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GOVERNMENT COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

**COLON CANCER COALITION**

**30-0377727**

Name and title of officer

**JACK ABDO**  
**CFO**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,257,468.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

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

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

## Part III Certification and Authentication

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

**41321600062**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 06/09/15

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

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> COLON CANCER COALITION 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 5666 LINCOLN DR STE 270 City or town, state or province, country, and ZIP or foreign postal code EDINA, MN 55436 <b>F Name and address of principal officer:</b> JACK ABDO SAME AS C ABOVE	<b>D Employer identification number</b> 30-0377727  <b>E Telephone number</b> 952-378-1237  <b>G Gross receipts \$</b> 2,134,462. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates 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 Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.COLONCANCERCOALITION.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 2006		<b>M State of legal domicile:</b> MN

**Part I Summary**

<b>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>	6
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	11
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	560
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	1,348,490.	1,401,597.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	662.	905.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-216,198.	-145,034.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,132,954.	1,257,468.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	794,786.	790,359.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	213,165.	298,056.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 123,861.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	116,331.	158,814.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,124,282.	1,247,229.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	8,672.	10,239.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	1,257,382.	1,277,212.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,157,062.	1,166,653.
		100,320.	110,559.

**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 JACK ABDO, CFO Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN N. ABDO, CPA	Preparer's signature JOHN N. ABDO, CPA	Date 06/09/15	Check if self-employed <input type="checkbox"/>	PTIN P00073438
	Firm's name ▶ ABDO, EICK & MEYERS, LLP Firm's address ▶ 5201 EDEN AVENUE, SUITE 250 EDINA, MN 55436	Firm's EIN ▶ 41-1397419	Phone no. (952) 835-9090		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENSURE THAT ALL CITIZENS HAVE ADEQUATE INFORMATION AND ACCESS TO SCREENING FOR COLORECTAL CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 996,281. including grants of \$ 790,359. ) (Revenue \$ 15. ) 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 40 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 996,281.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 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
<b>37</b> 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
<b>38</b> 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 or note to any line in this Part V

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 952-378-1237**  
**5666 LINCOLN DR STE 270, EDINA, MN 55436**







**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,303,743.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	97,854.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		22,476.				
	<b>h Total.</b> Add lines 1a-1f .....		1,401,597.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		905.			905.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,303,743. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	731,945.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	876,994.			
		<b>c</b> Net income or (loss) from fundraising events .....		-145,049.			-145,049.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....		900099	15.	15.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			15.				
<b>12 Total revenue.</b> See instructions. ....			1,257,468.	15.	0.	-144,144.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	785,359.	785,359.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,000.	37,465.	22,654.	27,881.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	188,606.	80,298.	48,551.	59,757.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	21,450.	9,132.	5,522.	6,796.
11 Fees for services (non-employees):				
a Management				
b Legal	455.		455.	
c Accounting	6,800.		6,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,817.	7,340.	25,477.	
12 Advertising and promotion	70,132.	43,274.	1,429.	25,429.
13 Office expenses	5,065.	1,114.	3,011.	940.
14 Information technology	9,405.	3,487.	3,787.	2,131.
15 Royalties				
16 Occupancy	10,932.	4,654.	2,814.	3,464.
17 Travel	20,352.	16,545.	3,807.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	299.		299.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	-8,098.	-3,448.	-2,084.	-2,566.
24 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.)				
a <b>SUPPLIES</b>	3,667.	2,347.	1,320.	
b <b>EVENT EXPENSES</b>	3,574.	3,574.		
c <b>MISCELLANEOUS</b>	1,382.		1,382.	
d <b>LICENSES, DUES AND MEMB</b>	1,306.	75.	1,231.	
e All other expenses	726.	65.	632.	29.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,247,229.</b>	<b>996,281.</b>	<b>127,087.</b>	<b>123,861.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	623,046.	<b>1</b>	275,939.
	<b>2</b> Savings and temporary cash investments .....	602,448.	<b>2</b>	953,353.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	8,630.	<b>4</b>	10,000.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	0.	<b>8</b>	550.
	<b>9</b> Prepaid expenses and deferred charges .....	23,258.	<b>9</b>	37,370.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,257,382.	<b>16</b>	1,277,212.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	19,731.	<b>17</b>	0.
	<b>18</b> Grants payable .....	1,106,089.	<b>18</b>	1,125,806.
	<b>19</b> Deferred revenue .....	31,242.	<b>19</b>	40,847.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,157,062.	<b>26</b>	1,166,653.
Net Assets or Fund Balances	<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 .....	100,320.	<b>27</b>	110,559.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	100,320.	<b>33</b>	110,559.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,257,382.	<b>34</b>	1,277,212.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,257,468.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,247,229.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,320.
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	110,559.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	507,435.	1026539.	1370827.	1348490.	1401597.	5654888.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	507,435.	1026539.	1370827.	1348490.	1401597.	5654888.
<b>5</b> 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) .....						1,814.
<b>6 Public support.</b> Subtract line 5 from line 4.						5653074.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	507,435.	1026539.	1370827.	1348490.	1401597.	5654888.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,235.	840.	767.	662.	905.	4,409.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					15.	15.
<b>11 Total support.</b> Add lines 7 through 10						5659312.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,164,003.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.89 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	99.62 %
<b>16a 33 1/3% support test - 2014.</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"/>	
<b>b 33 1/3% support test - 2013.</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"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.) .....						
<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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2014**

