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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20						, 20		
В	Check if ap	pplicable	C Name of organization		D Emplo	nployer identification number		
	Address c	The Empowered Wealth Foundation		l	7	4-3039958		
\sqcup	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telei		E Teleph	Telephone number		
$\overline{}$	Initial retui	1	801 N 500 W	Ste 200	ł	801-397-3300		
=	Terminate	City or town, state or country, and ZIP + 4		F Group	roup Exemption			
=	Anended return				umber ▶			
		ting Method:		Н	Check ▶		f the organization is not	
	Websit	-	empoweredwealthfoundation.org				ach Schedule B	
JT	ax-exen	npt status (che	ck only one) — 501(c)(3)	527	(Form 99	0, 990	0-EZ, or 990-PF).	
	Check ▶		organization is not a section 509(a)(3) supporting organization or a section 52	27 organizat	on and its	gross	s receipts are normally	
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-	_		-		
			ses to file a return, be sure to file a complete return	•			,	
LA	Add lines	s 5b, 6c, and 7l	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total asset	ts (Part II,			
li	ne 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	151,444	
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruct	tions	s for Part I.)	
			the organization used Schedule O to respond to any question in	•			· · · · · · · · · · · · · · · · · · ·	
	1		ns, gifts, grants, and similar amounts received			1	151,427	
	2		ervice revenue including government fees and contracts			2		
<u> </u>	3	-	ip dues and assessments			3	· · · · · · · · · · · · · · · · · · ·	
2002	4	Investment	income		[4	17	
>	5a	Gross amo	unt from sale of assets other than inventory 5a			τ.		
(*)	Ь		or other basis and sales expenses					
Z	С		ss) from sale of assets other than inventory (Subtract line 5b from lin	e 5a)		5c		
	6	-	d fundraising events	,				
65	а	Gross inco	ome from gaming (attach Schedule G if greater than			ļ		
Revenue		\$15,000) .						
_ E	Ь	Gross inco	İ					
્ર્ર્ફ		from fundra	'n '					
(. .		sum of suc	h gross income and contributions exceeds \$15,000) 6b					
,	С	Less: direc	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and su	btract			
		line 6c) .				6d		
	7a	Gross sales	s of inventory, less returns and allowances			, ;		
	b		of goods sold					
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	:IVED .		7c		
	8	Other rever	nue (describe in Schedule O)		. \ .	8		
	9	Total rever	1771	4 2012 -	. 🏲 🗂	9	151,444	
	10	Grants and	similar amounts paid (list in Schedule O)	* 		10	91,923	
	11		id to as for members		- <u>-</u> .	11		
S			her compensation, and employee benefits OGDE	<u>N, U I</u>		12		
Expenses	13		al fees and other payments to independent contractors		 	13	16,870	
<u>p</u>	14		/, rent, utilities, and maintenance			14		
Ж	15		iblications, postage, and shipping			15	780	
	16		nses (describe in Schedule O)			16	20,018	
	17	Total expe	nses. Add lines 10 through 16		. ▶	17	129,591	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	21,853	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))				··	
ASS			r figure reported on prior year's return)			19	55,684	
et/	20	-	ges in net assets or fund balances (explain in Schedule O)) -	20		
Ž	21		or fund balances at end of year. Combine lines 18 through 20		<u></u>	21	77,537	
For				io 10642I		 	Form 990-EZ (2011)(

