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GOVERNMENT COPY

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_

# 2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**COLON CANCER COALITION**

**30-0377727**

Name and title of officer

**JACK ABDO  
CFO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,132,954.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize ABDO, EICK & MEYERS, LLP to enter my PIN 41254  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41321600062  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 10/16/14

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>COLON CANCER COALITION</b>	Employer identification number (EIN) or <b>30-0377727</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5666 LINCOLN DR STE 270</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EDINA, MN 55436</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of  **5666 LINCOLN DR STE 270 - EDINA, MN 55436**  
Telephone No.  **952-378-1237** 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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**THIS EXTENSIONS PERIOD IS NECESSARY TO GATHER THE NECESSARY AND APPROPRIATE INFORMATION TO PREPARE A COMPLETE AND ACCURATE INFORMATIONAL RETURN.**

<b>8a</b> 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>8a</b>	\$	<b>0.</b>
<b>b</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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

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STATE COPY

# STATE OF MINNESOTA

## CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON

SUITE 1200, BREMER TOWER

445 MINNESOTA STREET

ST. PAUL, MN 55101-2130

(651) 757-1311

(651) 296-1410 (TTY)

www.ag.state.mn.us

Annual Reporting

Initial Registration

FEDERAL EIN NUMBER: 30-0377727

FOR YEAR ENDING: 12/31/2013

### SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: COLON CANCER COALITION

If annual reporting, is this a new name since the organization's last filing?

Yes

No

If so, please state former name: \_\_\_\_\_

2. List all names under which the organization solicits contributions:

COLON CANCER COALITION, COLON CANCER COALITION FOUNDATION,  
GET YOUR REAR IN GEAR

3. Mailing Address of Organization (required)

Physical Address of Organization (required)

5666 LINCOLN DR STE 270  
EDINA, MN 55436

5666 LINCOLN DR STE 270  
EDINA, MN 55436

4. Contact Person KRISTIN TABOR

E-mail KRISTINTABOR@GETYOURREARINGEA

Tel. No. 612-998-4689

Fax No. \_\_\_\_\_

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

Yes

No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Compensation \_\_\_\_\_

6. a) Does this professional fund-raiser solicit or consult in Minnesota?

Yes

No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota?

Yes

No

7. Month and day accounting year ends: 12/31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?

Yes

No

Office Use Only:  ARF  \$25  \$50  N (e-Postcard)  990  EZ  PF  FES  SIG  BD  SAL  Audit

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

**INCOME**

Contributions from the public	\$	<u>1,348,490.</u>
Government Grants	\$	<u>0.</u>
Other revenue	\$	<u>-215,536.</u>
<b>TOTAL REVENUE</b>	\$	<u>1,132,954.</u>

EXCESS or DEFICIT	\$	<u>8,672.</u>
TOTAL Assets	\$	<u>1,257,382.</u>
TOTAL Liabilities	\$	<u>1,157,062.</u>

**END OF YEAR FUND BALANCE/NET WORTH** (Assets minus Liabilities) \$ 100,320.

**SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY**

*ALL Annual Report filers MUST complete questions 1-6*

1. Has the organization's accounting year changed since the last report was filed?  Yes  No  
 If yes, provide the new year-end date: \_\_\_\_\_

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors.  Attached  Included in IRS return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).  Audit not required

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?  Yes  No (Not required to file a return with IRS or files a group return).

*NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).*

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

<b>Statement of Functional Expenses</b>				
	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S.				
<b>2</b> Grants and other assistance to individuals in the U.S.				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.				
<b>4</b> Benefits paid to or for members				
<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 contributions (include section 401(k) and section 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				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<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				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24d				
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Must be prepared in accordance with generally accepted accounting principles.**  
**For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ**  
**For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF**  
**The total of Column A, lines 1 through 24d should equal line 25a.**  
**The total of lines 25b, 25c and 25d, should equal line 25a**



**SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS**  
**SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

**CFO** \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_, approving the contents of the document, and do hereby certify that the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

**JACK ABDO**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**CFO**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\* NOTICE \***

**Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.**

AG: #3124563-v1

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>	
	COLON CANCER COALITION		30-0377727	
	Doing Business As GET YOUR REAR IN GEAR			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>	
5666 LINCOLN DR STE 270		952-378-1237		
City or town, state or province, country, and ZIP or foreign postal code		<b>G Gross receipts \$</b>		
EDINA, MN 55436		2,050,412.		
<b>F Name and address of principal officer:</b> JACK ABDO		<b>H(a) Is this a group return</b>		
SAME AS C ABOVE		for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> WWW.COLONCANCERCOALITION.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2006 <b>M State of legal domicile:</b> MN		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>TO ENSURE THAT ALL CITIZENS HAVE ADEQUATE INFORMATION AND ACCESS TO SCREENING FOR COLORECTAL CANCER.</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)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	9	
	6	Total number of volunteers (estimate if necessary)	450	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	1,370,827.	1,348,490.
	9	Program service revenue (Part VIII, line 2g)	200.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	767.	662.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-84,366.	-216,198.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,287,428.	1,132,954.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	803,025.	794,786.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	192,173.	213,165.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,789.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,090.	116,331.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,172,288.	1,124,282.
19	Revenue less expenses. Subtract line 18 from line 12	115,140.	8,672.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	1,134,747.	1,257,382.
	21	Total liabilities (Part X, line 26)	1,043,099.	1,157,062.
22	Net assets or fund balances. Subtract line 21 from line 20	91,648.	100,320.	

