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GOVERNMENT COPY

# Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" 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</b> Name of organization <b>COLON CANCER COALITION</b>		<b>D</b> Employer identification number <b>30-0377727</b>
	Doing Business As <b>GET YOUR REAR IN GEAR</b>		<b>E</b> Telephone number <b>952-944-0966</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>2,153,251.</b>
	<b>5666 LINCOLN DR STE 270</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office, state, and ZIP code <b>EDINA, MN 55436</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>JACK ABDO</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <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>J</b> Website: ▶ <b>WWW.COLONCANCERCOALITION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2006</b> <b>M</b> State of legal domicile: <b>MN</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENSURE THAT ALL CITIZENS HAVE ADEQUATE INFORMATION AND ACCESS TO SCREENING FOR COLORECTAL CANCER.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>450</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 1,026,539.	<b>Current Year</b> 1,370,827.
	<b>9</b> Program service revenue (Part VIII, line 2g)	608.	200.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	840.	767.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<66,755.>	<84,366.>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	961,232.	1,287,428.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	717,054.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		174,053.	192,173.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>45,752.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		129,161.	177,090.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,020,268.	1,172,288.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<59,036.>	115,140.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 721,566.	<b>End of Year</b> 1,134,747.
	<b>21</b> Total liabilities (Part X, line 26)	745,058.	1,043,099.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<23,492.>	91,648.

### 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		
	<b>JACK ABDO, CFO</b> 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
	<b>JOHN N. ABDO, CPA</b>	<b>JAY M. ABDO, CPA</b>	<b>08/27/13</b>	<input type="checkbox"/>	<b>P00073438</b>
	Firm's name ▶ <b>ABDO, EICK &amp; MEYERS, LLP</b>	Firm's EIN ▶ <b>41-1397419</b>			
Firm's address ▶ <b>5201 EDEN AVE SUITE 250</b> <b>EDINA, MN 55436</b>			Phone no. <b>952-835-9090</b>		

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 to any question 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 \$ 1,016,550. including grants of \$ 803,025. ) (Revenue \$ 200. ) 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 1,016,550.

**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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 and other assistance to any government or organization in the United States 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 and 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 25</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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
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 - 952-944-0966 5666 LINCOLN DR STE 270, EDINA, MN 55436

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

Check if Schedule O contains a response to any question in this Part VII

Empty checkbox

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Kristin Linquist, Jeff Smedsrud, Jack Abdo, Dave Grounds, Larry Cappel, and Randy Lopez.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							<b>88,000.</b>	<b>0.</b>	<b>0.</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>88,000.</b>	<b>0.</b>	<b>0.</b>	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,251,616.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	119,211.			
	g Noncash contributions included in lines 1a-1f: \$		20,600.			
	h Total. Add lines 1a-1f		1,370,827.			
	Program Service Revenue	2 a PROGRAM INCOME	Business Code	200.	200.	
		900099				
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		200.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		767.		767.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 1,251,616. of contributions reported on line 1c). See Part IV, line 18	a	781,457.			
	b Less: direct expenses	b	865,823.			
c Net income or (loss) from fundraising events		<84,366.>			<84,366.>	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,287,428.	200.	0.	<83,599.>	

**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 to any question 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	803,025.	803,025.		
<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.	44,000.	22,000.	22,000.
<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	90,053.	39,091.	43,286.	7,676.
<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	14,120.	6,590.	5,178.	2,352.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,356.		1,356.	
<b>c</b> Accounting	5,944.		5,944.	
<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.)	58,517.	46,847.	5,475.	6,195.
<b>12</b> Advertising and promotion	39,508.	39,508.		
<b>13</b> Office expenses	7,502.	225.	6,574.	703.
<b>14</b> Information technology	9,246.	7,925.	1,321.	
<b>15</b> Royalties				
<b>16</b> Occupancy	10,123.	4,157.	3,997.	1,969.
<b>17</b> Travel	23,045.	17,606.	2,155.	3,284.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,084.	1,042.	1,042.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	9,443.	4,407.	3,463.	1,573.
<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> MISCELLANEOUS	4,669.		4,669.	
<b>b</b> MEALS AND ENTERTAINMENT	2,600.	2,127.	473.	
<b>c</b> SUPPLIES	2,325.		2,325.	
<b>d</b> LICENSES, DUES AND MEMB	728.		728.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,172,288.	1,016,550.	109,986.	45,752.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	244,425.	1	721,060.
	<b>2</b> Savings and temporary cash investments .....	402,599.	2	401,787.
	<b>3</b> Pledges and grants receivable, net .....		3	
	<b>4</b> Accounts receivable, net .....	40,127.	4	500.
	<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 .....		5	
	<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 .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....	34,415.	9	11,400.
	<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 .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
	<b>15</b> Other assets. See Part IV, line 11 .....		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	721,566.	16	1,134,747.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	28,321.	17	4,950.
	<b>18</b> Grants payable .....	678,559.	18	1,015,966.
	<b>19</b> Deferred revenue .....	38,178.	19	22,183.
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<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 .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<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 .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	745,058.	26	1,043,099.
<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 .....	<23,492.>	27	88,957.
	<b>28</b> Temporarily restricted net assets .....		28	2,691.
	<b>29</b> Permanently restricted net assets .....		29	
	<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 .....		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32	
<b>33</b> Total net assets or fund balances .....	<23,492.>	33	91,648.	
<b>34</b> Total liabilities and net assets/fund balances .....	721,566.	34	1,134,747.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,287,428.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,172,288.
3	Revenue less expenses. Subtract line 2 from line 1	3	115,140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<23,492.>
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,648.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization <b>COLON CANCER COALITION</b>	Employer identification number <b>30-0377727</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	231,751.	393,533.	507,435.	1026539.	1370827.	3530085.
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 .....	231,751.	393,533.	507,435.	1026539.	1370827.	3530085.
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) .....						88,660.
6 <b>Public support.</b> Subtract line 5 from line 4.						3441425.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	231,751.	393,533.	507,435.	1026539.	1370827.	3530085.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	192.	359.	1,235.	840.	767.	3,393.
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						3533478.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,730,798.
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 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	97.39	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	95.62	%
16a <b>33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 - 2011.</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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**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?

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?

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
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.

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

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e 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.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,820,250.
<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>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	865,823.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	865,823.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	954,427.
<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>	333,001.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	333,001.
<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>	1,287,428.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,705,110.
<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>	
<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>	865,823.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	865,823.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	839,287.
<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>	333,001.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	333,001.
<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>	1,172,288.

**Part XIII Supplemental Information**

Complete this part to 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: 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:**

**Part XIII** Supplemental Information (continued)

FUNDRAISING EVENT DIRECT EXPENSES 865,823.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 333,001.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES 865,823.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 333,001.