Par	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	<u> </u>
	1			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[55,586	22	77,457
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[98	24	80
25	Total assets		[55,684	25	77,537
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	<u> </u>		55,684	27	77,537
Part		•		·		Expenses
	Check if the organization used Schedule				(Rec	uired for section
What	is the organization's primary exempt purpose?	To support charitab	le causes under the	law.		c)(3) and 501(c)(4)
as me	ribe the organization's program service accomplication by expenses. In a clear and concise mans benefited, and other relevant information for each	nanner, describe the			494	inizations and section 7(a)(1) trusts, optional others)
-	Sponsoring teens and young adults in the Rapport I leadership skills, to nurture the full use of their intel	-	- -			
((Grants \$ 22,198) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	22,198
29	Cash donation made to the First United Methodist C	hurch in Cheyenne, \	WY to support the ch	urch's general		
-	fund and the capital building fund to assist the chur	ch's efforts to suppo	rt those in need.			
((Grants \$ 15,000) If this amount	ıncludes foreign gra	ants, check here .	🕨 🗌	29a	15,000
30	Cash donation made to CureSearch in Bethesda, MI	O to help them in the	support of children's	cancer research.		
((Grants \$ 11,700) If this amount	includes foreign gra	ants, check here .	▶ □	30a	11,700
31	Other program services (describe in Schedule O)					
	(Grants \$ 43,025) If this amount		ants, check here .	▶ □	31a	43,025
					32	04 000
32	Total program service expenses (add lines 28a	unoughora)		> [32	91,923
32 Part						
		y Employees. List ead	ch one even if not cor	npensated (see the in		
	IV List of Officers, Directors, Trustees, and Ke	y Employees. List ead	ch one even if not cor	npensated (see the in Part IV	nstru 	ctions for Part IV.)
Part	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees. List eace O to respond to a (b) Title and average hours per week devoted to position	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru 	ctions for Part IV.)
Part Lee M	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address	y Employees. List eace O to respond to a (b) Title and average hours per week	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru 	ctions for Part IV.)
Part Lee M 801 N	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address 1. Brower Torth 500 West, Suite 200 Bountiful, UT 84010	y Employees. List each O to respond to a (b) Title and average hours per week devoted to position Chairman of the Board - 3	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and	nstru 	ctions for Part IV.)
Lee M 801 N Lori B	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address A. Brower Borth 500 West, Suite 200 Bountiful, UT 84010 Brower	y Employees. List eace O to respond to a (b) Title and average hours per week devoted to position Chairman of the	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	nstru 	ctions for Part IV.)
Lee M 801 N Lori E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address 7. Brower Forth 500 West, Suite 200 Bountiful, UT 84010 Brower Forth 500 West, Suite 200 Bountiful, UT 84010	y Employees. List each of the Property of the	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	ppensated (see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	nstru 	Estimated amount of other compensation
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		\Box
33	Did the examination engage in any significant activity not examinately to the IDCO If "Ves." examined a		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		. ~	!
ь 38а	Did the organization file Form 1120-POL for this year?	37b	1	√
.	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	,	✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	31	* ,
а	Initiation fees and capital contributions included on line 9			,]
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e:		' ' '
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ UT			
42a		801-39		0
b	Located at ► 801 N 500 W. Ste 200, Bountiful, UT At any time during the calendar year, did the organization have an interest in or a signature or other authority over	840		Na
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ./
	If "Yes," enter the name of the foreign country: ▶	720	-	4.5.24
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	79		
	and Financial Accounts.		*	` <u> </u>
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	/	* * * * * * * * * * * * * * * * * * *	
	1 OHT 330-LZ (300 HISHUUHUH3)	1.45h		./

									Yes	No
46		the organization engage, directly or in								
Dort		candidates for public office? If "Yes,"								✓
Part	VΙ	Section 501(c)(3) organizations 501(c)(3) organizations and sections								
		and 52, and complete the tables			เเนอเอ	must ai	iswei qu	CSLIOHS	41-43	
		Check if the organization used Sch			ın this F	Part VI				. п
	_	<u> </u>							Yes	No
47		the organization engage in lobbying		section 501(h) ele	ction in	effect d	uring the	tax 🗀		1
	-	? If "Yes," complete Schedule C, Part						47	<u>' </u>	
48		e organization a school as described in						. 48		1
49a		the organization make any transfers to								1
50		es," was the related organization a senplete this table for the organization's						. 491		od kov
00		ployees) who each received more than								
			(b) Title and average	(c) Reportable		(d) Health b		-	-	
	(a) i	Name and address of each employee paid more than \$100,000	hours per week	compensation	hone	tributions to	employee	(e) Estima	ited amo	
			devoted to position	(Forms W-2/1099-MI	SC)	compens		Other Co	niperisa	111011