**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.

<b>Sign Here</b>	▶ Signature of officer	Date
	JACK ABDO, CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN N. ABDO, CPA	JOHN N. ABDO, CPA	10/16/14		P00073438
	Firm's name ▶ ABDO, EICK & MEYERS, LLP	Firm's EIN ▶ 41-1397419			
Firm's address ▶ 5201 EDEN AVENUE, SUITE 250 EDINA, MN 55436			Phone no. (952) 835-9090		

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: TO ENSURE THAT ALL CITIZENS HAVE ADEQUATE INFORMATION AND ACCESS TO SCREENING FOR COLORECTAL CANCER.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 943,857. including grants of \$ 794,786. ) (Revenue \$ ) THE COALITION SUPPORTS COLON CANCER EDUCATION AND SCREENING EFFORTS AROUND THE COUNTRY INCLUDING NORTH CAROLINA, PENNSYLVANIA, TEXAS, MASSACHUSETTS, AND MINNESOTA. THE ORGANIZATION ALSO PROVIDES ASSISTANCE FOR GROUPS AND CONTINUES TO WORK WITH PATIENTS AND SURVIVORS TO PROVIDE EDUCATION AND SUPPORT. THE COALITION COORDINATES OVER 30 RUN/WALK EVENTS IN THE UNITED STATES PARTNERING WITH LOCAL ORGANIZATIONS WITH THE MISSION TO PROVIDE COLORECTAL SCREENINGS, AWARENESS AND EDUCATION TO LOCAL COMMUNITIES. TWO OF THE BIGGEST AREAS ARE PHILADELPHIA AND MINNESOTA WHERE THE COALITION SUPPORTS THOMAS JEFFERSON UNIVERSITY HOSPITAL AND MINNESOTA SAGE SCOPES TO PROVIDE COLORECTAL SCREENINGS TO RESIDENTS WHOM COULD OTHERWISE NOT AFFORD TO RECEIVE SCREENINGS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 943,857.

**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> ? .....		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</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
20a	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? .....		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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) and 501(c)(4) 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? If so, complete Schedule L, Part II .....		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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

**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.	6	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	6	
<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>	The governing body?	X	
<b>8b</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>	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?		
<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>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</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>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</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>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	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>	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 **MN**
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 952-378-1237**  
**5666 LINCOLN DR STE 270, EDINA, MN 55436**







**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,214,397.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	134,093.				
	g	Noncash contributions included in lines 1a-1f: \$		16,797.				
	h	<b>Total.</b> Add lines 1a-1f		1,348,490.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		662.			662.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 1,214,397. of contributions reported on line 1c). See Part IV, line 18	a	701,260.				
		Less: direct expenses	b	917,458.				
		Net income or (loss) from fundraising events			-216,198.			-216,198.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		1,132,954.	0.	0.	-215,536.		

**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 governments and organizations in the United States. See Part IV, line 21	794,786.	794,786.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	88,000.	41,067.	32,267.	14,666.
<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	108,423.	50,597.	39,755.	18,071.
<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	16,742.	7,813.	6,139.	2,790.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<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 Sch O.)	23,670.	13,618.	8,180.	1,872.
<b>12</b> Advertising and promotion	3,943.	3,943.		
<b>13</b> Office expenses	38,096.	2,964.	34,808.	324.
<b>14</b> Information technology	5,085.	5,085.		
<b>15</b> Royalties				
<b>16</b> Occupancy	9,998.	4,132.	3,934.	1,932.
<b>17</b> Travel	17,604.	13,492.	1,592.	2,520.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	806.	403.	403.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	9,684.	4,519.	3,551.	1,614.
<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> <b>SUPPLIES</b>	2,096.		2,096.	
<b>b</b> <b>MISCELLANEOUS</b>	2,066.		2,066.	
<b>c</b> <b>MEALS AND ENTERTAINMENT</b>	1,758.	1,438.	320.	0.
<b>d</b> <b>LICENSES, DUES AND MEMB</b>	1,525.		1,525.	
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,124,282.	943,857.	136,636.	43,789.
<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  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 .....	721,060.	<b>1</b>	623,046.
	<b>2</b> Savings and temporary cash investments .....	401,787.	<b>2</b>	602,448.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	500.	<b>4</b>	8,630.
	<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 instr). Complete Part II of Sch 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 .....	11,400.	<b>9</b>	23,258.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<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) .....	1,134,747.	<b>16</b>	1,257,382.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,950.	<b>17</b>	19,731.
	<b>18</b> Grants payable .....	1,015,966.	<b>18</b>	1,106,089.
	<b>19</b> Deferred revenue .....	22,183.	<b>19</b>	31,242.
	<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 .....		<b>24</b>	
	<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 .....	1,043,099.	<b>26</b>	1,157,062.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	88,957.	<b>27</b>	100,320.
	<b>28</b> Temporarily restricted net assets .....	2,691.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 .....	91,648.	<b>33</b>	100,320.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,134,747.	<b>34</b>	1,257,382.	