**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 value of contributions to (during year) .....		
3 Aggregate value of 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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- 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.

- 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.
  - 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) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- 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 Revenue 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Temporarily restricted endowment  %

The percentages 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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

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



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,785,881.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	80,923.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	876,994.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	957,917.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	827,964.
<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>	429,504.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	429,504.
<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>	1,257,468.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,775,642.
<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>	80,923.	
<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>	876,994.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	957,917.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	817,725.
<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>	429,504.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	429,504.
<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>	1,247,229.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

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

FUNDRAISING EVENT DIRECT EXPENSES 876,994.

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

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

DIRECT BENEFIT TO DONOR COSTS 429,504.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES 876,994.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 429,504.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		TWIN CITIES GET YOUR REAGET YOUR RE (event type)	PHILADELPHIA GET YOUR RE (event type)	38 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	319,049.	321,266.	1,395,373.	2,035,688.
	2	Less: Contributions	205,834.	215,489.	882,420.	1,303,743.
	3	Gross income (line 1 minus line 2)	113,215.	105,777.	512,953.	731,945.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	25,511.	24,991.		50,502.
	6	Rent/facility costs				
	7	Food and beverages	3,089.	4,415.		7,504.
	8	Entertainment	1,350.	1,105.		2,455.
	9	Other direct expenses	196,005.	269,963.	350,565.	816,533.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				876,994.
11	Net income summary. Subtract line 10 from line 3, column (d)				-145,049.	

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE 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.

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

OMB No. 1545-0047

**2014**

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 Domestic Organizations and Domestic Governments.** 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)	20,000.	0.			FUNDED COLON CANCER AWARENESS AND CANCER EDUCATION PROGRAMS THROUGH THE PRESBYTERIANS
MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS - 40 COURT ST, 10TH FLOOR - BOSTON, MA 02108	04-2507409	501(C)(3)	25,000.	0.			GRANTED MONEY FOR A COLON CANCER SCREENING & EDUCATION PROGRAM THAT ADDRESSED NEEDS RELATED TO THE COLON CANCER FOUNDATION OF IOWA (FORMERLY DAVID'S FIGHT) PROVIDED SCREENING
DAVID'S FIGHT.ORG 143 25TH CT WEST DES MOINES, IA 50265	32-0222029	501(C)(3)	21,315.	0.			STRIDES FOR LIFE DIRECTED FUNDS TOWARD THE PREVENTION AND EARLY DETECTION OF COLON CANCER
STRIDES FOR LIFE 1600 TROUSDALE DR STE 1300 BURLINGAME, CA 94010	13-3160356	501(C)(3)	25,882.	0.			PROVIDED A NETWORKING GROUP, INDIVIDUAL AND FAMILY COUNSELING, PATIENT AND CAREGIVER
THE CANCER SUPPORT CENTER 2020 ELM RD HOMWOOD, IL 60430	36-3880404	501(C)(3)	23,200.	0.			FUNDED COLON CANCER AWARENESS, EDUCATION, AND RESEARCH PROGRAMS.
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERLOO PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	17,350.	0.			

