI tax.

Part VI, Line 11b: Board reviews tax return after filing date.

Sch A, page 3, part III, Sec A, Line 11: Prior to 2017, major fundraising  
and gaming events before donations generated a loss, therefore, this  
line showed \$0.

Part III, page 2, Line 4d: Other Program Services of \$151,991 are itemized  
on Statement 1.

Part VI, page 6, Line 15: Executive Director's compensation is monitored  
and adjusted annually by Board.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>Firefighter Cancer Support Network</b>	Business or activity to which this form relates <b>Form 990 / Form 990EZ</b>	Identifying number <b>20-4192265</b>
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**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 . . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)** (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	2,062.

**Part III MACRS Depreciation (Don't include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017 . . . . .	<b>17</b>	1,503.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		3,061.	5.0 yrs	MQ	200 DB	153.
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L
<b>b</b> 12-year			12 yrs.		S/L
<b>c</b> 40-year			40 yrs.	MM	S/L

**Part IV Summary** (See instructions.)

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	3,718.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

Name as Shown on Return  
Firefighter Cancer Support Network

Identifying Number  
20-4192265

QuickZoom here to enter assets . . . . . ►

QuickZoom here to set MACRS convention for assets acquired in 2017 . . . . . ►

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Computers - CA		10/12/17	3,061		100.00			3,061	5.00	200DB/MQ		153
SUBTOTAL CURRENT			3,061	0		0	0	3,061			0	153
Computer Equipment		09/21/09	1,500		100.00			1,500	5.00	200DB/HY	1,500	0
Projector		09/22/09	572		100.00			572	5.00	200DB/HY	572	0
Computer Equip		10/26/09	728		100.00			728	5.00	200DB/HY	728	0
Laptop		02/03/10	753		100.00			753	5.00	200DB/HY	753	0
FR Suite Software		08/17/10	5,190		100.00			5,190	5.00	SL/NA	5,190	0
Projector & Screen		11/30/11	527		100.00			527	5.00	200DB/HY	448	53
2 Apple iPads		07/03/12	1,242		100.00			1,242	5.00	200DB/HY	1,170	72
Printer		09/17/12	409		100.00			409	5.00	200DB/HY	385	24
Projectors (Ohio)		01/15/13	750		100.00			750	5.00	200DB/HY	516	67
Laptop (Washington)		08/16/13	493		100.00			493	5.00	200DB/HY	408	57
Projector (Wash)		02/22/14	767		100.00			767	5.00	200DB/HY	546	88
TV/DVD Combo (FL)		03/03/14	695		100.00			695	5.00	200DB/HY	495	80
Grant Funded Websit		04/30/14	16,250		100.00			16,250	5.00	SL/NA	14,897	1,353
Computer Equip (NY)		12/08/14	860		100.00			860	5.00	200DB/HY	612	99
Fundraising Softwar		01/29/15	2,127		100.00			2,127	5.00	SL/NA	1,418	709
Mac Computer - FL		06/22/15	3,489		100.00			3,489	5.00	200DB/HY	1,814	670
HP Officejet Printe		06/30/15	339		100.00			339	5.00	200DB/HY	176	65
Projector (FL)		12/20/16	600		100.00			600	5.00	200DB/MQ	30	228
SUBTOTAL PRIOR YE			37,291	0		0	0	37,291			31,658	3,565
TOTALS			40,352	0		0	0	40,352			31,658	3,718

\*Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

**Special Depreciation Allowance Elections under  
IRC Section 168(k)(5), IRC Section 168(k)(7),  
and IRC Section 168(l)(3)(D)**

▶ Attach to your income tax return

Name(s) Shown on Return <u>Firefighter Cancer Support Network</u>	Identification Number <u>20-4192265</u>
--	--

Tax Year: December 31, 2017

**Special Depreciation Allowance Election under  
IRC Section 168(k)(5)**

Taxpayer hereby elects the application of IRS Section 168(k)(5) to the following specified plant(s) for tax year ending: \_\_\_\_\_

Description of Property	Special Depr. Allowance

**Election Out of Qualified Economic Stimulus Property**

Attach to your return

Taxpayer hereby elects under IRC Section 168(k)(7) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending: December 31, 2017

<u>5 Year Property</u>

**Election Out of Qualified Second Generation Biofuel Plant Property**

Taxpayer hereby elects under IRC Section 168(l)(3)(D) out of having Qualified Second Generation Biofuel Plant property for the following asset classes placed in service during the tax year ending: \_\_\_\_\_


## Additional information from your 2017 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax , page 2

Part III, Line 4d (continued) (1)