**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>	1,132,954.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,124,282.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,672.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	91,648.
<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>	0.
<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>	100,320.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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.	X	
<b>3a</b>	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?		X
<b>3b</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		



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	393,533.	507,435.	1026539.	1370827.	1348490.	4646824.
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 <b>Total.</b> Add lines 1 through 3 .....	393,533.	507,435.	1026539.	1370827.	1348490.	4646824.
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) .....						13,972.
6 <b>Public support.</b> Subtract line 5 from line 4.						4632852.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	393,533.	507,435.	1026539.	1370827.	1348490.	4646824.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	359.	1,235.	840.	767.	662.	3,863.
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 <b>Total support.</b> Add lines 7 through 10						4650687.
12 Gross receipts from related activities, etc. (see instructions) .....					12	2,432,058.
13 <b>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**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	99.62 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	97.39 %
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
16b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 .....						
<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 .....						
<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.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<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 .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

COLON CANCER COALITION

Employer identification number

30-0377727

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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" to 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 in 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 |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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" to 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,813,552.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	25,026.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	917,458.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	942,484.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	871,068.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	261,886.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	261,886.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,132,954.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,804,880.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	25,026.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	917,458.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	942,484.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	862,396.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	261,886.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	261,886.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,124,282.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**EXPLANATION: THE COALITION'S FILINGS WITH THE INTERNAL REVENUE SERVICE ARE SUBJECT TO AUDIT. THE INFORMATION RETURNS FOR THE PAST THREE AND ONE-HALF YEARS ARE OPEN TO EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THEY DO NOT RESULT IN ANYTHING THAT WOULD REQUIRE EITHER RECORDING OR DISCLOSURE IN THE FINANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 740.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**FUNDRAISING EVENT DIRECT EXPENSES** 917,458.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

DIRECT BENEFIT TO DONOR COSTS 261,886.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES 917,458.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 261,886.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	
		TWIN CITIES GET YOUR REAGET YOUR RE	PHILADELPHIA GET YOUR REAGET YOUR RE	32	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	275,493.	283,212.	1,356,952.	1,915,657.
	2	Less: Contributions	680.	4,662.	1,209,055.	1,214,397.
	3	Gross income (line 1 minus line 2)	274,813.	278,550.	147,897.	701,260.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	17,023.	22,400.		39,423.
	6	Rent/facility costs				
	7	Food and beverages	4,648.	3,000.		7,648.
	8	Entertainment	1,650.	6,365.		8,015.
	9	Other direct expenses	160,355.	221,753.	480,264.	862,372.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				917,458.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-216,198.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **COLON CANCER COALITION** Employer identification number **30-0377727**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE FOUNDATION 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	50,000.	0.			PRESBYTERIAN CANCER CENTER'S REHABILITATION AND WELLNESS CENTER OFFERS SERVICES TO
MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS - 40 COURT ST, 10TH FLOOR - BOSTON, MA 02108	04-2507409	501(C)(3)	10,000.	0.			GET YOUR REAR IN GEAR - BOSTON FUNDED THE COLON CANCER SCREENING & EDUCATION PROGRAM, THE
DAVID'S FIGHT.ORG 143 25TH CT WEST DES MOINES, IA 50265	32-0222029	501(C)(3)	66,870.	0.			THE COLON CANCER FOUNDATION OF IOWA (FORMERLY DAVID'S FIGHT) WORKS TO BUILD COLORECTAL
STRIDES FOR LIFE 1600 TROUSDALE DR STE 1300 BURLINGAME, CA 94010	13-3160356	501(C)(3)	38,143.	0.			STRIDES FOR LIFE WAS FOUNDED IN 2004 IN MEMORY OF DYLAN CAPPEL. THEY WORK TOWARD THE
THE CANCER SUPPORT CENTER 2020 ELM RD HOMEWOOD, IL 60430	36-3880404	501(C)(3)	20,505.	0.			THE CANCER SUPPORT CENTER PROVIDES A NETWORKING GROUP; INDIVIDUAL AND FAMILY COUNSELING;
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	13,895.	0.			FUNDS WILL BE PLACED IN AN ACCOUNT WITHIN THE DIVISION OF COLORECTAL SURGERY THAT IS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 31**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 31**