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**

**3** Enter total number of other organizations listed in the line 1 table **8.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2014)**  
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					
ADVOCATE SHERMAN HOSPITAL 1425 NORTH RANDALL RD ELGIN, IL 60123	36-3297360	501(C)(3)	25,200.	0.	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	OFFERED FREE COLONOSCOPIES, FIT TESTING AND EDUCATIONAL EVENTS AND PROGRAMMING.
EVERGREEN HEALTHCARE FOUNDATION 12333 NE 130TH LANE STE 300 KIRKLAND, WA 98034	91-1519430	501(C)(3)	7,120.	0.			PRESENTED PUBLIC EDUCATIONAL AND AWARENESS EVENTS WITH A NURSE EDUCATOR TO PROVIDE
WAKE FOREST BAPTIST HEALTH MEDICAL CENTER BLDG WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	5,000.	0.			FUNDED COLON CANCER AWARENESS, EDUCATION AND PREVENTION PROGRAMS.
ACCESS OC/ONEOC 25283 CABOT RD, STE 101 LAGUNA HILLS, CA 92653	95-2021700	501(C)(3)	20,000.	0.			PROVIDED FREE COLON CANCER SCREENING AND DIAGNOSTIC PROGRAMS AND SCREENING KITS TO
CANCER SERVICES OF BATON ROUGE 550 LOBDELL AVE BATON ROUGE, LA 70441	72-0517180	501(C)(3)	33,000.	0.			PROVIDED NUTRITIONAL SUPPLEMENT, MORAL SUPPORT, AND ACTIVITIES FOR CHILDREN THAT ARE
JEFFERSON UNIVERSITY HOSPITAL 925 CHESTNUT STREET, SUITE 110 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	55,000.	0.			CONDUCTED LEADING-EDGE BEHAVIORAL RESEARCH IN COLON CANCER AND COMPASSIONATE CARE IN
BOSTON HEALTHCARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501(C)(3)	31,633.	0.			PROVIDED PATIENT AND PROVIDER EDUCATION AND TOOLS TO ENHANCE SCREENING EFFORTS TO THE
CANCER SUPPORT COMMUNITY - MA SOUTH SHORE - 120 LONGWATER DRIVE - NORWELL, MA 02061	45-2652624	501(C)(3)	21,250.	0.			CREATED PUBLIC AWARENESS AROUND COLON CANCER AND ENCOURAGED THE PUBLIC TO GET SCREENED THROUGH A
ABRAHAMSON CANCER CENTER OF THE UNIVERSITY OF PENNSYLVANIA - 1206 PENN TOWER, 399 SOUTH 34TH STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	15,000.	0.			SUPPORTED THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM COLORECTAL CANCER SCREENING NAVIGATION