### Other Expenses

### Itemization Statement

Description	Amount
Member Assistance	22,087.
Executive Director allocation	8,333.
Advertising & Promotion	1,063.
Information Technology	5,989.
Printing	36,749.
Meeting Expense	1,991.
Postage & Shipping	8,815.
Displays & Booths	842.
Special Event - FDIC Conference	63,596.
Surgery/Funeral Flowers	2,526.
<b>Total</b>	<b>151,991.</b>

Form 990: Return of Organization Exempt from Income Tax , page 9

Other amt. not included; Line 1(f)

### Itemization Statement

Description	Amount
Individual Donations	197,897.
Corporate Contributions	89,019.
<b>Total</b>	<b>286,916.</b>

Form 990: Return of Organization Exempt from Income Tax , page 10

Line 19 col (B)

### Itemization Statement

Description	Amount
Meeting Expense	1,991.
Displays & Booths	842.
Surgery/Funeral Flowers	2,526.
Convention/Expo/Conference Program Services	40,403.
Special Event - FDIC Convention	63,596.
<b>Total</b>	<b>109,358.</b>



**Additional information from your 2017 Federal Exempt Tax Return**

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Event 1 Other Direct Exp.**

**Itemization Statement**

Description	Amount
Lodging/Travel	5,184.
Supplies	1,488.
Miscellaneous	145.
Processing Fees	1,236.
<b>Total</b>	<b>8,053.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Event 2 Other Direct Exp.**

**Itemization Statement**

Description	Amount
Miscellaneous	83.
<b>Total</b>	<b>83.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Other Direct Exp.**

**Itemization Statement**

Description	Amount
Supplies	131.
Processing Fee	22.
Miscellaneous	-228.
<b>Total</b>	<b>-75.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities**

**Other Direct Expenses**

**Itemization Statement**

Description	Amount
Online Fundraising Assistance	7,724.
<b>Total</b>	<b>7,724.</b>

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>Firefighter Cancer Support Network</u>	<b>Enter filer's identifying number, see instructions</b> Employer identification number (EIN) or <u>20-4192265</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>2600 W. Olive Avenue, 5th Floor, PMB 608</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Burbank CA 91505</u>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Debbie Herd .....

Telephone No. ▶ (866) 994-3276 ..... Fax No. ▶ .....

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . ▶  . If it is for part of the group, check this box . . . ▶  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until Nov 15 ....., 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 17 or
- ▶  tax year beginning ....., 20 ....., and ending ....., 20 .....

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.


**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.





Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2017
Notice date	June 4, 2018
Employer ID number	20-4192265
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

199617.713571.272925.11724 1 AB 0.408 373  


Page 1 of 1



FIREFIGHTER CANCER SUPPORT NETWORK  
INC  
2600 W OLIVE AVE FL 5 PMB 608  
BURBANK CA 91505-4572

199617

Important information about your December 31, 2017 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2017 Form 990. Your new due date is November 15, 2018.

### What you need to do

File your December 31, 2017 Form 990 by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a)
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

2017

California Exempt Organization Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name FIREFIGHTER CANCER SUPPORT NETWORK California corporation number 2823632

Additional information. See instructions.

FEIN 204192265

Street address (suite or room) 2600 W. OLIVE AVENUE, 5TH FLOOR, PMB 608 PMB no.

City BURBANK State CA Zip code 91505

Foreign country name Foreign province/state/county Foreign postal code

- A First Return B Amended Return C IRC Section 4947(a)(1) trust D Final Information Return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? P Is federal Form 1023/1024 pending? Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line items for gross sales, total gross receipts, total gross income, total expenses, and balance due.

Sign Here: Signature of officer, Title (TREASURER), Date, Telephone (866) 994-3276. Paid Preparer's Use Only: Preparer's signature (Vicki M. Robbins, CPA), Date (11-09-2018), Firm's name and address (VICKI M. ROBBINS CPA, 6842 S. DOVER CIRCLE, LITTLETON CO 80128), Telephone (661) 993-8912.