**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
		MINNEAPOLIS GET YOUR REAGET YOUR RE	PHILADELPHIA GET YOUR REAGET YOUR RE	36	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	260,108.	199,742.	1,573,223.	2,033,073.
	<b>2</b> Less: Contributions .....	159,625.	65,877.	1,026,114.	1,251,616.
	<b>3</b> Gross income (line 1 minus line 2) .....	100,483.	133,865.	547,109.	781,457.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	691.	3,839.	14,425.	18,955.
	<b>6</b> Rent/facility costs .....	10,356.	14,474.	55,281.	80,111.
	<b>7</b> Food and beverages .....	1,209.	1,706.	12,148.	15,063.
	<b>8</b> Entertainment .....	1,154.	1,008.	1,867.	4,029.
	<b>9</b> Other direct expenses .....	136,524.	84,485.	526,656.	747,665.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 865,823 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				<84,366.>

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**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: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer  Employee  Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**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

**2012**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE FOUNDATION 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	27,500.	0.			PRESBYTERIAN CANCER CENTER, IN PARTNERSHIP WITH JOHNSON & WALES UNIVERSITY CHEFS, PUT ON
FIGHT COLORECTAL CANCER 1414 PRINCE STREET ALEXANDRIA, VA 22314	20-2622550	501(C)(3)	15,000.	0.			CALL ON CONGRESS ADVOCACY TRAINING. THIS PROGRAM FUND IS ADMINISTERED THROUGH THE HAND-IN-HAND
AMERICAN CANCER SOCIETY 1626 LOCUST ST PHILADELPHIA, PA 19103	13-1788491	501(C)(3)	20,000.	0.			FUNDS FROM THE GET YOUR REAR IN GEAR PHILADELPHIA HELP THE AMERICAN CANCER SOCIETY PREVENT CANCER OR
CANCER SERVICES, INC. 3175 MAPLEWOOD AVE. WINSTON SALEM, NC 27103	56-0656375	501(C)(3)	21,000.	0.			THE GRANT FROM THE GET YOUR REAR IN GEAR WINSTON-SALEM RACE WILL ALLOW CANCER SERVICES OF
GREATER CHATTANOOGA COLON CANCER FOUNDATION - 979 E THIRD ST. STE C-300 - CHATTANOOGA, TN 37403	45-1443349	501(C)(3)	20,900.	0.			FUNDS FROM THE CHATTANOOGA RACE WILL HELP BUILD REGIONAL AWARENESS EDUCATIONAL
NEW YORK PRESBYTERIAN HOSPITAL 525 EAST 68TH ST, PO BOX 156 NEW YORK, NY 10065	13-3160356	501(C)(3)	50,000.	0.			GET YOUR REAR IN GEAR NEW YORK CITY IS COLLABORATING WITH THE JAY MONAHAN CENTER TO

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 28.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 3.**

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

Schedule I (Form 990) (2012)

**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
HILL COUNTY MISSION FOR HEALTH 122 COMMERCE AVE, PO BOX 606 BOERNE, TX 78006	48-1262832	501(C)(3)	30,000.	0.			FUNDS FROM THE SAN ANTONIO EVENT WILL GO TOWARDS COLON CANCER SCREENING FOR UNINSURED,
THRIVEWELL CANCER FOUNDATION PO BOX 29331 SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	30,000.	0.			PROGRAM SUPPORTS SUPPORT ELIGIBLE ADULT COLORECTAL CANCER PATIENTS WITH ASSISTANCE TO COVER THEIR
MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS - 40 COURT ST, 10TH FLOOR - BOSTON, MA 02108	04-2507409	501(C)(3)	25,000.	0.			THE INAUGURAL GET YOUR REAR IN GEAR BOSTON EVENT COMPLETELY FUNDED THE COLON CANCER SCREENING &
DAVID'S FIGHT.ORG 143 25TH CT WEST DES MOINES, IA 50265	32-0222029	501(C)(3)	19,405.	0.			DAVIDS FIGHT WAS FOUNDED TO BUILD COLORECTAL CANCER AWARENESS IN IOWA THROUGH PUBLIC, PHYSICIAN
STRIDES FOR LIFE 1600 TROUSDALE DR STE 1300 BURLINGAME, CA 94010	13-3160356	501(C)(3)	18,489.	0.			THIS GRANT PROVIDES PROGRAMS OF PUBLIC EDUCATION, WIDE SCALE SCREENING EFFORTS, AND
THE CANCER SUPPORT CENTER 2020 ELM RD HOMEWOOD, IL 60430	36-3880404	501(C)(3)	18,085.	0.			TO DATE, FUNDS FROM GET YOUR REAR IN GEAR EVENTS HAVE HELPED DAVIDS FIGHT PROVIDE NEARLY 50
AMBRAMSON CANCER CENTER 1221 BLOCKLEY HALL 423 GUARDIAN DR PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	15,000.	0.			FUNDS FROM THE GET YOUR REAR IN GEAR - PHILADELPHIA SUPPORT THE UNIVERSITY OF
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	12,975.	0.			FUNDS WILL BE PLACED IN AN ACCOUNT WITHIN THE DIVISION OF COLORECTAL SURGERY THAT IS
TOLEDO COLORECTAL COALITION 3231 CENTRAL PARK WEST, STE 200 TOLEDO, OH 43617	43-1986672	501(C)(3)	11,056.	0.			FUNDS RAISED BY THE GET YOUR REAR IN GEAR 5K RUN/WALK SUPPORT EDUCATION AND AWARENESS

**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		8,575.	0.			FUNDS FROM THE BATON ROUGE RACE WILL IMPROVE AWARENESS THROUGH EDUCATION AND ENCOURAGING
BUDDY KEMP CANCER SUPPORT CENTER/PRESBYTERIAN HOSPITAL FOUNDATION - PO BOX 33549 - CHARLOTTE, NC 28233	58-1413074	501(C)(3)	10,000.	0.			CHARLOTTE GET YOUR REAR IN GEAR CANCER SUPPORT GROUP. THE GROUP PROVIDES PSYCHOSOCIAL SUPPORT AND
ANGEL FOUNDATION 700 S 3RD ST, STE 106W MINNEAPOLIS, MN 55415	41-1990883	501(C)(3)	10,000.	0.			FUNDS FROM THE TWIN CITIES EVENT WILL PROVIDE GRANTS OF UP TO \$600 TO QUALIFIED PATIENTS BASED
CHURCH HEALTH CENTER 1210 PEABODY MEMPHIS, TN 38104	58-1716113	501(C)(3)	10,000.	0.			FUNDS RAISED THROUGH GET YOUR REAR IN GEAR - MEMPHIS WERE GIVEN TO THE CHURCH HEALTH CENTER, A
ANDREW J SOMORA FOUNDATION 5819 N AMES AVE KANSAS CITY, MO 64151	45-7137099	501(C)(3)	9,000.	0.			THE ANDREW J. SOMORA FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO HELP FAMILIES STRUGGLING
COLON CANCER STARS 4580 KLAHANIE DR SE #194 ISSAQUAH, WA 98029	26-2675571	501(C)(3)	9,000.	0.			THE WASHINGTON COLON CANCER STARS MISSION IS TO SAVE LIVES BY EDUCATING PEOPLE ON THE
EVERGREEN HEALTHCARE FOUNDATION 12333 NE 130TH LANE STE 300 KIRKLAND, WA 98034	91-1519430	501(C)(3)	7,200.	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)	7,000.	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)	6,800.	0.			ACCESS OC IS A PART ON THE NON-PROFIT, OPERATION ACCESS. THEY ARE BEGINNING THEIR COLON

**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
CANCER SERVICES OF BATON ROUGE 550 LOBDELL AVE BATON ROUGE, LA 70441	72-0517180	501(C)(3)	6,500.	0.			CANCER SERVICES SUPPORTS THE ENTIRE COMMUNITY BY SUPPORTING FAMILY MEMBERS AND CAREGIVERS IN GREATER
RACE FOR HOPE 1650 RIDGEVIEW COLUMBUS, OH 43221	20-4351427	501(C)(3)	5,910.	0.			IN 2011 GET YOUR REAR IN GEAR PARTNERED WITH THE PEGGY BOCK MEMORIAL RACE FOR HOPE IN COLUMBUS,
YMCA - ILLINOIS VALLE 300 WALNUT DRIVE PERU, IL 61354	36-6218217	501(C)(3)	5,000.	0.			THE LADD GET YOUR REAR IN GEAR IS PARTNERING WITH THE LADD YMCA TO PROVIDE PERSONAL TRAINING
GEORGETOWN LOMBARDI CANCER CENTER 37TH & O STREET NW, BOX 571173 WASHINGTON, DC 20057	53-0196603	501(C)(3)	5,000.	0.			A PORTION OF THE GRANT MONEY RAISED IN 2012 GIVES THE OTTO RUESCH CENTER AT GEORGETOWN
INDIANAPOLIS RADIO PO BOX 660406 INDIANAPOLIS INDIANAPOLIS, IN 46266			5,000.	0.			FUNDS FROM THE INDIANAPOLIS EVENT WILL BE USED FOR PUBLIC SERVICE ANNOUNCEMENTS,
NW YMCA POY 5807 MCNEIL DR AUSTIN AUSTIN, TX 78729	74-1193464	501(C)(3)	5,000.	0.			THE AUSTIN, TEXAS GET YOUR REAR IN GEAR IS PARTNERING WITH THE YMCA L LIVESTRONG PROGRAM
CONNECTING POINT 1622 4TH ST PERU, IL 61354	36-3067856		9,380.	0.			CONNECTING POINT, A LOCAL COMPUTER COMPANY IN PERU, ILLINOIS, WILL BE RESPONSIBLE FOR