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable							
(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)							
(g) Description of non-cash assistance	(h) Purpose of grant or assistance								
AMERICA ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST, 16TH FLOOR - PHILADELPHIA, PA 19106	23-3100004	501(C)(3)	10,000.	0.				WORKED WITH LOCAL HEALTH PROFESSIONALS TO INCREASE COLON CANCER SCREENING IN THE AREA THROUGH	
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW, SUITE 600 ATLANTA, GA 30303	13-1788491	501(C)(3)	17,500.	0.				PARTNERED WITH THE AMERICAN CANCER SOCIETY IN RALEIGH TO EMPHASIZE THE IMPORTANCE OF EARLY	
AMERICAN INDIAN CANCER FOUNDATION 615 FIRST AVE NE, SUITE 125 MINNEAPOLIS, MN 55413	27-0300026	501(C)(3)	27,600.	0.				FUNDED A COLORECTAL CANCER SCREENING NAVIGATOR TO DELIVER TRAININGS THROUGHOUT THE	
UNITY POINT HEALTH - TRINITY MUSCATINE - 1518 MULBERRY AVE - MUSCATINE, IA 52761	42-0680337	501(C)(3)	11,500.	0.				JOINED WITH TRINITY HOSPITAL IN MUSCATINE, AND THE STATE OF IOWA PUBLIC HEALTH DEPARTMENT	
CATWABA VALLEY MEDICAL FOUNDATION 810 FAIRGROVE CHURCH ROAD SE HICKORY, SC 28602	58-1680281	501(C)(3)	13,942.	0.				PROVIDED SUPPORT AND EDUCATION TO INDIVIDUALS AND THE COMMUNITY TO EXTEND TESTING AND	
ASSISTANCE IN HEALTH CARE, INC PO BOX 700392 TULSA, OK 74170	73-1453025	501(C)(3)	10,000.	0.				EXPANDED INDIVIDUAL AND GROUP PROGRAMS AND SERVICES FOR THOSE LIVING WITH COLON CANCER.	
AGENT 41 (TWIN CITIES PROGRAM) PROVIDER OF GRANT COMPONENTS - 1877 13TH STREET W - HASTINGS, MN 55033	06-1778429		9,950.	0.				PRODUCED A FIVE-VIDEO SERIES ABOUT THE GENETICS OF COLON CANCER THE IMPORTANCE OF KNOWING	
CANCER SERVICES, INC 3175 MAPLEWOOD AVE WINSTON-SALEM, NC 27103	56-0656375	501(C)(3)	7,000.	0.				GAVE FINANCIAL ASSISTANCE FOR MEDICATIONS AND OTHER CANCER-RELATED NEEDS OF COLON CANCER PATIENTS,	
CHARLOTTE GASTROENTEROLOGY 13808 PROFESSIONAL CENTER DR HUNTERSVILLE, NC 28078	56-2059693		10,000.	0.				PROVIDED FREE COLONOSCOPY SCREENING FOR THE UNDER AND UNINSURED POPULATION IN THE CHARLOTTE-AREA.	

