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GOVERNMENT COPY

Abdo, Eick & Meyers, LLP
Certified Public Accountants & Consultants
5201 Eden Ave., Ste. 250 Edina, MN 55436
Phone: 952-835-9090 Fax: 952-835-3261

Colon Cancer Coalition
5666 Lincoln Dr Ste 270
Edina, MN 55436

Colon Cancer Coalition:

Enclosed are the 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 Minnesota Annual Report

Instructions for filing the above forms are furnished for easy reference. Your copies should be retained for your files.

Sincerely,

Abdo, Eick & Meyers, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2015

Prepared for	Colon Cancer Coalition 5666 Lincoln Dr Ste 270 Edina, MN 55436
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Ave., Ste. 250 Edina, MN 55436
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2016.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

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.**

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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,216,533.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

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 2015 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 2015 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 2015 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 2015 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 ▶ 08/02/16

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

2015
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.

A For the 2015 calendar year, or tax year beginning and ending

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	C Name of organization COLON CANCER COALITION Doing business as GET YOUR REAR IN GEAR Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5666 LINCOLN DR STE 270 City or town, state or province, country, and ZIP or foreign postal code EDINA, MN 55436 F Name and address of principal officer: JACK ABDO SAME AS C ABOVE	D Employer identification number 30-0377727 E Telephone number 952-378-1237 G Gross receipts \$ 2,266,350. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COLONCANCERCOALITION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2006		M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE THAT ALL CITIZENS HAVE ADEQUATE INFORMATION AND ACCESS TO SCREENING FOR COLORECTAL CANCER. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 11 6 Total number of volunteers (estimate if necessary) 6 625 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 1,401,597. Current Year 1,528,821. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 905. 703. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -145,034. -312,991. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,257,468. 1,216,533.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 790,359. 820,494. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 298,056. 222,305. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,816. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158,814. 163,895. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,247,229. 1,206,694. 19 Revenue less expenses. Subtract line 18 from line 12 10,239. 9,839.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 1,277,212. End of Year 1,434,632. 21 Total liabilities (Part X, line 26) 1,166,653. 1,314,234. 22 Net assets or fund balances. Subtract line 21 from line 20 110,559. 120,398.	

Part II Signature Block

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

Sign Here	Signature of officer JACK ABDO, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN N. ABDO, CPA Preparer's signature JOHN N. ABDO, CPA Date 08/02/16 Check if self-employed <input type="checkbox"/> PTIN P00073438 Firm's name ▶ ABDO, EICK & MEYERS, LLP Firm's EIN ▶ 41-1397419 Firm's address ▶ 5201 EDEN AVE., STE. 250 EDINA, MN 55436 Phone no. 952-835-9090	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 1,056,679. including grants of \$ 820,494.) (Revenue \$) THE COALITION SUPPORTS COLON CANCER EDUCATION AND SCREENING EFFORTS AROUND THE COUNTRY INCLUDING NORTH CAROLINA, PENNSYLVANIA, TEXAS, MASSACHUSETTS, AND MINNESOTA. THE ORGANIZATION ALSO PROVIDES ASSISTANCE FOR GROUPS AND CONTINUES TO WORK WITH PATIENTS AND SURVIVORS TO PROVIDE EDUCATION AND SUPPORT. THE COALITION COORDINATES OVER 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 1,056,679.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 29, 0, 11).

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
1a	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	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
16b	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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTIN LINDQUIST BOARD MEMBER	1.00	X		X				0.	0.	0.
(2) JEFF SMESRUD CHAIRMAN	1.00	X		X				0.	0.	0.
(3) JACK ABDO TREASURER	1.00	X		X				0.	0.	0.
(4) LARRY CAPPEL WEST COAST CHAIRPERSON	1.00	X						0.	0.	0.
(5) MATT FLORY BOARD MEMBER	1.00	X						0.	0.	0.
(6) RANDY LOPEZ BOARD MEMBER	1.00	X						0.	0.	0.
(7) KIRSTEN FREIBORG BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANNE CARLSON EXECUTIVE DIRECTOR	40.00			X				90,000.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							90,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							90,000.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,420,414.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,407.				
	g Noncash contributions included in lines 1a-1f: \$		18,185.				
	h Total. Add lines 1a-1f		1,528,821.				
Program Service Revenue	2 a _____ Business Code						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		703.			703.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 1,420,414. of contributions reported on line 1c). See Part IV, line 18	a	736,826.				
		b Less: direct expenses	b	1,049,817.			
		c Net income or (loss) from fundraising events		-312,991.			-312,991.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,216,533.	0.	0.	-312,288.	