**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.** Complete this part to 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, IN

PARTNERSHIP WITH JOHNSON & WALES UNIVERSITY CHEFS, PUT ON A "COOKING FOR

LIFE" PROGRAM ON MARCH 29, 2012 FOR 200 PEOPLE. IT PROMOTED HEALTHY

EATING AND EXERCISE AS A WAY TO HELP PREVENT COLORECTAL CANCER.

**NAME OF ORGANIZATION OR GOVERNMENT:** FIGHT COLORECTAL CANCER

**(H) PURPOSE OF GRANT OR ASSISTANCE:** CALL ON CONGRESS ADVOCACY TRAINING.

**Part IV** Supplemental Information

THIS PROGRAM FUND IS ADMINISTERED THROUGH THE HAND-IN-HAND FUND AT THE BUDDY KEMP CANCER SUPPORT CENTER IN CHARLOTTE, NORTH CAROLINA. THE PROGRAM WILL PROVIDE FINANCIAL ASSISTANCE TO UNDERINSURED AND UNINSURED INDIVIDUALS TO HELP COVER THE COST OF COLONOSCOPIES

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE GET YOUR REAR IN GEAR PHILADELPHIA HELP THE AMERICAN CANCER SOCIETY PREVENT CANCER OR DETECTING IT EARLY; HELP PEOPLE GET WELL SUPPORTING THEM DURING AND AFTER A CANCER DIAGNOSIS; FIND CURES THROUGH INVESTMENT IN GROUND-BREAKING DISCOVERY; AND FIGHT BACK BY WORKING WITH LAWMAKERS TO PASS LAWS TO DEFEAT CANCER AND BY RALLYING COMMUNITIES WORLDWIDE TO JOIN THE FIGHT.

NAME OF ORGANIZATION OR GOVERNMENT: CANCER SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT FROM THE GET YOUR REAR IN GEAR WINSTON-SALEM RACE WILL ALLOW CANCER SERVICES OF NORTH CAROLINA WILL PROVIDE FINANCIAL ASSISTANCE WITH MEDICATIONS AND OTHER CANCER-RELATED NEEDS OF COLON CANCER PATIENTS, SPECIFICALLY THE UNDER-SERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER CHATTANOOGA COLON CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE CHATTANOOGA RACE WILL HELP BUILD REGIONAL AWARENESS EDUCATIONAL CAMPAIGNS PARTNERING WITH MAJOR CORPORATIONS FOR EMPLOYEE EDUCATION AND COMMUNITY ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK PRESBYTERIAN HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GET YOUR REAR IN GEAR NEW YORK CITY

**Part IV** Supplemental Information

IS COLLABORATING WITH THE JAY MONAHAN CENTER TO CREATE THE AMY COVEY LECTURE SERIES: DIGESTIVE DISEASE PREVENTION AND TREATMENT IN YOUNG ADULTS. THE SERIES OF FOUR LECTURES WILL FEATURE AN EXPERT PHYSICIAN, CLINICIAN OR RESEARCHER IN THE FIELD OF GASTROINTESTINAL DISEASE BIOLOGY, SCREENING, PREVENTION, AND/OR TREATMENT. THIS LECTURE SERIES WILL AIM TO INCREASE KNOWLEDGE IN THIS AREA AND HELP TO ENSURE THE PROMPT DIAGNOSIS AND TREATMENT OF SERIOUS DIGESTIVE DISEASES IN YOUNGER ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: HILL COUNTY MISSION FOR HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE SAN ANTONIO EVENT WILL GO TOWARDS COLON CANCER SCREENING FOR UNINSURED, LOW-INCOME ADULTS IN KENDALL COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: THRIVEWELL CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORTS SUPPORT ELIGIBLE ADULT COLORECTAL CANCER PATIENTS WITH ASSISTANCE TO COVER THEIR CO-INSURANCE COSTS OF CHEMOTHERAPY OR RADIATION TREATMENTS ALONG WITH TRANSPORTATION ASSISTANCE FOR ACTIVE CANCER TREATMENT THROUGHOUT SAN ANTONIO, TX.

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE INAUGURAL GET YOUR REAR IN GEAR BOSTON EVENT COMPLETELY FUNDED THE COLON CANCER SCREENING & EDUCATION PROGRAM, THE FIRST COLON CANCER SPECIFIC PROGRAM FOR THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS.

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

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DAVIDS FIGHT WAS FOUNDED TO BUILD COLORECTAL CANCER AWARENESS IN IOWA THROUGH PUBLIC, PHYSICIAN AND PATIENT EDUCATION, UTILIZING A VARIETY OF DIFFERENT PROGRAMS, ACTIVITIES AND RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: STRIDES FOR LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT PROVIDES PROGRAMS OF PUBLIC EDUCATION, WIDE SCALE SCREENING EFFORTS, AND RISK-REDUCTION STRATEGIES DIRECTED TOWARD POPULATIONS AT HIGH RISK.

NAME OF ORGANIZATION OR GOVERNMENT: THE CANCER SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DATE, FUNDS FROM GET YOUR REAR IN GEAR EVENTS HAVE HELPED DAVIDS FIGHT PROVIDE NEARLY 50 COLONOSCOPIES THROUGH FIGHTING FUNDS TO CITIZENS OF THE STATE OF IOWA, AND THAT NUMBER GROWS WEEKLY. THE EVENT ALSO HELPS FUND SNOW ANGELS, PROVIDING CHEMOTHERAPY PATIENTS WITH SNOW REMOVAL DURING THE WINTER MONTHS, AND THE SUPER COLON AND OTHER PROJECTS USED TO BUILD COLORECTAL CANCER AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT: AMBRAMSON CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE GET YOUR REAR IN GEAR - PHILADELPHIA SUPPORT THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM COLORECTAL CANCER SCREENING NAVIGATION PROGRAM THAT TARGETS RESIDENTS IN WEST PHILADELPHIA OVER THE AGE OF 50 AND HAVE NOT COMPLETED COLORECTAL CANCER SCREENING. THESE PATIENTS WILL BE IDENTIFIED AND CONTACTED TO FIND THE BARRIER THAT IS PREVENTING THEM FROM HAVING A SCREENING COLONOSCOPY. THE NAVIGATORS WORKING WITH THESE PATIENTS WILL ASSIST WITH EDUCATION AND ELIMINATING THOSE BARRIERS, AS WELL AS FOLLOW-UP CALLS AND FOLLOWING PATIENTS WITH ABNORMAL RESULTS THROUGH THE NECESSARY DIAGNOSTIC OR



**Part IV** Supplemental Information

THERAPEUTIC APPOINTMENTS AND PROCEDURES.