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

Schedule I (Form 990) (2013)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA TELEVISION BROADCASTING, LLC DBA WBRZ - PO BOX 2906 - BATON ROUGE, LA 70821	72-0464654		10,050.	0.			GET YOUR REAR IN GEAR - BATON ROUGE PARTNERED WITH LOCAL TELEVISION STATION WBRZ TV IN MARCH
EVERGREEN HEALTHCARE FOUNDATION 12333 NE 130TH LANE STE 300 KIRKLAND, WA 98034	91-1519430	501(C)(3)	9,000.	0.			GET YOUR REAR IN GEAR - SEATTLE WORKS WITH EVERGREEN HEALTHCARE TO DRIVE COLON CANCER
WAKE FOREST BAPTIST HEALTH MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	8,910.	0.			PROVIDE GENETIC TESTING FOR HEREDITARY COLON CANCER FOR UNDERINSURED AND UNINSURED PATIENTS IN
ACCESS OC/ONEOC 25283 CABOT RD, STE 101 LAGUNA HILLS, CA 92653 - LAGUNA HILLS, CA 92653	95-2021700	501(C)(3)	20,000.	0.			ACCESS OC ACCESS OC, SOUTHERN CALIFORNIA IS WORKING TO BRING COLON CANCER SCREENING EFFORTS
CANCER SERVICES OF BATON ROUGE 550 LOBDELL AVE BATON ROUGE, LA 70441	72-0517180	501(C)(3)	34,086.	0.			CANCER SERVICES SUPPORTS THE ENTIRE COMMUNITY BY PROVIDING SERVICES TO FAMILY MEMBERS AND
JEFFERSON UNIVERSITY HOSPITAL 925 CHESTNUT STREET, SUITE 110 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	50,000.	0.			FUNDS GIVEN TO THE JEFFERSON UNIVERSITY MEDICAL - DEPARTMENT OF COLORECTAL SURGERY AND
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - CAMPUS BOX 7295 - CHAPEL HILL, NC 27599	56-6057494	501(C)(3)	50,000.	0.			THIS GRANT PROVIDES CRITICAL SUPPORT, TRAINING AND EVALUATION RELATED TO PATIENT
BOSTON HEALTHCARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501(C)(3)	37,500.	0.			BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM (BHCHP) IS COMMITTED TO PROVIDING ACCESS TO THE
CANCER SUPPORT COMMUNITY - MA SOUTH SHORE - 120 LONGWATER DRIVE - NORWELL, MA 02061	45-2652624	501(C)(3)	20,000.	0.			CANCER SUPPORT COMMUNITY - MASSACHUSETTS SOUTH SHORE USES FUNDS TO HELP CREATE PUBLIC AWARENESS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NANCY N & JC LEWIS CANCER PAVILLION - 225 CANDLER DRIVE - SAVANNAH, GA 31405	58-0914992	501(C)(3)	17,300.	0.			FUNDS FROM GET YOUR REAR IN GEAR - SAVANNAH HELP PROVIDE SCREENING AND DIAGNOSTIC TESTING FOR
TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION - 2310 HOLMES, SUITE 735 - KANSAS CITY, MS 64108	43-1194064	501(C)(3)	15,200.	0.			THROUGH A GRANT TO THE TRUMAN MEDICAL CENTERS, GET YOUR REAR IN GEAR - KANSAS CITY IS FUNDING
BUREAU COUNTY HEALTH & WELLNESS 500 ELM PLACE PRINCETON, IL 61356	30-0129789	501(C)(3)	15,000.	0.			BUREAU CO. HEALTH & WELLNESS CLINIC SERVES THE LOW INCOME, AND UNDER AND UNINSURED POPULATION
SANFORD HEALTH - BEMIDJI 1233 34TH STREET NW BEMIDJI, MN 56601	41-1389317	501(C)(3)	15,000.	0.			A DIVISION OF THE MINNESOTA DEPARTMENT OF HEALTH, SAGE SCOPES PROVIDES COLON CANCER
UNITY POINT HEALTH - TRINITY MUSCATINE - 1518 MULBERRY AVE - MUSCATINE, IA 52761	42-0680337	501(C)(3)	23,725.	0.			THROUGH A PARTNERSHIP WITH GET YOUR REAR IN GEAR, TRINITY HOSPITAL IN MUSCATINE, AND THE STATE
CATAWBA VALLEY MEDICAL FOUNDATION 810 FAIRGROVE CHURCH ROAD SE HICKORY, SC 28602	58-1680281	501(C)(3)	10,950.	0.			CATAWBA VALLEY MEDICAL CENTER'S COMPREHENSIVE CANCER CENTER'S COLON CANCER SUPPORT PROGRAM
FRMC AUXILLARY - CANCER GRANT FUND 420 NORTH CENTER STREET HICKORY, NC 28601	56-1497360	501(C)(3)	10,668.	0.			THE CANCER SUPPORT CENTER AT THE FRYE REGIONAL MEDICAL CENTER PROVIDES SERVICES TO OVER 500
AGENT 41 (TWIN CITIES PROGRAM) PROVIDER OF GRANT COMPONENTS - 1877 13TH STREET W - HASTINGS, MN 55033	06-1778429		7,500.	0.			SERIES OF 5 GENETIC VIDEOS TO LEARN MORE ABOUT THE GENETICS OF CANCER; WHAT YOU CAN DO
OUR LADY OF THE LAKE RMC 5000 HENNESSY BLVD BATON ROUGE, LA 70808	72-0423651	501(C)(3)	5,794.	0.			EDUCATIONAL MARKETING CAMPAIGN RUN IN THE MONTH OF MARCH TO CAPITALIZE ON COLON AWARENESS MONTH.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAGE SCOPES (MN DEPT OF HEALTH) PO BOX 64882 ST PAUL, MN 55164			5,625.	0.			SAGE SCOPES, MINNESOTA'S COLORECTAL CANCER SCREENING PROGRAM, WORKS TO INCREASE SCREENING FOR
GILDA'S CLUB KANSAS CITY 21 WEST 43RD ST KANSAS CITY, MS 64111	20-0493511	501(C)(3)	5,000.	0.			THE GILDA'S CLUB OF KANSAS CITY PROVIDES EDUCATION AND SUPPORT FOR CANCER PATIENTS. THE
CAROLINAS HEALTHCARE FOUNDATION 1221 E MOREHEAD STREET CHARLOTTE, NC 28201	56-6060481	501(C)(3)	5,000.	0.			LEVINE CANCER INSTITUTE (LCI) IS PART OF CAROLINAS HEALTHCARE SYSTEM. THEIR MISSION IS
WIND RIVER SERVICES 430 LARSEN LANE TRYON, NC 28782	20-5941056	501(C)(3)	5,000.	0.			WIND RIVER CANCER WELLNESS RETREATS BRING TOGETHER MEN AND WOMEN WHO WANT TO FURTHER
CAREFIRST 11751 EAST CORNING ROAD CORNING, NY 14830	16-6051394	501(C)(3)	7,450.	0.			FUNDS FROM THE INAUGURAL HORSEHEADS EVENT SUPPORT HOSPICE, PALLIATIVE CARE, AND GRIEF SERVICES IN
PENNINGTON BIOMEDICAL RESEARCH FOUNDATION - 6400 PERKINS RD - BATON ROUGE, LA 70810	58-1767810	501(C)(3)	6,000.	0.			FUNDS FROM THE GET YOUR REAR IN GEAR - BATON ROUGE EVENT SUPPORT THE RESEARCH AND PUBLIC
ADVENTIST HINDSDALE HOSPITAL 135 N OAK STREET HINDSDALE, IL 60521	36-2276984	501(C)(3)	25,000.	0.			FUNDS FROM GET YOUR REAR IN GEAR - CHICAGO SUPPORT ADVENTIST HINDSDALE HOSPITAL'S TREATMENT AND