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable					
	(d) Amount of cash grant	(e) Amount of non-cash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance					
		(h) Purpose of grant or assistance					
CHRIS4LIFE 8330 BOONE BLVD, STE 450 VIENNA, VA 22181	27-1151647	501(C)(3)	80,858.	0.			FUNDED THE LOVE YOUR BUTT AWARENESS CAMPAIGN WAS CREATED IN ORDER TO SPREAD COLORECTAL CANCER PROVIDED FOR WELLNESS RETREATS TO BRING TOGETHER MEN AND WOMEN WHO WANT TO FURTHER COLORECTAL CANCER
WIND RIVER SERVICES 430 LARSEN LANE TRYON, NC 28782	20-5941056	501(C)(3)	5,037.	0.			SCREENING THROUGH A FREE HEALTH CLINIC ASSISTANCE AND EDUCATION TO REMOVE THIS GRANT ALLOWED THE CANCER SUPPORT CENTER TO PROVIDE A GREATER UNDERSTANDING FOR OUR FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
CHURCH HEALTH CENTER 1210 PEABODY AVE MEMPHIS, TN 38104	58-1716113	501(C)(3)	5,000.	0.			SCREENING THROUGH A FREE HEALTH CLINIC ASSISTANCE AND EDUCATION TO REMOVE THIS GRANT ALLOWED THE CANCER SUPPORT CENTER TO PROVIDE A GREATER UNDERSTANDING FOR OUR FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
FRIE REGIONAL MEDICAL CENTER AUXILIARY - 420 NORTH CENTER ST - HICKORY, NC 28601	56-1497360	501(C)(3)	13,942.	0.			FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
HINSDALE HOSPITAL FOUNDATION 120 N OAK ST HINSDALE, IL 60521	52-1466387	501(C)(3)	41,000.	0.			FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
PUBLIC FOUNDATION 1400 16TH ST NW STE 710 WASHINGTON, DC 20009	45-5096423	501(C)(3)	10,000.	0.			FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
SARATOGA HOSPITAL FOUNDATION 211 CHURCH ST SARATOGA SPRINGS, NY 12866	14-1775218	501(C)(3)	6,500.	0.			FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
VICTORY IN THE VALLEY 3755 E DOUGLAS WICHITA, KS 67218	48-0980744	501(C)(3)	10,000.	0.			FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND
LOUISIANA TELEVISION BROADCASTING, LIC DBA WBRZ - PO BOX 2906 - BATON ROUGE, LA 70821	72-0464654		10,025.	0.			FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT PARTNERED WITH PUBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable					
(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
YMCA OF AUSTIN 5807 MCNEIL DR AUSTIN, TX 78729	74-1193464		8,000.	0.			PARTNERED WITH THE YMCA LIFESTRONG PROGRAM TO PROVIDE SMALL GROUP FITNESS PROGRAMS FOR SUPPORTED THE YMCA
YMCA OF GREATER KANSAS CITY 21400 W 153RD ST OLATHE, KS 66061	44-0546002		5,000.	0.			CANCER EXERCISE PROGRAM OFFERED NO COST TO COLON CANCER SURVIVORS AND
ST MARGARET'S HEALTH 600 E 1ST ST SPRING VALLEY, IL 61362	36-2167884	501(C)(3)	6,000.	0.			PROVIDED COLON CANCER EDUCATIONAL OPPORTUNITIES FOR THE LOCAL COMMUNITY.
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122	91-0983214		10,000.	0.			THIS FUNDED THE ONCOLOGY SOCIAL WORK TEAM TO ENSURE THAT PATIENT'S NON-MEDICAL NEEDS AND
ILLINOIS VALLEY COMMUNITY HOSPITAL 925 WEST ST PERU, IL 61354	36-2852553	501(C)(3)	6,000.	0.			PROVIDED PUBLIC EDUCATION OPTIONS DURING COLON CANCER AWARENESS MONTH IN MARCH AS WELL AS PROVIDED
LAMAR COMPANIES PO BOX 96030 BATON ROUGE, LA 70896	72-1205791		22,300.	0.			PAID FOR A PUBLIC AWARENESS BILLBOARD CAMPAIGN IN KANSAS CITY AND WICHITA.
NOVANT HEALTHCARE FOUNDATION PO BOX 33549 CHARLOTTE, NC 28233	56-1376950	501(C)(3)	20,000.	0.			PROVIDED \$900 SUPPLEMENT PER PATIENT FOR COLONOSCOPY SCREENING FOR THE UNDER AND UNINSURED
MEDIA PLANET PUBLISHING HOUSE 30 WEST 22ND ST #2W NEW YORK, NY 10010	68-0650680		6,500.	0.			PAID FOR A NATIONAL NEWSPAPER INSERT AWARENESS CAMPAIGN ON GENETIC COMPONENT OF

Schedule I (Form 990)

**Part III** Grants and Other Assistance to Domestic Individuals. 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
COLONRECTAL CANCER BENEFIT FOR PATIENT ASSISTANCE.	1	5,000.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PRESBYTERIAN HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED COLON CANCER AWARENESS AND

CANCER EDUCATION PROGRAMS THROUGH THE PRESBYTERIANS CANCER CENTER,

INCLUDING COOKING FOR LIFE AND STRIDES TO STRENGTH.