	·									
		-			-					
f		ll number of other employees paid ove	· · · · · · · · · · · · · · · · · · ·							
51	Con	plete this table for the organization!	s five highest compe	ensated independent	ent con	tractors	who each	receive	d more	e than
-	\$100	0,000 of compensation from the orga	nization. If there is no	ne, enter "None."						
(a)	Name	and address of each independent contractor pai	d more than \$100,000	(b) Type of service			(c) Compensation			
	-									
										
					•••					
			••••••							
										
										
d	Tota	I number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52		the organization complete Schedule A								
	none	exempt charitable trusts must attach a	completed Schedul	e A			· · ·	► 🗸 Ye	s 🗌	No
Under p	enaltie:	s of perjury, I declare that I have examined this rend complete. Declaration of preparer (other than	eturn, including accompany	ying schedules and stat	tements, a	and to the b	est of my kn	owledge a	nd belie	f, it is
Tue, coi	Tect, a		officer) is based on all into	rmation of which prepa	rer nas an	ny knowledg	je 			
Sign		Signature of officer	<u> </u>			Date				
Here		Lee M. Brower, Chairman				vale	5/10	/12		
		Type or print name and title			<u>-</u> .		1.5/	, ,		
 Paid		Print/Type preparer's name	Preparer's signature	-	Date		Cheel	, PTIN		
Paid Prepa	arer	1					Check L			
Use (Firm's name ▶				Firm's	EIN ▶			
		Firm's address ▶				Phone				
May th	e IRS	discuss this return with the preparer	shown above? See in	nstructions			1	► \ \ Ye	s 🗍	No.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

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Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number Name of the organization The Empowered Wealth Foundation 74.3039958 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 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ui) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IBC section governing document? col (i) of your (i) organized in the support? HS? (see instructions)) Yes No Yes No Yes No (A) (B) (C)

(D)

(E)

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,767	153,283	196,434	172,788	151,427	702,699
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	28,767	153,283	196,434	172,788	151,427	702,699
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	٥					204 202
6	**						204,203 498,496
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support					L	430,430
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	28,767	153,283	196,434	172,788	151,727	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32	9	28	19	17	105
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instruction	ons)			12	702,804
13	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon		, or fifth tax ye		
Secti	on C. Computation of Public Suppor			•			
14	Public support percentage for 2011 (line 6	6, column (f) dı	vided by line 1	1, column (f))		14	70.94 %
15	Public support percentage from 2010 Sch					15	68.82 %
16a	33¹/₃% support test—2011. If the organi				l line 14 is 331.	/3% or more, o	
L	box and stop here. The organization qua	•		•		45 :- 001-04	▶ ☑
b	331/3% support test—2010. If the organ check this box and stop here. The organ						or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta	nces" test, che t. The organiza	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	"facts-and-ci s-and-circumst 	rcumstances" ances" test. T	test, check the organizatio	nis box and s n qualifies as 	top here. a publicly ▶ □
18	Private foundation. If the organization di instructions			16a, 16b, 17a 		k this box and	isee ▶ □