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PRESBYTERIAN HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESBYTERIAN CANCER CENTER'S

REHABILITATION AND WELLNESS CENTER OFFERS SERVICES TO IMPROVE THE QUALITY

OF LIFE OF CANCER SURVIVORS BEFORE, DURING, AND AFTER TREATMENT. THEY

DEFINE A SURVIVOR TO BE FROM THE TIME OF DIAGNOSIS THROUGH THE BALANCE OF

THEIR LIFE. THE PROGRAMS INCLUDE STRIDES TO STRENGTH EXERCISE THERAPY,

YOGA, MASSAGE, NUTRITION, AND COUNSELING SUPPORT SERVICES. ALL STAFF

MEMBERS ARE QUALIFIED IN THEIR FIELD OF EXPERTISE WITH SPECIALIZED

**Part IV** Supplemental Information

TRAINING IN CANCER. PRESBYTERIAN CANCER CENTER, IN PARTNERSHIP WITH JOHNSON & WALES UNIVERSITY CHEFS, PUT ON A "COOKING FOR LIFE" PROGRAM ON MARCH 29, 2012 FOR 200 PEOPLE. THIS PROMOTES HEALTHY EATING AND EXERCISE AS A WAY TO HELP PREVENT COLORECTAL CANCER.

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS

(H) PURPOSE OF GRANT OR ASSISTANCE: GET YOUR REAR IN GEAR - BOSTON

FUNDED THE COLON CANCER SCREENING & EDUCATION PROGRAM, THE FIRST COLON CANCER SPECIFIC PROGRAM FOR THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS. THIS PROGRAM ADDRESSES NEEDS RELATED TO COLON CANCER SCREENINGS AND TREATMENT NOT COVERED BY INSURANCE FOR THOSE AFFECTED BY THIS DISEASE THROUGHOUT MASSACHUSETTS.

NAME OF ORGANIZATION OR GOVERNMENT: DAVID'S FIGHT.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COLON CANCER FOUNDATION OF IOWA

(FORMERLY DAVID'S FIGHT) WORKS TO BUILD COLORECTAL CANCER AWARENESS IN

IOWA THROUGH PUBLIC, PHYSICIAN, AND PATIENT EDUCATION, UTILIZING A

VARIETY OF DIFFERENT PROGRAMS, ACTIVITIES, AND RESOURCES.

TO DATE, FUNDS FROM GET YOUR REAR IN GEAR EVENTS HAVE HELPED DAVIDS FIGHT

PROVIDE NEARLY 50 COLONOSCOPIES THROUGH FIGHTING FUNDS TO CITIZENS OF

IOWA, AND THAT NUMBER GROWS WEEKLY.

GET YOUR REAR IN GEAR ALSO HELPS FUND SNOW ANGELS, PROVIDING CHEMOTHERAPY

PATIENTS WITH SNOW REMOVAL DURING THE WINTER MONTHS, THE SUPER COLON, AND

OTHER PROJECTS USED TO BUILD COLORECTAL CANCER AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT: STRIDES FOR LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: STRIDES FOR LIFE WAS FOUNDED IN 2004

**Part IV** Supplemental Information

IN MEMORY OF DYLAN CAPPEL. THEY WORK TOWARD THE PREVENTION AND EARLY DETECTION OF COLON CANCER THROUGH A VARIETY OF EDUCATIONAL PROGRAMS DIRECTED AT INCREASING AWARENESS OF COLON CANCER AMONG BOTH HEALTHCARE PROVIDERS AND THE GENERAL POPULATION. INCLUDED ARE PROGRAMS OF PUBLIC EDUCATION, WIDESCALE SCREENING PROGRAMS AND RISK-REDUCTION PROGRAMS DIRECTED TOWARD POPULATIONS AT HIGH RISK.

NAME OF ORGANIZATION OR GOVERNMENT: THE CANCER SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CANCER SUPPORT CENTER PROVIDES A NETWORKING GROUP; INDIVIDUAL AND FAMILY COUNSELING; PATIENT AND CAREGIVER SUPPORT GROUPS; AND EDUCATION, NUTRITION AND WELLNESS PROGRAMS. THE GRANT FROM GET YOUR REAR IN GEAR - TINLEY PARK ALSO SUPPORTS THE DISTRIBUTION OF AWARENESS RELATED MATERIALS DURING COLON CANCER AWARENESS MONTH IN MARCH.

NAME OF ORGANIZATION OR GOVERNMENT: THE MEDICAL COLLEGE OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE PLACED IN AN ACCOUNT WITHIN THE DIVISION OF COLORECTAL SURGERY THAT IS DESIGNATED ONLY AS AN AWARENESS, EDUCATION, AND RESEARCH ACCOUNT FOR COLON CANCER.

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA TELEVISION BROADCASTING, LLC DBA WBRZ

(H) PURPOSE OF GRANT OR ASSISTANCE: GET YOUR REAR IN GEAR - BATON ROUGE PARTNERED WITH LOCAL TELEVISION STATION WBRZ TV IN MARCH 2012 AND 2013 FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND ENCOURAGED VIEWERS TO GET SCREENED. THE 2012 CAMPAIGN WAS AWARDED WITH THE 2013 ASCRS NATIONAL MEDIA AWARD. LEARN MORE ON OUR BLOG.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EVERGREEN HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GET YOUR REAR IN GEAR - SEATTLE

WORKS WITH EVERGREEN HEALTHCARE TO DRIVE COLON CANCER AWARENESS EFFORTS AND LEAD TO INCREASED SCREENING FOR PATIENTS. EVERGREEN ALSO HOSTS PUBLIC EDUCATIONAL AND AWARENESS EVENTS WITH A NURSE EDUCATOR TO PROVIDE EDUCATION ON EARLY DETECTION OF POLYPS AND TREATMENT SPECIFICS, AS WELL AS HOST EDUCATIONAL SESSIONS FOR PRIMARY CARE PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT: WAKE FOREST BAPTIST HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE GENETIC TESTING FOR HEREDITARY COLON CANCER FOR UNDERINSURED AND UNINSURED PATIENTS IN THE WINSTON-SALEM AREA.