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS LEAGUE OF COMM HEALTH CTRS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTED MONEY FOR A COLON CANCER

**Part IV** Supplemental Information

SCREENING & EDUCATION PROGRAM THAT ADDRESSED NEEDS RELATED TO COLON  
CANCER SCREENINGS AND TREATMENT NOT COVERED BY INSURANCE.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COLON CANCER FOUNDATION OF IOWA  
(FORMERLY DAVID'S FIGHT) PROVIDED SCREENING PROGRAMS AND A SNOW ANGELS  
PATIENT SUPPORT PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: STRIDES FOR LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: STRIDES FOR LIFE DIRECTED FUNDS  
TOWARD THE PREVENTION AND EARLY DETECTION OF COLON CANCER THROUGH A  
VARIETY OF EDUCATIONAL PROGRAMS AND WIDESCALE SCREENING PROGRAMS DIRECTED  
TOWARD POPULATIONS AT HIGH RISK.

NAME OF ORGANIZATION OR GOVERNMENT: THE CANCER SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED A NETWORKING GROUP;  
INDIVIDUAL AND FAMILY COUNSELING; PATIENT AND CAREGIVER SUPPORT GROUPS;  
AND EDUCATION, NUTRITION AND WELLNESS PROGRAMS AS WELL AS THE  
DISTRIBUTION OF AWARENESS RELATED MATERIALS DURING COLON CANCER AWARENESS  
MONTH IN MARCH.

NAME OF ORGANIZATION OR GOVERNMENT: EVERGREEN HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESENTED PUBLIC EDUCATIONAL AND  
AWARENESS EVENTS WITH A NURSE EDUCATOR TO PROVIDE EDUCATION ON EARLY  
DETECTION OF POLYPS AND TREATMENT SPECIFICS AND EDUCATIONAL SESSIONS FOR  
PRIMARY CARE PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS OC/ONEOC

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED FREE COLON CANCER SCREENING AND DIAGNOSTIC PROGRAMS AND SCREENING KITS TO COMMUNITY CLINICS AND UNDERINSURED PATIENTS THROUGHOUT ORANGE COUNTY. OUTREACH SPECIFICALLY TARGETED THE VIETNAMESE COMMUNITY (WHERE THE COLON CANCER INCIDENCE IS ON THE RISE) AND THE HISPANIC COMMUNITY THROUGHOUT THE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CANCER SERVICES OF BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED NUTRITIONAL SUPPLEMENT, MORAL SUPPORT, AND ACTIVITIES FOR CHILDREN THAT ARE AFFECTED BY THE DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON UNIVERSITY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCTED LEADING-EDGE BEHAVIORAL RESEARCH IN COLON CANCER AND COMPASSIONATE CARE IN PHILADELPHIA.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON HEALTHCARE FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED PATIENT AND PROVIDER EDUCATION AND TOOLS TO ENHANCE SCREENING EFFORTS FOR THE HOMELESS POPULATION.

NAME OF ORGANIZATION OR GOVERNMENT:

CANCER SUPPORT COMMUNITY - MA SOUTH SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATED PUBLIC AWARENESS AROUND COLON CANCER AND ENCOURAGED THE PUBLIC TO GET SCREENED THROUGH A SERIES OF PRINT AND ONLINE ADVERTISING THROUGHOUT THE YEAR. THESE ADS HELPED EDUCATE THOSE ALREADY DIAGNOSED WITH CANCER ABOUT THE CANCER SUPPORT COMMUNITY-MA SOUTH SHORE'S ONGOING SUPPORT GROUPS, STRESS REDUCTION ACTIVITIES AND EDUCATIONAL OFFERINGS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ABRAHAMSON CANCER CENTER OF THE UNIVERSITY OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM COLORECTAL CANCER SCREENING NAVIGATION PROGRAM. THE PROGRAM TARGETED RESIDENTS IN WEST PHILADELPHIA OVER THE AGE OF 50 THAT HAD NOT COMPLETED COLORECTAL CANCER SCREENING. THESE PATIENTS WERE IDENTIFIED AND CONTACTED TO FIND THE BARRIER THAT IS PREVENTING THEM FROM HAVING A SCREENING COLONOSCOPY. THE NAVIGATORS WORKING WITH THESE PATIENTS ASSISTED WITH EDUCATION AND ELIMINATING THOSE BARRIERS, AS WELL AS FOLLOW-UP CALLS AND FOLLOWING PATIENTS WITH ABNORMAL RESULTS THROUGH THE NECESSARY DIAGNOSTIC OR THERAPEUTIC APPOINTMENTS AND PROCEDURES.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICA ASSOCIATION FOR CANCER RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKED WITH LOCAL HEALTH PROFESSIONALS TO INCREASE COLON CANCER SCREENING IN THE AREA THROUGH EDUCATION AND INTERVENTION.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERED WITH THE AMERICAN CANCER SOCIETY IN RALEIGH TO EMPHASIZE THE IMPORTANCE OF EARLY DETECTION AND SCREENING BY REACHING OUT TO A GRASSROOTS NETWORK OF MORE THAN 15,000 CONSTITUENTS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INDIAN CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED A COLORECTAL CANCER SCREENING NAVIGATOR TO DELIVER TRAININGS THROUGHOUT THE NORTHERN PLAINS TO SUPPORT



**Part IV** Supplemental Information

STRONGER, MORE EFFECTIVE COLORECTAL CANCER EDUCATION, OUTREACH AND NAVIGATION IN TRIBAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITY POINT HEALTH - TRINITY MUSCATINE

(H) PURPOSE OF GRANT OR ASSISTANCE: JOINED WITH TRINITY HOSPITAL IN MUSCATINE, AND THE STATE OF IOWA PUBLIC HEALTH DEPARTMENT TO FUND COLORECTAL SCREENING PROGRAMS FOR THE UNINSURED.

NAME OF ORGANIZATION OR GOVERNMENT: CATAWABA VALLEY MEDICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED SUPPORT AND EDUCATION TO INDIVIDUALS AND THE COMMUNITY TO EXTEND TESTING AND TREATMENT TO UNDERSERVED PEOPLE AND TO EDUCATE ALL COMMUNITY MEMBERS ON THE IMPORTANCE OF EARLY DIAGNOSIS.

NAME OF ORGANIZATION OR GOVERNMENT:

AGENT 41 (TWIN CITIES PROGRAM) PROVIDER OF GRANT COMPONENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PRODUCED A FIVE-VIDEO SERIES ABOUT THE GENETICS OF COLON CANCER THE IMPORTANCE OF KNOWING YOUR FAMILY HISTORY.

NAME OF ORGANIZATION OR GOVERNMENT: CANCER SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GAVE FINANCIAL ASSISTANCE FOR MEDICATIONS AND OTHER CANCER-RELATED NEEDS OF COLON CANCER PATIENTS, SPECIFICALLY THE UNDER-SERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CHRIS4LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED THE LOVE YOUR BUTT AWARENESS

**Part IV** Supplemental Information

CAMPAIGN WAS CREATED IN ORDER TO SPREAD COLORECTAL CANCER KNOWLEDGE TO THE GREATEST NUMBER OF PEOPLE THROUGHOUT THE COUNTRY.

NAME OF ORGANIZATION OR GOVERNMENT: WIND RIVER SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED FOR WELLNESS RETREATS TO BRING TOGETHER MEN AND WOMEN WHO WANT TO FURTHER EXPLORE THEIR CANCER JOURNEY, FOCUSING ON LIVING MORE FULLY AND AUTHENTICALLY - MIND, BODY AND SPIRIT.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COLORECTAL CANCER SCREENING THROUGH A FREE HEALTH CLINIC ASSISTANCE AND EDUCATION TO REMOVE THE BARRIERS TO SCREENING, AND FURTHER EDUCATION ABOUT COLORECTAL CANCER TO THE MEMPHIS COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