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: TOLEDO COLORECTAL COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS RAISED BY THE GET YOUR REAR IN GEAR 5K RUN/WALK SUPPORT EDUCATION AND AWARENESS OF COLORECTAL CANCER, AND INCREASE SCREENING RATES IN THE GREATER TOLEDO-AREA. THE LUCAS COUNTY COLORECTAL CANCER COALITION IS DEDICATED TO RAISING AWARENESS IN NORTHWEST OHIO ABOUT COLORECTAL CANCER PREVENTION, THE NECESSITY FOR EARLY INTERVENTION AND THE IMPORTANCE OF SCREENING THROUGH COLLABORATIVE PARTNERSHIP AND EDUCATION, WILL OVERSEE THE PROJECTS AND FUNDS.

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA TELEVISION BROADCASTING, LLC DBA WBRZ

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE BATON ROUGE RACE WILL IMPROVE AWARENESS THROUGH EDUCATION AND ENCOURAGING VIEWERS TO GET SCREENED. TWO PUBLIC SERVICE ANNOUNCEMENTS WILL RUN 100 TIMES ON WBRZ, 50 TIMES ON THE WEATHER CHANNEL, AND THROUGHOUT THE YEAR.

NAME OF ORGANIZATION OR GOVERNMENT:

BUDDY KEMP CANCER SUPPORT CENTER/PRESBYTERIAN HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARLOTTE GET YOUR REAR IN GEAR CANCER SUPPORT GROUP. THE GROUP PROVIDES PSYCHOSOCIAL SUPPORT AND EDUCATIONAL SERVICES TO ITS PARTICIPANTS AND THE CHARLOTTE, N.C.

**Part IV** Supplemental Information

POPULATION AT THE BUDDY KEMP CANCER SUPPORT CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: ANGEL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE TWIN CITIES EVENT WILL PROVIDE GRANTS OF UP TO \$600 TO QUALIFIED PATIENTS BASED ON CURRENT GRANTING CRITERIA. THE OUTCOME IS TO PROVIDE FINANCIAL SUPPORT TO HELP PATIENT-FAMILIES THROUGH A DIFFICULT PERIOD OF FINANCIAL CRISIS TO RELIEVE STRESS SO THAT THEY ARE BATTER ABLE TO FOCUS ON THE WELL BEING OF THE COLON CANCER PATIENT.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS RAISED THROUGH GET YOUR REAR IN GEAR - MEMPHIS WERE GIVEN TO THE CHURCH HEALTH CENTER, A FREE HEALTH CLINIC, TO BE USED FOR COLORECTAL CANCER SCREENING EFFORTS, ASSISTANCE AND EDUCATION TO REMOVE THE BARRIERS TO SCREENING, AND FURTHER EDUCATION ABOUT COLORECTAL CANCER TO THE MEMPHIS COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ANDREW J SOMORA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ANDREW J. SOMORA FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO HELP FAMILIES STRUGGLING TO CARE FOR A LOVED ONE WITH COLON CANCER. FUNDS ARE PROVIDED DIRECTLY TO FAMILIES TO HELP PAY BILLS AND ALSO TO ASSIST PATIENTS UNDERGOING TREATMENT AT KUCC FILL PRESCRIPTIONS FOR PAIN AND CHEMO MEDICATIONS NOT COVERED BY INSURANCE OR TO HELP FILL IN THE GAP UNTIL LONG-TERM ASSISTANCE CAN BE PROVIDED BY MEDICAID OR A PHARMACEUTICAL COMPANY.

NAME OF ORGANIZATION OR GOVERNMENT: COLON CANCER STARS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WASHINGTON COLON CANCER STARS<sup>0</sup>

**Part IV** Supplemental Information

MISSION IS TO SAVE LIVES BY EDUCATING PEOPLE ON THE IMPORTANCE OF COLORECTAL CANCER SCREENING. THE GRANT FROM GET YOUR REAR IN GEAR - SEATTLE WILL INCREASE PEOPLE'S AWARENESS ABOUT THE BENEFITS OF BEING SCREENED FOR COLORECTAL CANCER, PROVIDE SUPPORT TO FAMILIES IN THE EARLIEST PHASES OF A LOVED ONE'S TREATMENT, WORK TO BROADEN THE LEVEL OF PREVENTION, SCREENING AND TREATMENT RESOURCES THAT ARE CURRENTLY AVAILABLE TO UNDER SERVED POPULATIONS.

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 IS A PART ON THE NON-PROFIT, OPERATION ACCESS. THEY ARE BEGINNING THEIR COLON CANCER SCREENING PROJECT THROUGH LOCAL COMMUNITY CLINICS. THEIR GOAL IS TO PROVIDE FUNDS TO PURCHASE MORE KITS TO GIVE TO THOSE WHO ARE UNINSURED OR UNDERINSURED IN THE OC AREA.

**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 SUPPORTING FAMILY MEMBERS AND CAREGIVERS IN GREATER BATON ROUGE. THEY PROVIDE NUTRITIONAL SUPPLEMENT, MORAL SUPPORT, AND ACTIVITIES FOR CHILDREN THAT ARE AFFECTED BY THE DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: RACE FOR HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN 2011 GET YOUR REAR IN GEAR PARTNERED WITH THE PEGGY BOCK MEMORIAL RACE FOR HOPE IN COLUMBUS, OHIO. MONEY RAISED AT THIS EVENT FUNDED COLON CANCER AWARENESS PROGRAMS, PROMOTED OPPORTUNITIES FOR COLON CANCER SCREENINGS, AND ENCOURAGED HEALTHY LIFESTYLES

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - ILLINOIS VALLE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE LADD GET YOUR REAR IN GEAR IS PARTNERING WITH THE LADD YMCA TO PROVIDE PERSONAL TRAINING SESSIONS FOR PATIENTS WHO WANT TO RECOUP STRENGTH AFTER TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGETOWN LOMBARDI CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A PORTION OF THE GRANT MONEY RAISED IN 2012 GIVES THE OTTO RUESCH CENTER AT GEORGETOWN LOMBARDI THE ABILITY TO ENCOURAGE INSURANCE PROVIDERS TO EXTEND ACCESS TO CANCER MEDICINE OUTSIDE OF STRICT REGULATORY APPROVALS.

NAME OF ORGANIZATION OR GOVERNMENT: INDIANAPOLIS RADIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE INDIANAPOLIS EVENT WILL BE USED FOR PUBLIC SERVICE ANNOUNCEMENTS, SPOT PRODUCTION FOR THE EDUCATIONAL SPOTS, NEWS STORIES ABOUT COLON CANCER AND THE IMPORTANCE OF

**Part IV** Supplemental Information

SCREENING, AND OTHER UNIQUE PROMOTIONAL OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NW YMCA POY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AUSTIN, TEXAS GET YOUR REAR IN GEAR IS PARTNERING WITH THE YMCA® LIVESTRONG PROGRAM TO PROVIDE SMALL GROUP FITNESS PROGRAMS FOR ADULT CANCER SURVIVORS AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTING POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTING POINT, A LOCAL COMPUTER COMPANY IN PERU, ILLINOIS, WILL BE RESPONSIBLE FOR INSTALLING PROGRAMS ON TABLETS AND SETTING UP AND INSTALLING THE TELEVISIONS IN CHEMOTHERAPY TREATMENT ROOMS. THEY WILL SERVICE THE TABLETS FOR 1 YEAR FOR NO ADDITIONAL FEES.