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS OC/ONEOC

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS OC ACCESS OC, SOUTHERN CALIFORNIA IS WORKING TO BRING COLON CANCER SCREENING EFFORTS TO COMMUNITY CLINICS AND UNDERINSURED PATIENTS THROUGHOUT ORANGE COUNTY. FUNDS FROM THE 2011 AND 2012 GET YOUR REAR IN GEAR - ORANGE COUNTY EVENT ARE USED TO SUPPORT THE FREE COLONOSCOPY SCREENING AND DIAGNOSTIC PROGRAMS AND DONATED SCREENING KITS TO THE FREE CLINIC IN ORANGE COUNTY. OUTREACH SPECIFICALLY TARGETS THE VIETNAMESE COMMUNITY (WHERE THE COLON CANCER INCIDENCE IS ON THE RISE) AND THE HISPANIC COMMUNITY THROUGHOUT THE COUNTY. IN ADDITION TO PROVIDING COLONOSCOPIES DURING THE SUPER SATURDAY EVENTS AT LOCAL NON-PROFIT HOSPITALS; ACCESSOC HOPES TO EXPAND THE FREE COLONOSCOPY PROGRAM TO INCLUDE THE NEWLY OPENED KAISER PERMANENTE HOSPITAL IN ANAHEIM AND DO A FOCUSED COLONOSCOPY DAY IN THE FALL 2013.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CANCER SERVICES OF BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: CANCER SERVICES SUPPORTS THE ENTIRE COMMUNITY BY PROVIDING SERVICES TO FAMILY MEMBERS AND CAREGIVERS IN GREATER BATON ROUGE. THE GRANT FROM GET YOUR REAR IN GEAR - BATON ROUGE PROVIDES NUTRITIONAL SUPPLEMENT, MORAL SUPPORT, AND ACTIVITIES FOR CHILDREN THAT ARE AFFECTED BY THE DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON UNIVERSITY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS GIVEN TO THE JEFFERSON UNIVERSITY MEDICAL - DEPARTMENT OF COLORECTAL SURGERY AND THE KIMMEL CANCER CENTER SUPPORT LEADING-EDGE RESEARCH IN COLON CANCER AND COMPASSIONATE CARE IN PHILADELPHIA.

NAME OF ORGANIZATION OR GOVERNMENT:

UNC LINEBERGER COMPREHENSIVE CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT PROVIDES CRITICAL SUPPORT, TRAINING AND EVALUATION RELATED TO PATIENT NAVIGATION, PATIENT EDUCATION (DEVELOPMENT AND REFINEMENT OF LINGUISTICALLY AND CULTURALLY APPROPRIATE PATIENT EDUCATION MATERIALS IN PAPER AND VIDEO FORMATS); AND IMPLEMENTATION (LEARNING HOW TO MAKE POSSIBLE THE WIDER USE AND SUSTAINABILITY OF THESE INTERVENTIONS) TO INCREASE COLON CANCER AWARENESS AND IMPROVE COLON CANCER SCREENING RATES AMONG VULNERABLE POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON HEALTHCARE FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM (BHCHP) IS COMMITTED TO PROVIDING ACCESS TO THE HIGH-QUALITY HEALTH CARE FOR BOSTON® HOMELESS MEN, WOMEN AND CHILDREN. A GRANT FROM GET YOUR REAR IN GEAR - BOSTON WILL ALLOW THE BHCHP TO ENHANCE EFFORTS

**Part IV** Supplemental Information

BEHIND COLORECTAL CANCER SCREENING AND DETECTION. THE GRANT MONEY IS FOCUSED ON BOTH PATIENT AND PROVIDER EDUCATION AND TOOLS TO HELP MAKE EFFORTS IN SCREENING SUCCESSFUL FOR THE HOMELESS POPULATION.

NAME OF ORGANIZATION OR GOVERNMENT:

CANCER SUPPORT COMMUNITY - MA SOUTH SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: CANCER SUPPORT COMMUNITY -

MASSACHUSETTS SOUTH SHORE USES FUNDS TO HELP CREATE PUBLIC AWARENESS AROUND COLON CANCER AND ENCOURAGE THE PUBLIC TO GET SCREENED THROUGH A SERIES OF PRINT AND ONLINE ADVERTISING THROUGHOUT THE YEAR. THESE ADS HELP EDUCATE THOSE ALREADY DIAGNOSED WITH CANCER ABOUT THE CANCER SUPPORT COMMUNITY-MA SOUTH SHORE'S ONGOING SUPPORT GROUPS, STRESS REDUCTION ACTIVITIES AND EDUCATIONAL OFFERINGS.