FRYE REGIONAL MEDICAL CENTER AUXILLARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT ALLOWED THE CANCER SUPPORT CENTER TO PROVIDE A GREATER UNDERSTANDING FOR OUR COMMUNITY OF THE IMPORTANCE OF COLORECTAL CANCER SCREENING AND RISKS ASSOCIATED WITH COLORECTAL CANCER. ADDITIONALLY, A PORTION OF THE FUNDING WAS BE ALLOTTED TO ASSIST PATIENTS IN CURRENT TREATMENT FOR COLORECTAL CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: HINSDALE HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED NURSE NAVIGATORS AND THE CREATION OF EDUCATIONAL MATERIALS FOR COLON CANCER TREATMENT AND PREVENTION.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PVBLIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERED WITH PVBLIC FOUNDATION ON A PUBLIC AWARENESS CAMPAIGN ON BILLBOARDS IN WICHITA AND KANSAS CITY.

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MONEY WAS USED TO INCREASE COLON CANCER AWARENESS AND TO PROVIDE THE OPPORTUNITY FOR COLON CANCER SCREENING FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDER-INSURED.

NAME OF ORGANIZATION OR GOVERNMENT: VICTORY IN THE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED THE COLON-RECTAL-ANAL CANCER SUPPORT GROUP, AND PROVIDED FINANCIAL AND EMOTIONAL SUPPORT FOR COLON CANCER PATIENTS AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA TELEVISION BROADCASTING, LLC DBA WBRZ

(H) PURPOSE OF GRANT OR ASSISTANCE: PAID FOR AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND ENCOURAGED VIEWERS TO GET SCREENED.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF AUSTIN

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERED WITH THE YMCA® LIVESTRONG PROGRAM TO PROVIDE SMALL GROUP FITNESS PROGRAMS FOR ADULT CANCER SURVIVORS AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER KANSAS CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED THE YMCA® CANCER EXERCISE PROGRAM OFFERED NO COST TO COLON CANCER SURVIVORS AND THEIR FAMILIES

**Part IV** Supplemental Information

WHILE PROVIDING SPECIALIZED INDIVIDUAL AND GROUP EXERCISE CLASSES THAT HELP RE-BUILD STRENGTH AND INCREASE FLEXIBILITY AND ENDURANCE.

NAME OF ORGANIZATION OR GOVERNMENT: SWEDISH MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS FUNDED THE ONCOLOGY SOCIAL WORK TEAM TO ENSURE THAT PATIENT'S NON-MEDICAL NEEDS AND EXPENSES ARE SUPPORTED DURING TREATMENT - INCLUDING GROCERIES, UTILITY, TRANSPORTATION, INSURANCE PAYMENTS, RENT, MEDICINE AND CHILD CARE. THIS FUND HELPED CANCER PATIENTS, THEIR CHILDREN AND CAREGIVERS DURING TIMES WHEN THEY MAY HAVE NEEDED TO CHOOSE BETWEEN RECEIVING LIFE-SAVING TREATMENTS AND FEEDING THEIR FAMILY OR PAYING THE RENT.

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS VALLEY COMMUNITY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED PUBLIC EDUCATION OPTIONS DURING COLON CANCER AWARENESS MONTH IN MARCH AS WELL AS PROVIDED HEMOCULT TEST KITS AND PROCESSING FOR THOSE WITHOUT INSURANCE.

NAME OF ORGANIZATION OR GOVERNMENT: NOVANT HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED \$900 SUPPLEMENT PER PATIENT FOR COLONOSCOPY SCREENING FOR THE UNDER AND UNINSURED POPULATION THE CHARLOTTE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: MEDIA PLANET PUBLISHING HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PAID FOR A NATIONAL NEWSPAPER INSERT AWARENESS CAMPAIGN ON GENETIC COMPONENT OF COLON CANCER AND IMPORTANCE OF SCREENING.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

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 ALL BOARD MEMBERS PRIOR TO FILING THE 990.

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

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

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

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

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.