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

COLON CANCER COALITION

Employer identification number

30-0377727

FORM 990, PART VI, SECTION B, LINE 11: 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 C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING  
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

• 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	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.  **952-944-0966** 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, 2013**.  
5 For calendar year **2012**, 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 EXTENSION 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 Form 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 Form 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

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

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: 12/31/2012

### 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>1,370,827.</u>
Government Grants	\$	<u>0.</u>
Other revenue	\$	<u>&lt;83,399.&gt;</u>
<b>TOTAL REVENUE</b>	\$	<u><b>1,287,428.</b></u>

EXCESS or DEFICIT	\$	<u>115,140.</u>
TOTAL Assets	\$	<u>1,134,747.</u>
TOTAL Liabilities	\$	<u>1,043,099.</u>

**END OF YEAR FUND BALANCE/NET WORTH** (Assets minus Liabilities) \$ 91,648.

**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)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

CFO  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
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

# Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" 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</b> Name of organization <b>COLON CANCER COALITION</b>		<b>D</b> Employer identification number <b>30-0377727</b>
	Doing Business As <b>GET YOUR REAR IN GEAR</b>		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5666 LINCOLN DR STE 270</b>		<b>E</b> Telephone number <b>952-944-0966</b>
	City, town, or post office, state, and ZIP code <b>EDINA, MN 55436</b>		<b>G</b> Gross receipts \$ <b>2,153,251.</b>
<b>F</b> Name and address of principal officer: <b>JACK ABDO</b> <b>SAME AS C ABOVE</b>			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <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>J</b> Website: ▶ <b>WWW.COLONCANCERCOALITION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2006</b>
<b>M</b> State of legal domicile: <b>MN</b>			

### Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO ENSURE THAT ALL CITIZENS HAVE ADEQUATE INFORMATION AND ACCESS TO SCREENING FOR COLORECTAL CANCER.</b>			
	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)	5	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	7	
	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)	1,026,539.	1,370,827.
	9	Program service revenue (Part VIII, line 2g)	608.	200.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	840.	767.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<66,755.>	<84,366.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	961,232.	1,287,428.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	717,054.	803,025.
	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)	174,053.	192,173.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>45,752.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	129,161.	177,090.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,020,268.	1,172,288.
19	Revenue less expenses. Subtract line 18 from line 12	<59,036.>	115,140.	
<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)	721,566.	1,134,747.
	21	Total liabilities (Part X, line 26)	745,058.	1,043,099.
22	Net assets or fund balances. Subtract line 21 from line 20	<23,492.>	91,648.	

### 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		
	▶ <b>JACK ABDO, CFO</b> 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
	<b>JOHN N. ABDO, CPA</b>	<b>JAY M. ABDO, CPA</b>	<b>08/27/13</b>	<input type="checkbox"/>	<b>P00073438</b>
	Firm's name ▶ <b>ABDO, EICK &amp; MEYERS, LLP</b>	Firm's EIN ▶ <b>41-1397419</b>			
Firm's address ▶ <b>5201 EDEN AVE SUITE 250</b> <b>EDINA, MN 55436</b>			Phone no. <b>952-835-9090</b>		

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 to any question 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 \$ 1,016,550. including grants of \$ 803,025. ) (Revenue \$ 200. ) 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 1,016,550.

**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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 and other assistance to any government or organization in the United States 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 and 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 25</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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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. [X] Upon request
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 - 952-944-0966 5666 LINCOLN DR STE 270, EDINA, MN 55436

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTIN LINQUIST CHAIRMAN AND PRESIDENT	40.00	X		X			88,000.	0.	0.	
(2) JEFF SMEDSRUD VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(3) JACK ABDO CFO	1.00	X		X			0.	0.	0.	
(4) DAVE GROUNDS GENERAL COUNSEL	2.00	X					0.	0.	0.	
(5) LARRY CAPPEL WEST COAST CHAIRPERSON	1.00	X					0.	0.	0.	
(6) RANDY LOPEZ DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							88,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							88,000.	0.	0.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,251,616.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	119,211.			
	g Noncash contributions included in lines 1a-1f: \$		20,600.			
	h Total. Add lines 1a-1f		1,370,827.			
	Program Service Revenue	2 a PROGRAM INCOME	Business Code	200.	200.	
		900099				
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		200.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		767.		767.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 1,251,616. of contributions reported on line 1c). See Part IV, line 18	a	781,457.			
	b Less: direct expenses	b	865,823.			
c Net income or (loss) from fundraising events		<84,366.>			<84,366.>	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,287,428.	200.	0.	<83,599.>	

**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 to any question 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	803,025.	803,025.		
<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.	44,000.	22,000.	22,000.
<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	90,053.	39,091.	43,286.	7,676.
<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	14,120.	6,590.	5,178.	2,352.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,356.		1,356.	
<b>c</b> Accounting	5,944.		5,944.	
<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.)	58,517.	46,847.	5,475.	6,195.
<b>12</b> Advertising and promotion	39,508.	39,508.		
<b>13</b> Office expenses	7,502.	225.	6,574.	703.
<b>14</b> Information technology	9,246.	7,925.	1,321.	
<b>15</b> Royalties				
<b>16</b> Occupancy	10,123.	4,157.	3,997.	1,969.
<b>17</b> Travel	23,045.	17,606.	2,155.	3,284.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,084.	1,042.	1,042.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	9,443.	4,407.	3,463.	1,573.
<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> MISCELLANEOUS	4,669.		4,669.	
<b>b</b> MEALS AND ENTERTAINMENT	2,600.	2,127.	473.	
<b>c</b> SUPPLIES	2,325.		2,325.	
<b>d</b> LICENSES, DUES AND MEMB	728.		728.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,172,288.	1,016,550.	109,986.	45,752.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	244,425.	1	721,060.
	<b>2</b> Savings and temporary cash investments .....	402,599.	2	401,787.
	<b>3</b> Pledges and grants receivable, net .....		3	
	<b>4</b> Accounts receivable, net .....	40,127.	4	500.
	<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 .....		5	
	<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 .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....	34,415.	9	11,400.
	<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 .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
	<b>15</b> Other assets. See Part IV, line 11 .....		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	721,566.	16	1,134,747.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	28,321.	17	4,950.
	<b>18</b> Grants payable .....	678,559.	18	1,015,966.
	<b>19</b> Deferred revenue .....	38,178.	19	22,183.
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<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 .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<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 .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	745,058.	26	1,043,099.
<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 .....	<23,492.>	27	88,957.
	<b>28</b> Temporarily restricted net assets .....		28	2,691.
	<b>29</b> Permanently restricted net assets .....		29	
	<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 .....		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32	
<b>33</b> Total net assets or fund balances .....	<23,492.>	33	91,648.	
<b>34</b> Total liabilities and net assets/fund balances .....	721,566.	34	1,134,747.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,287,428.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,172,288.
3	Revenue less expenses. Subtract line 2 from line 1	3	115,140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<23,492.>
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,648.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	231,751.	393,533.	507,435.	1026539.	1370827.	3530085.
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 .....	231,751.	393,533.	507,435.	1026539.	1370827.	3530085.
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) .....						88,660.
6 <b>Public support.</b> Subtract line 5 from line 4.						3441425.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	231,751.	393,533.	507,435.	1026539.	1370827.	3530085.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	192.	359.	1,235.	840.	767.	3,393.
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						3533478.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,730,798.
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 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	97.39	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	95.62	%
16a <b>33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 - 2011.</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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 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   | <b>3a(i)</b>  |    |
| (ii) related organizations  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** 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				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,820,250.
<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>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	865,823.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	865,823.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	954,427.
<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>	333,001.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	333,001.
<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>	1,287,428.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,705,110.
<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>	
<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>	865,823.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	865,823.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	839,287.
<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>	333,001.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	333,001.
<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>	1,172,288.

**Part XIII Supplemental Information**

Complete this part to 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: 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:**



**Part XIII** Supplemental Information (continued)

FUNDRAISING EVENT DIRECT EXPENSES 865,823.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 333,001.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES 865,823.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 333,001.