NAME OF ORGANIZATION OR GOVERNMENT: NANCY N & JC LEWIS CANCER PAVILLION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM GET YOUR REAR IN GEAR -

SAVANNAH HELP PROVIDE SCREENING AND DIAGNOSTIC TESTING FOR THE UNDER AND UNINSURED POPULATION SERVED BY THE LEWIS CANCER & RESEARCH PAVILION IN SAVANNAH. THE FUNDS ARE EARMARKED FOR IMMUNOASSAY FECAL OCCULT SCREENING AND COLONOSCOPY FOR THOSE DETERMINED TO BE AT HIGH RISK OF DEVELOPING THIS DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT:

TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH A GRANT TO THE TRUMAN

MEDICAL CENTERS, GET YOUR REAR IN GEAR - KANSAS CITY IS FUNDING AWARENESS, EDUCATION, ADVOCACY, SCREENING AND PREVENTION OF COLORECTAL CANCER THROUGHOUT THE KANSAS CITY COMMUNITY. THE GRANT ALSO FUNDS EFFORTS

**Part IV** Supplemental Information

TO DISTRIBUTE THE HEMOCULT FECAL OCCULT BLOOD TEST, AND SHARING OF EDUCATIONAL MATERIALS. ADDITIONALLY, MONEY WILL BE USED TO DEFER THE COST OF THE PREP KIT AND THE COLONOSCOPY TO TRUMAN PATIENTS, BY ESTABLISHING THE FRANK AND DAISIE WHITE COLON CANCER SCREENING FUND WHICH WILL BECOME PART OF THE FRANK AND DAISIE WHITE COLON CANCER AWARENESS PROGRAMMING INITIATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: BUREAU COUNTY HEALTH & WELLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUREAU CO. HEALTH & WELLNESS CLINIC SERVES THE LOW INCOME, AND UNDER AND UNINSURED POPULATION IN LADD AND THE SURROUNDING COMMUNITY. A GRANT FROM GET YOUR REAR IN GEAR - LADD WILL PROVIDE PROFESSIONAL NURSING SERVICES FOR WELLNESS AND COLON CANCER EDUCATION, BROCHURES FOR COLON CANCER AWARENESS, HEMOCULT SCREENING KITS FOR PATIENTS SHOWING SYMPTOMS OR AT RISK FOR COLON CANCER, AS WELL AS COLONOSCOPY PAYMENT ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: SANFORD HEALTH - BEMIDJI

(H) PURPOSE OF GRANT OR ASSISTANCE: A DIVISION OF THE MINNESOTA DEPARTMENT OF HEALTH, SAGE SCOPES PROVIDES COLON CANCER SCREENING AND TREATMENT SERVICES TO MINNESOTANS WHO ARE UNDER- OR NON-INSURED.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITY POINT HEALTH - TRINITY MUSCATINE

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH A PARTNERSHIP WITH GET YOUR REAR IN GEAR, TRINITY HOSPITAL IN MUSCATINE, AND THE STATE OF IOWA PUBLIC HEALTH DEPARTMENT, FUNDS FROM GET YOUR REAR IN GEAR - MUSCATINE HELP FUND COLORECTAL SCREENING PROGRAMS FOR THE UNINSURED. FROM SEPTEMBER 2011 THROUGH DECEMBER 2012, 33 PATIENTS WERE SCREENED THROUGH THIS

**Part IV** Supplemental Information

PARTNERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: CATAWABA VALLEY MEDICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CATAWABA VALLEY MEDICAL CENTER'S

COMPREHENSIVE CANCER CENTER'S COLON CANCER SUPPORT PROGRAM SEEKS TO

PROVIDE SUPPORT AND EDUCATION TO INDIVIDUALS AND THE COMMUNITY. GOALS ARE

EXTENDING TESTING AND TREATMENT TO UNDERSERVED PEOPLE IN THE COMMUNITY

AND TO EDUCATE ALL COMMUNITY MEMBERS ON THE IMPORTANCE OF EARLY

DIAGNOSIS. AN INTERDISCIPLINARY TEAM OF CANCER CENTER STAFF ARRANGE TO

PROVIDE COLONOSCOPIES FOR UNINSURED CLIENTS, SOCIAL WORK STAFF ASSIST

PATIENTS IN TREATMENT WITH FINANCIAL HELP FOR CRITICAL BASIC NEEDS AND A

TASK FORCE WORKS WITH MARKETING TO DEVELOP A PLAN FOR COMMUNITY

EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: FRMC AUXILLARY - CANCER GRANT FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CANCER SUPPORT CENTER AT THE

FRYE REGIONAL MEDICAL CENTER PROVIDES SERVICES TO OVER 500 NEWLY

DIAGNOSED CANCER PATIENTS PER YEAR AND THOUSANDS OF COMMUNITY MEMBERS ARE

ANNUALLY EDUCATED ON THE RISKS OF CANCER AS WELL AS CANCER AWARENESS.

THIS GRANT FUNDING WILL ALLOW THE CANCER SUPPORT CENTER TO PROVIDE A

GREATER UNDERSTANDING FOR OUR COMMUNITY OF THE IMPORTANCE OF COLORECTAL

CANCER SCREENING AND RISKS ASSOCIATED WITH COLORECTAL CANCER.

ADDITIONALLY, A PORTION OF THE FUNDING WILL BE ALLOTTED TO ASSIST

PATIENTS IN CURRENT TREATMENT FOR COLORECTAL CANCER.

NAME OF ORGANIZATION OR GOVERNMENT:

AGENT 41 (TWIN CITIES PROGRAM) PROVIDER OF GRANT COMPONENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SERIES OF 5 GENETIC VIDEOS TO LEARN

**Part IV** Supplemental Information

MORE ABOUT THE GENETICS OF CANCER; WHAT YOU CAN DO TO DISCOVER IF YOUR FAMILY HAS A GENETIC RISK FOR COLON CANCER; AND WHAT YOU CAN DO TO PROTECT YOUR LOVED ONES AND PREVENT DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF THE LAKE RMC

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL MARKETING CAMPAIGN RUN IN THE MONTH OF MARCH TO CAPITALIZE ON COLON AWARENESS MONTH. THIS CAMPAIGN HIGHLIGHTS THE IMPORTANCE FOR COLORECTAL CANCER SCREENING AND IS ESTIMATED TO BE SEEN BY 150,000.