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations**  
**regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	8,668.00
	2	Interest	2	529.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income. Attach schedule See Stmt	7	157,394.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	166,591.00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	00
Expenses and Disbursements	10	Disbursements to or for members	10	22,087.00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	7,614.00
	16	Depreciation and depletion (See instructions)	16	3,897.00
	17	Other Expenses and Disbursements. Attach schedule See Stmt	17	449,244.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	482,842.00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		303,316.		283,731.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	37,291.		40,353.	
b Less accumulated depreciation	(31,658.)	5,633.	(35,376.)	4,977.
11 Land				
12 Other assets. Attach schedule				
13 <b>Total assets</b>		308,949.		288,708.
<b>Liabilities and net worth</b>				
14 Accounts payable		3,700.		6,159.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule SEE STMT		3,444.		1,515.
19 Capital stock or principal fund. SEE STMT				
20 Paid-in or capital surplus. Attach reconciliation		301,805.		281,034.
21 Retained earnings or income fund				
22 <b>Total liabilities and net worth</b>		308,949.		288,708.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	● -20,771.	7	Income recorded on books this year not included in this return. Attach schedule	●
2	Federal income tax	●	8	Deductions in this return not charged against book income this year.	
3	Excess of capital losses over capital gains	●	8	Attach schedule See Stmt	● 179.
4	Income not recorded on books this year. Attach schedule	●	9	<b>Total.</b> Add line 7 and line 8	● 179.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	10	Net income per return.	
6	<b>Total.</b> Add line 1 through line 5.	-20,771.	10	Subtract line 9 from line 6	-20,950.



**Additional information from your 2017 California Exempt Organization Business**

**Form 199: CA Exempt Organization Annual Information**

**Part II, Other Income**

**Continuation Statement**

Description	Amount
INCOME FROM FUNDRAISING EVENTS	139,234.
INCOME FROM GAMING ACTIVITIES	18,160.
<b>Total</b>	<b>157,394.</b>

**Form 199: CA Exempt Organization Annual Information**

**Part II, Expenses**

**Continuation Statement**

Description	Amount
EXPENSES FROM FUNDRAISING EVENTS	91,222.
EXPENSES FROM GAMING ACTIVITIES	20,585.
ACCOUNTING	13,500.
CONTRACT SERVICES	45,846.
ADVERTISING AND PROMOTION	1,063.
OFFICE EXPENSES	9,307.
INFORMATION TECHNOLOGY	11,978.
MISCELLANEOUS	72,512.
CONFERENCES AND MEETINGS	109,358.
INSURANCE	4,658.
EDUCATION/TRAINING/MEETINGS	41,048.
AWARENESS & OUTREACH	24,304.
REGISTRATION FEES	3,623.
DONATION EXPENSE	240.
<b>Total</b>	<b>449,244.</b>

**Form 199: CA Exempt Organization Annual Information**

**SchM-1, Deductions not charged against book**

**Continuation Statement**

Description	Amount
CA DEPREC > FED DEPRE	179.
<b>Total</b>	<b>179.</b>

Name as Shown on Return  
 FIREFIGHTER CANCER SUPPORT NETWORK  
 Identifying Number  
 20-4192265

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
COMPUTERS - CA		10/12/17	3,061		100.00			3,061	0	200DB/MQ		306
SUBTOTAL CURRENT			3,061	0		0		3,061			0	306
COMPUTER EQUIPMENT		09/21/09	1,500		100.00			1,500	0	200DB/HY		0
PROJECTOR		09/22/09	572		100.00			572	0	200DB/HY		0
COMPUTER EQUIP		10/26/09	728		100.00			728	0	200DB/HY		0
LAPTOP		02/03/10	753		100.00			753	0	200DB/HY		0
FR SUITE SOFTWARE		08/17/10	5,190		100.00			5,190	0	SL		0
PROJECTOR & SCREEN		11/30/11	527		100.00			527	46	200DB/HY		46
2 APPLE IPADS		07/03/12	1,242		100.00			1,242	72	200DB/HY		72
PRINTER		09/17/12	409		100.00			409	34	200DB/HY		34
PROJECTORS (OHIO)		01/15/13	750		100.00			750	65	200DB/HY		65
LAPTOP (WASHINGTON)		08/16/13	493		100.00			493	55	200DB/HY		55
PROJECTOR (WASH)		02/22/14	767		100.00			767	85	200DB/HY		85
TV/DVD COMBO (FL)		03/03/14	695		100.00			695	77	200DB/HY		77
GRANT FUNDED WEBSIT		04/30/14	16,250		100.00			16,250	1,353	SL		1,353
COMPUTER EQUIP (NY)		12/08/14	860		100.00			860	120	200DB/HY		120
FUNDRAISING SOFTWARE		01/29/15	2,127		100.00			2,127	709	SL	1,418	709
MAC COMPUTER - FL		06/22/15	3,489		100.00			3,489	670	200DB/HY	1,814	670
HP OFFICEJET PRINTE		06/30/15	339		100.00			339	65	200DB/HY	176	65
PROJECTOR (FL)		12/20/16	600		100.00			600	240	200DB/MQ	0	240
SUBTOTAL PRIOR YE			37,291	0		0		37,291			3,408	3,591
TOTALS			40,352	0		0		40,352			3,408	3,897

\* Code: S = SOLD, A = AUTO, L = LISTED, V = VINE WITH SDA IN YEAR PLANTED/GRAFTED, C = COGS