**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
		MINNEAPOLIS GET YOUR REAGET YOUR RE	PHILADELPHIA GET YOUR REAGET YOUR RE	36	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	260,108.	199,742.	1,573,223.	2,033,073.
	<b>2</b> Less: Contributions .....	159,625.	65,877.	1,026,114.	1,251,616.
	<b>3</b> Gross income (line 1 minus line 2) .....	100,483.	133,865.	547,109.	781,457.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	691.	3,839.	14,425.	18,955.
	<b>6</b> Rent/facility costs .....	10,356.	14,474.	55,281.	80,111.
	<b>7</b> Food and beverages .....	1,209.	1,706.	12,148.	15,063.
	<b>8</b> Entertainment .....	1,154.	1,008.	1,867.	4,029.
	<b>9</b> Other direct expenses .....	136,524.	84,485.	526,656.	747,665.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 865,823 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				<84,366.>

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**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: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**2012**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE FOUNDATION 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	27,500.	0.			PRESBYTERIAN CANCER CENTER, IN PARTNERSHIP WITH JOHNSON & WALES UNIVERSITY CHEFS, PUT ON
FIGHT COLORECTAL CANCER 1414 PRINCE STREET ALEXANDRIA, VA 22314	20-2622550	501(C)(3)	15,000.	0.			CALL ON CONGRESS ADVOCACY TRAINING. THIS PROGRAM FUND IS ADMINISTERED THROUGH THE HAND-IN-HAND
AMERICAN CANCER SOCIETY 1626 LOCUST ST PHILADELPHIA, PA 19103	13-1788491	501(C)(3)	20,000.	0.			FUNDS FROM THE GET YOUR REAR IN GEAR PHILADELPHIA HELP THE AMERICAN CANCER SOCIETY PREVENT CANCER OR
CANCER SERVICES, INC. 3175 MAPLEWOOD AVE. WINSTON SALEM, NC 27103	56-0656375	501(C)(3)	21,000.	0.			THE GRANT FROM THE GET YOUR REAR IN GEAR WINSTON-SALEM RACE WILL ALLOW CANCER SERVICES OF
GREATER CHATTANOOGA COLON CANCER FOUNDATION - 979 E THIRD ST. STE C-300 - CHATTANOOGA, TN 37403	45-1443349	501(C)(3)	20,900.	0.			FUNDS FROM THE CHATTANOOGA RACE WILL HELP BUILD REGIONAL AWARENESS EDUCATIONAL
NEW YORK PRESBYTERIAN HOSPITAL 525 EAST 68TH ST, PO BOX 156 NEW YORK, NY 10065	13-3160356	501(C)(3)	50,000.	0.			GET YOUR REAR IN GEAR NEW YORK CITY IS COLLABORATING WITH THE JAY MONAHAN CENTER TO

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 28.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 3.**

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

Schedule I (Form 990) (2012)

**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
HILL COUNTY MISSION FOR HEALTH 122 COMMERCE AVE, PO BOX 606 BOERNE, TX 78006	48-1262832	501(C)(3)	30,000.	0.			FUNDS FROM THE SAN ANTONIO EVENT WILL GO TOWARDS COLON CANCER SCREENING FOR UNINSURED,
THRIVEWELL CANCER FOUNDATION PO BOX 29331 SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	30,000.	0.			PROGRAM SUPPORTS SUPPORT ELIGIBLE ADULT COLORECTAL CANCER PATIENTS WITH ASSISTANCE TO COVER THEIR
MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS - 40 COURT ST, 10TH FLOOR - BOSTON, MA 02108	04-2507409	501(C)(3)	25,000.	0.			THE INAUGURAL GET YOUR REAR IN GEAR BOSTON EVENT COMPLETELY FUNDED THE COLON CANCER SCREENING &
DAVID'S FIGHT.ORG 143 25TH CT WEST DES MOINES, IA 50265	32-0222029	501(C)(3)	19,405.	0.			DAVIDS FIGHT WAS FOUNDED TO BUILD COLORECTAL CANCER AWARENESS IN IOWA THROUGH PUBLIC, PHYSICIAN
STRIDES FOR LIFE 1600 TROUSDALE DR STE 1300 BURLINGAME, CA 94010	13-3160356	501(C)(3)	18,489.	0.			THIS GRANT PROVIDES PROGRAMS OF PUBLIC EDUCATION, WIDE SCALE SCREENING EFFORTS, AND
THE CANCER SUPPORT CENTER 2020 ELM RD HOMEWOOD, IL 60430	36-3880404	501(C)(3)	18,085.	0.			TO DATE, FUNDS FROM GET YOUR REAR IN GEAR EVENTS HAVE HELPED DAVIDS FIGHT PROVIDE NEARLY 50
AMBRAMSON CANCER CENTER 1221 BLOCKLEY HALL 423 GUARDIAN DR PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	15,000.	0.			FUNDS FROM THE GET YOUR REAR IN GEAR - PHILADELPHIA SUPPORT THE UNIVERSITY OF
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	12,975.	0.			FUNDS WILL BE PLACED IN AN ACCOUNT WITHIN THE DIVISION OF COLORECTAL SURGERY THAT IS
TOLEDO COLORECTAL COALITION 3231 CENTRAL PARK WEST, STE 200 TOLEDO, OH 43617	43-1986672	501(C)(3)	11,056.	0.			FUNDS RAISED BY THE GET YOUR REAR IN GEAR 5K RUN/WALK SUPPORT EDUCATION AND AWARENESS

**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		8,575.	0.			FUNDS FROM THE BATON ROUGE RACE WILL IMPROVE AWARENESS THROUGH EDUCATION AND ENCOURAGING
BUDDY KEMP CANCER SUPPORT CENTER/PRESBYTERIAN HOSPITAL FOUNDATION - PO BOX 33549 - CHARLOTTE, NC 28233	58-1413074	501(C)(3)	10,000.	0.			CHARLOTTE GET YOUR REAR IN GEAR CANCER SUPPORT GROUP. THE GROUP PROVIDES PSYCHOSOCIAL SUPPORT AND
ANGEL FOUNDATION 700 S 3RD ST, STE 106W MINNEAPOLIS, MN 55415	41-1990883	501(C)(3)	10,000.	0.			FUNDS FROM THE TWIN CITIES EVENT WILL PROVIDE GRANTS OF UP TO \$600 TO QUALIFIED PATIENTS BASED
CHURCH HEALTH CENTER 1210 PEABODY MEMPHIS, TN 38104	58-1716113	501(C)(3)	10,000.	0.			FUNDS RAISED THROUGH GET YOUR REAR IN GEAR - MEMPHIS WERE GIVEN TO THE CHURCH HEALTH CENTER, A
ANDREW J SOMORA FOUNDATION 5819 N AMES AVE KANSAS CITY, MO 64151	45-7137099	501(C)(3)	9,000.	0.			THE ANDREW J. SOMORA FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO HELP FAMILIES STRUGGLING
COLON CANCER STARS 4580 KLAHANIE DR SE #194 ISSAQUAH, WA 98029	26-2675571	501(C)(3)	9,000.	0.			THE WASHINGTON COLON CANCER STARS MISSION IS TO SAVE LIVES BY EDUCATING PEOPLE ON THE
EVERGREEN HEALTHCARE FOUNDATION 12333 NE 130TH LANE STE 300 KIRKLAND, WA 98034	91-1519430	501(C)(3)	7,200.	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)	7,000.	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)	6,800.	0.			ACCESS OC IS A PART ON THE NON-PROFIT, OPERATION ACCESS. THEY ARE BEGINNING THEIR COLON