NAME OF ORGANIZATION OR GOVERNMENT: SAGE SCOPES (MN DEPT OF HEALTH)

(H) PURPOSE OF GRANT OR ASSISTANCE: SAGE SCOPES, MINNESOTA'S COLORECTAL CANCER SCREENING PROGRAM, WORKS TO INCREASE SCREENING FOR AND AWARENESS OF COLORECTAL CANCER IN THE STATE. ONE ACTIVITY THAT IS USED TO HELP ACCOMPLISH THIS MISSION IS A BILLBOARD CAMPAIGN. THE GRANT FROM GET YOUR REAR IN GEAR - ROCHESTER ALLOWS SAGE SCOPES TO BROADEN ITS REACH TO ROCHESTER, MINN. THE BILLBOARDS HAVE A "GET A COLONOSCOPY" OR "GET TESTED" MESSAGE, COUPLED WITH ARTWORK AND A PUNCH LINE TO ENCOURAGE CONVERSATION ABOUT COLORECTAL CANCER AND SCREENING. BILLBOARDS RESULTED IN OVER 1.5 MILLION IMPRESSIONS THROUGHOUT THE ROCHESTER-AREA DURING MAY 2013.

NAME OF ORGANIZATION OR GOVERNMENT: GILDA'S CLUB KANSAS CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GILDA'S CLUB OF KANSAS CITY PROVIDES EDUCATION AND SUPPORT FOR CANCER PATIENTS. THE PROJECT FUNDED WILL BE AN ONGOING SUPPORT GROUP SPECIFIC TO MEN AND WOMEN WHO ARE LIVING WITH COLORECTAL CANCER. THE GROUP WILL PROVIDE A SAFE SPACE FOR THEM TO PROCESS THE IMPACTS OF LIVING WITH COLORECTAL CANCER. IN ADDITION TO

**Part IV** Supplemental Information

SUPPORT FOR THOSE LIVING WITH CANCER, THERE WILL BE AN OPPORTUNITY FOR CHILDREN IMPACTED BY COLORECTAL CANCER TO HAVE SUPPORTIVE STRUCTURED PLAY WITH A LICENSED

NAME OF ORGANIZATION OR GOVERNMENT: CAROLINAS HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LEVINE CANCER INSTITUTE (LCI) IS PART OF CAROLINAS HEALTHCARE SYSTEM. THEIR MISSION IS TO IMPROVE AND ENHANCE THE OVERALL HEALTH AND WELL-BEING OF ITS COMMUNITIES THROUGH HIGH QUALITY PATIENT CARE, EDUCATION AND RESEARCH PROGRAMS, AND A VARIETY OF COLLABORATIVE PARTNERSHIPS AND INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT: WIND RIVER SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: WIND RIVER CANCER WELLNESS RETREATS BRING TOGETHER MEN AND WOMEN WHO WANT TO FURTHER EXPLORE THEIR CANCER JOURNEY, FOCUSING ON LIVING MORE FULLY AND AUTHENTICALLY - MIND, BODY AND SPIRIT. THESE FUNDS ARE USED TO HOST 6 COLORECTAL CANCER SURVIVORS ON A THREE DAY RETREAT.

NAME OF ORGANIZATION OR GOVERNMENT: CAREFIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE INAUGURAL HORSEHEADS EVENT SUPPORT HOSPICE, PALLIATIVE CARE, AND GRIEF SERVICES IN CHEMUNG, SCHUYLER, AND STEUBEN COUNTIES THROUGH CAREFIRST IN CORNING, N.Y. CAREFIRST PROVIDES CARE, SUPPORT, AND KNOWLEDGE THAT ENABLES INDIVIDUALS TO COPE WITH SERIOUS ILLNESS AND ALL THAT COMES WITH IT.

NAME OF ORGANIZATION OR GOVERNMENT:

PENNINGTON BIOMEDICAL RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE GET YOUR REAR IN GEAR

**Part IV** Supplemental Information

- BATON ROUGE EVENT SUPPORT THE RESEARCH AND PUBLIC AWARENESS THROUGH PENNINGTON BIOMEDICAL RESEARCH FOUNDATION, INCLUDING RESEARCH STUDIES AND LARGE COMMUNITY EVENTS

NAME OF ORGANIZATION OR GOVERNMENT: ADVENTIST HINSDALE HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM GET YOUR REAR IN GEAR - CHICAGO SUPPORT ADVENTIST HINSDALE HOSPITAL'S TREATMENT AND EDUCATION OF COLON CANCER PATIENTS AT THE NEW CANCER CENTER IN HINSDALE. SPECIFICALLY FUNDING THEIR NURSE NAVIGATORS AND EDUCATIONAL MATERIALS.



**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.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

COLON CANCER COALITION

Employer identification number

30-0377727

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

EXPLANATION: AN ELECTRONIC COPY OF THE 990 WILL BE GIVEN TO THE BOARD OF DIRECTORS TO BE REVIEWED AND MUST BE APPROVED BY 5 OUT OF 5 BOARD MEMBERS PRIOR TO FILING THE 990.

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

EXPLANATION: BOARD MEMBERS ARE REQUIRED TO SIGN A DECLARATION PAGE WHICH INCLUDES FULL DISCLOSURE OF ANY CONFLICTS ANNUALLY AT ONE OF THE BOARD MEETINGS.

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

EXPLANATION: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED SINCE THE LAST PERIOD.