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

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

	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	-					
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		 				
~	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			-			
7a	Amounts included on lines 1, 2, and 3	 					
10	received from disqualified persons .						
b	Amounts included on lines 2 and 3		[
	received from other than disqualified		[
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1				
_	•						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			1.			
Cost.	line 6.)	<i>></i>	<u></u>	1			
	on B. Total Support			T			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business				-		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				· · · · · · · · · · · · · · · · · · ·		
	and 12.)				;		
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						<u>_</u>
15	Public support percentage for 2011 (line 8			3. column (fl)		15	%
16	Public support percentage from 2010 Sch					16	
	on D. Computation of Investment In	come Perce	ntage	· · · · ·		<u> </u>	,,,
17	Investment income percentage for 2011 (v line 13. colur	nn (fl)	17	%
18	Investment income percentage from 2010					18	
19a	33 ¹ /3% support tests—2011. If the organi					1 - 1	
·Ja	17 is not more than 33½%, check this box						
b	331/3% support tests—2010. If the organiz						
D	line 18 is not more than 331/3%, check this b	auon did flot C	ore The cross	inie 14 Of IIIIE I	ae a publiche a	is more than 3	ization - 🗀
00							
20	Private foundation. If the organization di	u not check a l	DOX ON IINE 14,	, 19a, or 19b, c	HECK THIS DOX	ana see instru	Ctions 🟲 📋

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

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Department of the ∓reasury Internal Revenue Service

Name of the organization Employer identification number The Empowered Wealth Foundation 74-3039958 Form 990-EZ Part 1, Line 10 - Grants and Similar Amounts Paid to Organizations: \$22,198 1 - Rapport Leadership Training, Building Utah Youth, Ogden, UT 84401 2 - First Descents, 30 E. Benchmark Rd. Unit G1, Avon, CO 81620 \$11,700 \$11,700 3 - CureSearch NCCF, 4600 E. West Highway, Bethesda, MD 20814 \$15,000 4 - First United Methodist Church, 108 E. 18th Street Cheyenne, WY 82001 5 - Lied Discovery Childrens Museum, 833 Las Vegas Blvd. North Las Vegas NV 89101 \$6,000 6 - Electri International Foundation, 3 Bethesda Metro Center, #100 Bethesda, MD 20814 \$5,000 7 - The Church at Rancho Bernardo, 11740 Bernardo Plaza Court San Diego, CA 92128 \$6,500 8 - Other \$13,825 Form 990-EZ Part 1, Line 16 - Other Expenses: 1 - Building Utah Youth Gala Event Costs \$8,017 2 - Softball Tournament Event Costs 3 - Expenses: Wacky Warrior Marketing \$2,658 **Bank Service Charges** \$1,606 State Fees \$413 Website \$240 Office Supplies and Other \$199 **Total Expenses** \$5,116 Total Line 16 - Other Expenses \$20,018 Form 990-EZ Part II, Line 24 - Other Assets: Inventories for Sale of Use Beg. of Year: \$98 End of Year: \$80

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Ichedule O (Form 990 or 990-EZ) (2011) Iame of the organization The Empowered Wealth Foundation	Page 2 Employer identification number 74-3039958
Form 990-EZ Part III, Line 31 - All Other Service Accomplishments:	
1 - First Descents, 30 E. Benchmark Rd. Unit G1, Avon, CO 81620	\$11,700
Cash donation made to First Descents at Avon, CO to assist the organization's offer to p	provide a free outdoor adventure experience
to cancer fighters and survivors.	
2 - Lied Discovery Childrens Museum, 833 Las Vegas Blvd. North Las Vegas NV 89101	\$6,000
Cash donation made to the Lied Discovery Children's Museum in Las Vegas, NV to supp	port is efforts in children's education.
3 - Electri International Foundation, 3 Bethesda Metro Center, #100 Bethesda, MD 20814	\$5,000
Cash Donation made to Electi International Foundation in Bethesda, MD to supports ed	ucation and research.
4 - The Church at Rancho Bernardo, 11740 Bernardo Plaza Court San Diego, CA 92128	\$6,500
Cash donation made to the Church at Rancho Bernardo in San Diego, CA to assist the	church's efforts to support those in need.
5 - Other Service Accomplishments made to Various organizations in their support and educa	tion of children and youth \$13,825
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