**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
CANCER SERVICES OF BATON ROUGE 550 LOBDELL AVE BATON ROUGE, LA 70441	72-0517180	501(C)(3)	6,500.	0.			CANCER SERVICES SUPPORTS THE ENTIRE COMMUNITY BY SUPPORTING FAMILY MEMBERS AND CAREGIVERS IN GREATER
RACE FOR HOPE 1650 RIDGEVIEW COLUMBUS, OH 43221	20-4351427	501(C)(3)	5,910.	0.			IN 2011 GET YOUR REAR IN GEAR PARTNERED WITH THE PEGGY BOCK MEMORIAL RACE FOR HOPE IN COLUMBUS,
YMCA - ILLINOIS VALLE 300 WALNUT DRIVE PERU, IL 61354	36-6218217	501(C)(3)	5,000.	0.			THE LADD GET YOUR REAR IN GEAR IS PARTNERING WITH THE LADD YMCA TO PROVIDE PERSONAL TRAINING
GEORGETOWN LOMBARDI CANCER CENTER 37TH & O STREET NW, BOX 571173 WASHINGTON, DC 20057	53-0196603	501(C)(3)	5,000.	0.			A PORTION OF THE GRANT MONEY RAISED IN 2012 GIVES THE OTTO RUESCH CENTER AT GEORGETOWN
INDIANAPOLIS RADIO PO BOX 660406 INDIANAPOLIS INDIANAPOLIS, IN 46266			5,000.	0.			FUNDS FROM THE INDIANAPOLIS EVENT WILL BE USED FOR PUBLIC SERVICE ANNOUNCEMENTS,
NW YMCA POY 5807 MCNEIL DR AUSTIN AUSTIN, TX 78729	74-1193464	501(C)(3)	5,000.	0.			THE AUSTIN, TEXAS GET YOUR REAR IN GEAR IS PARTNERING WITH THE YMCA L LIVESTRONG PROGRAM
CONNECTING POINT 1622 4TH ST PERU, IL 61354	36-3067856		9,380.	0.			CONNECTING POINT, A LOCAL COMPUTER COMPANY IN PERU, ILLINOIS, WILL BE RESPONSIBLE FOR



**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.** Complete this part to 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, IN

PARTNERSHIP WITH JOHNSON & WALES UNIVERSITY CHEFS, PUT ON A "COOKING FOR

LIFE" PROGRAM ON MARCH 29, 2012 FOR 200 PEOPLE. IT PROMOTED HEALTHY

EATING AND EXERCISE AS A WAY TO HELP PREVENT COLORECTAL CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: FIGHT COLORECTAL CANCER

(H) PURPOSE OF GRANT OR ASSISTANCE: CALL ON CONGRESS ADVOCACY TRAINING.

**Part IV** Supplemental Information

THIS PROGRAM FUND IS ADMINISTERED THROUGH THE HAND-IN-HAND FUND AT THE BUDDY KEMP CANCER SUPPORT CENTER IN CHARLOTTE, NORTH CAROLINA. THE PROGRAM WILL PROVIDE FINANCIAL ASSISTANCE TO UNDERINSURED AND UNINSURED INDIVIDUALS TO HELP COVER THE COST OF COLONOSCOPIES

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE GET YOUR REAR IN GEAR PHILADELPHIA HELP THE AMERICAN CANCER SOCIETY PREVENT CANCER OR DETECTING IT EARLY; HELP PEOPLE GET WELL SUPPORTING THEM DURING AND AFTER A CANCER DIAGNOSIS; FIND CURES THROUGH INVESTMENT IN GROUND-BREAKING DISCOVERY; AND FIGHT BACK BY WORKING WITH LAWMAKERS TO PASS LAWS TO DEFEAT CANCER AND BY RALLYING COMMUNITIES WORLDWIDE TO JOIN THE FIGHT.

NAME OF ORGANIZATION OR GOVERNMENT: CANCER SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT FROM THE GET YOUR REAR IN GEAR WINSTON-SALEM RACE WILL ALLOW CANCER SERVICES OF NORTH CAROLINA WILL PROVIDE FINANCIAL ASSISTANCE WITH MEDICATIONS AND OTHER CANCER-RELATED NEEDS OF COLON CANCER PATIENTS, SPECIFICALLY THE UNDER-SERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER CHATTANOOGA COLON CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE CHATTANOOGA RACE WILL HELP BUILD REGIONAL AWARENESS EDUCATIONAL CAMPAIGNS PARTNERING WITH MAJOR CORPORATIONS FOR EMPLOYEE EDUCATION AND COMMUNITY ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK PRESBYTERIAN HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GET YOUR REAR IN GEAR NEW YORK CITY

**Part IV** Supplemental Information

IS COLLABORATING WITH THE JAY MONAHAN CENTER TO CREATE THE AMY COVEY LECTURE SERIES: DIGESTIVE DISEASE PREVENTION AND TREATMENT IN YOUNG ADULTS. THE SERIES OF FOUR LECTURES WILL FEATURE AN EXPERT PHYSICIAN, CLINICIAN OR RESEARCHER IN THE FIELD OF GASTROINTESTINAL DISEASE BIOLOGY, SCREENING, PREVENTION, AND/OR TREATMENT. THIS LECTURE SERIES WILL AIM TO INCREASE KNOWLEDGE IN THIS AREA AND HELP TO ENSURE THE PROMPT DIAGNOSIS AND TREATMENT OF SERIOUS DIGESTIVE DISEASES IN YOUNGER ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: HILL COUNTY MISSION FOR HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE SAN ANTONIO EVENT WILL GO TOWARDS COLON CANCER SCREENING FOR UNINSURED, LOW-INCOME ADULTS IN KENDALL COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: THRIVEWELL CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORTS SUPPORT ELIGIBLE ADULT COLORECTAL CANCER PATIENTS WITH ASSISTANCE TO COVER THEIR CO-INSURANCE COSTS OF CHEMOTHERAPY OR RADIATION TREATMENTS ALONG WITH TRANSPORTATION ASSISTANCE FOR ACTIVE CANCER TREATMENT THROUGHOUT SAN ANTONIO, TX.

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE INAUGURAL GET YOUR REAR IN GEAR BOSTON EVENT COMPLETELY FUNDED THE COLON CANCER SCREENING & EDUCATION PROGRAM, THE FIRST COLON CANCER SPECIFIC PROGRAM FOR THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS.

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

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(H) PURPOSE OF GRANT OR ASSISTANCE: DAVIDS FIGHT WAS FOUNDED TO BUILD COLORECTAL CANCER AWARENESS IN IOWA THROUGH PUBLIC, PHYSICIAN AND PATIENT EDUCATION, UTILIZING A VARIETY OF DIFFERENT PROGRAMS, ACTIVITIES AND RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: STRIDES FOR LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT PROVIDES PROGRAMS OF PUBLIC EDUCATION, WIDE SCALE SCREENING EFFORTS, AND RISK-REDUCTION STRATEGIES DIRECTED TOWARD POPULATIONS AT HIGH RISK.

NAME OF ORGANIZATION OR GOVERNMENT: THE CANCER SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DATE, FUNDS FROM GET YOUR REAR IN GEAR EVENTS HAVE HELPED DAVIDS FIGHT PROVIDE NEARLY 50 COLONOSCOPIES THROUGH FIGHTING FUNDS TO CITIZENS OF THE STATE OF IOWA, AND THAT NUMBER GROWS WEEKLY. THE EVENT ALSO HELPS FUND SNOW ANGELS, PROVIDING CHEMOTHERAPY PATIENTS WITH SNOW REMOVAL DURING THE WINTER MONTHS, AND THE SUPER COLON AND OTHER PROJECTS USED TO BUILD COLORECTAL CANCER AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT: AMBRAMSON CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE GET YOUR REAR IN GEAR - PHILADELPHIA SUPPORT THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM COLORECTAL CANCER SCREENING NAVIGATION PROGRAM THAT TARGETS RESIDENTS IN WEST PHILADELPHIA OVER THE AGE OF 50 AND HAVE NOT COMPLETED COLORECTAL CANCER SCREENING. THESE PATIENTS WILL BE IDENTIFIED AND CONTACTED TO FIND THE BARRIER THAT IS PREVENTING THEM FROM HAVING A SCREENING COLONOSCOPY. THE NAVIGATORS WORKING WITH THESE PATIENTS WILL ASSIST WITH EDUCATION AND ELIMINATING THOSE BARRIERS, AS WELL AS FOLLOW-UP CALLS AND FOLLOWING PATIENTS WITH ABNORMAL RESULTS THROUGH THE NECESSARY DIAGNOSTIC OR

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THERAPEUTIC APPOINTMENTS AND PROCEDURES.

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: TOLEDO COLORECTAL COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS RAISED BY THE GET YOUR REAR IN GEAR 5K RUN/WALK SUPPORT EDUCATION AND AWARENESS OF COLORECTAL CANCER, AND INCREASE SCREENING RATES IN THE GREATER TOLEDO-AREA. THE LUCAS COUNTY COLORECTAL CANCER COALITION IS DEDICATED TO RAISING AWARENESS IN NORTHWEST OHIO ABOUT COLORECTAL CANCER PREVENTION, THE NECESSITY FOR EARLY INTERVENTION AND THE IMPORTANCE OF SCREENING THROUGH COLLABORATIVE PARTNERSHIP AND EDUCATION, WILL OVERSEE THE PROJECTS AND FUNDS.

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA TELEVISION BROADCASTING, LLC DBA WBRZ

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE BATON ROUGE RACE WILL IMPROVE AWARENESS THROUGH EDUCATION AND ENCOURAGING VIEWERS TO GET SCREENED. TWO PUBLIC SERVICE ANNOUNCEMENTS WILL RUN 100 TIMES ON WBRZ, 50 TIMES ON THE WEATHER CHANNEL, AND THROUGHOUT THE YEAR.

NAME OF ORGANIZATION OR GOVERNMENT:

BUDDY KEMP CANCER SUPPORT CENTER/PRESBYTERIAN HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARLOTTE GET YOUR REAR IN GEAR CANCER SUPPORT GROUP. THE GROUP PROVIDES PSYCHOSOCIAL SUPPORT AND EDUCATIONAL SERVICES TO ITS PARTICIPANTS AND THE CHARLOTTE, N.C.

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POPULATION AT THE BUDDY KEMP CANCER SUPPORT CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: ANGEL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE TWIN CITIES EVENT WILL PROVIDE GRANTS OF UP TO \$600 TO QUALIFIED PATIENTS BASED ON CURRENT GRANTING CRITERIA. THE OUTCOME IS TO PROVIDE FINANCIAL SUPPORT TO HELP PATIENT-FAMILIES THROUGH A DIFFICULT PERIOD OF FINANCIAL CRISIS TO RELIEVE STRESS SO THAT THEY ARE BATTER ABLE TO FOCUS ON THE WELL BEING OF THE COLON CANCER PATIENT.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS RAISED THROUGH GET YOUR REAR IN GEAR - MEMPHIS WERE GIVEN TO THE CHURCH HEALTH CENTER, A FREE HEALTH CLINIC, TO BE USED FOR COLORECTAL CANCER SCREENING EFFORTS, ASSISTANCE AND EDUCATION TO REMOVE THE BARRIERS TO SCREENING, AND FURTHER EDUCATION ABOUT COLORECTAL CANCER TO THE MEMPHIS COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ANDREW J SOMORA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ANDREW J. SOMORA FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO HELP FAMILIES STRUGGLING TO CARE FOR A LOVED ONE WITH COLON CANCER. FUNDS ARE PROVIDED DIRECTLY TO FAMILIES TO HELP PAY BILLS AND ALSO TO ASSIST PATIENTS UNDERGOING TREATMENT AT KUCC FILL PRESCRIPTIONS FOR PAIN AND CHEMO MEDICATIONS NOT COVERED BY INSURANCE OR TO HELP FILL IN THE GAP UNTIL LONG-TERM ASSISTANCE CAN BE PROVIDED BY MEDICAID OR A PHARMACEUTICAL COMPANY.

NAME OF ORGANIZATION OR GOVERNMENT: COLON CANCER STARS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WASHINGTON COLON CANCER STARS<sup>0</sup>

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MISSION IS TO SAVE LIVES BY EDUCATING PEOPLE ON THE IMPORTANCE OF COLORECTAL CANCER SCREENING. THE GRANT FROM GET YOUR REAR IN GEAR - SEATTLE WILL INCREASE PEOPLE'S AWARENESS ABOUT THE BENEFITS OF BEING SCREENED FOR COLORECTAL CANCER, PROVIDE SUPPORT TO FAMILIES IN THE EARLIEST PHASES OF A LOVED ONE'S TREATMENT, WORK TO BROADEN THE LEVEL OF PREVENTION, SCREENING AND TREATMENT RESOURCES THAT ARE CURRENTLY AVAILABLE TO UNDER SERVED POPULATIONS.

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 IS A PART ON THE NON-PROFIT, OPERATION ACCESS. THEY ARE BEGINNING THEIR COLON CANCER SCREENING PROJECT THROUGH LOCAL COMMUNITY CLINICS. THEIR GOAL IS TO PROVIDE FUNDS TO PURCHASE MORE KITS TO GIVE TO THOSE WHO ARE UNINSURED OR UNDERINSURED IN THE OC AREA.

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NAME OF ORGANIZATION OR GOVERNMENT: CANCER SERVICES OF BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: CANCER SERVICES SUPPORTS THE ENTIRE COMMUNITY BY SUPPORTING FAMILY MEMBERS AND CAREGIVERS IN GREATER BATON ROUGE. THEY PROVIDE NUTRITIONAL SUPPLEMENT, MORAL SUPPORT, AND ACTIVITIES FOR CHILDREN THAT ARE AFFECTED BY THE DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: RACE FOR HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN 2011 GET YOUR REAR IN GEAR PARTNERED WITH THE PEGGY BOCK MEMORIAL RACE FOR HOPE IN COLUMBUS, OHIO. MONEY RAISED AT THIS EVENT FUNDED COLON CANCER AWARENESS PROGRAMS, PROMOTED OPPORTUNITIES FOR COLON CANCER SCREENINGS, AND ENCOURAGED HEALTHY LIFESTYLES

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - ILLINOIS VALLE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE LADD GET YOUR REAR IN GEAR IS PARTNERING WITH THE LADD YMCA TO PROVIDE PERSONAL TRAINING SESSIONS FOR PATIENTS WHO WANT TO RECOUP STRENGTH AFTER TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGETOWN LOMBARDI CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A PORTION OF THE GRANT MONEY RAISED IN 2012 GIVES THE OTTO RUESCH CENTER AT GEORGETOWN LOMBARDI THE ABILITY TO ENCOURAGE INSURANCE PROVIDERS TO EXTEND ACCESS TO CANCER MEDICINE OUTSIDE OF STRICT REGULATORY APPROVALS.

NAME OF ORGANIZATION OR GOVERNMENT: INDIANAPOLIS RADIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THE INDIANAPOLIS EVENT WILL BE USED FOR PUBLIC SERVICE ANNOUNCEMENTS, SPOT PRODUCTION FOR THE EDUCATIONAL SPOTS, NEWS STORIES ABOUT COLON CANCER AND THE IMPORTANCE OF



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SCREENING, AND OTHER UNIQUE PROMOTIONAL OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NW YMCA POY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AUSTIN, TEXAS GET YOUR REAR IN GEAR IS PARTNERING WITH THE YMCA® LIVESTRONG PROGRAM TO PROVIDE SMALL GROUP FITNESS PROGRAMS FOR ADULT CANCER SURVIVORS AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTING POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTING POINT, A LOCAL COMPUTER COMPANY IN PERU, ILLINOIS, WILL BE RESPONSIBLE FOR INSTALLING PROGRAMS ON TABLETS AND SETTING UP AND INSTALLING THE TELEVISIONS IN CHEMOTHERAPY TREATMENT ROOMS. THEY WILL SERVICE THE TABLETS FOR 1 YEAR FOR NO ADDITIONAL FEES.

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

COLON CANCER COALITION

Employer identification number

30-0377727

FORM 990, PART VI, SECTION B, LINE 11: 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 C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING  
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.