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	800,494.	800,494.		
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	15,000.	15,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,000.	58,590.	27,180.	4,230.
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	113,293.	73,787.	34,281.	5,225.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,012.	12,380.	5,748.	884.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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.)	63,153.	23,712.	30,073.	9,368.
12 Advertising and promotion	26,178.	24,232.	1,946.	
13 Office expenses	4,236.	1,329.	2,813.	94.
14 Information technology	6,794.	1,778.	4,917.	99.
15 Royalties				
16 Occupancy	10,081.	6,565.	3,048.	468.
17 Travel	22,859.	22,859.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,042.		1,042.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,600.	2,344.	1,088.	168.
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 LICENSES, DUES AND MEMB	9,523.		4,243.	5,280.
b EVENT EXPENSES	6,181.	5,956.	225.	0.
c SUPPLIES	5,143.	5.	5,138.	0.
d MISCELLANEOUS	3,280.	1,335.	1,945.	
e All other expenses	1,825.	1,313.	512.	
25 Total functional expenses. Add lines 1 through 24e	1,206,694.	1,056,679.	124,199.	25,816.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	275,939.	1	277,948.
	2 Savings and temporary cash investments	953,353.	2	1,054,056.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,000.	4	16,456.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	550.	8	
	9 Prepaid expenses and deferred charges	37,370.	9	86,172.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,277,212.	16	1,434,632.	
Liabilities	17 Accounts payable and accrued expenses		17	10,054.
	18 Grants payable	1,125,806.	18	1,237,929.
	19 Deferred revenue	40,847.	19	66,251.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,166,653.	26	1,314,234.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	110,559.	27	120,398.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	110,559.	33	120,398.	
34 Total liabilities and net assets/fund balances	1,277,212.	34	1,434,632.	

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	1,216,533.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,206,694.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,839.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,559.
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	120,398.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1026539.	1370827.	1348490.	1401597.	1528821.	6676274.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1026539.	1370827.	1348490.	1401597.	1528821.	6676274.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6676274.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1026539.	1370827.	1348490.	1401597.	1528821.	6676274.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	840.	767.	662.	905.	703.	3,877.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				15.		15.
11 Total support. Add lines 7 through 10						6680166.
12 Gross receipts from related activities, etc. (see instructions)					12	3,543,439.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.89 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. 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 stop here. 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 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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 or 990-EZ).</i>		
9a 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI 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.		
2 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 Part VI 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
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Part VI 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 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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 Part VI .			
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 Part VI 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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. 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).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	
Total. (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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,915,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	95,842.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,049,817.	
e	Add lines 2a through 2d		2e	1,145,659.
3	Subtract line 2e from line 1		3	769,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	446,586.	
c	Add lines 4a and 4b		4c	446,586.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,216,533.

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

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

1	Total expenses and losses per audited financial statements		1	1,905,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	95,842.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,049,817.	
e	Add lines 2a through 2d		2e	1,145,659.
3	Subtract line 2e from line 1		3	760,108.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	446,586.	
c	Add lines 4a and 4b		4c	446,586.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,206,694.

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 1,049,817.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

DIRECT BENEFIT TO DONOR COSTS 446,586.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES 1,049,817.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR COSTS 446,586.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

Employer identification number

COLON CANCER COALITION

30-0377727

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	FUNDED AN AWARENESS PROGRAM CONSISTING OF ADVERTISEMENTS IN ARRA NEWSPAPERS.	15,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART II, COLUMN (D):

REGION: CANADA

(D) PURPOSE OF GRANT: FUNDED AN AWARENESS PROGRAM CONSISTING OF ADVERTISEMENTS IN AREA NEWSPAPERS. THESE ADS RAISED AWARENESS OF COLORECTAL CANCER AND SERVE AS A REMINDER TO THE COMMUNITY TO SCHEDULE THEIR COLONOSCOPY IF THEY ARE OVER THE AGE OF 50. THE ADS ALSO ENCOURAGED COMMUNITY MEMBERS TO DISCUSS SYMPTOMS WITH THEIR DOCTORS IF THEY HAVE CONCERNS OR A FAMILY HISTORY OF COLORECTAL CANCER.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		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	220,820.	284,025.	1,314,215.	1,819,060.
	2	Less: Contributions	150,606.	189,311.	742,318.	1,082,235.
	3	Gross income (line 1 minus line 2)	70,214.	94,714.	571,897.	736,825.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	15,997.	28,722.		44,719.
	6	Rent/facility costs				
	7	Food and beverages	2,317.	2,785.		5,102.
	8	Entertainment	1,650.	2,786.		4,436.
	9	Other direct expenses	134,206.	127,280.	734,073.	995,559.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,049,816.
11	Net income summary. Subtract line 10 from line 3, column (d)				-312,991.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAMSON CANCER CENTER OF THE UNIVERSITY OF PENNSYLVANIA - 1206 PENN TOWER, 399 SOUTH 34TH STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	25,000.	0.			FUNDED THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM COLORECTAL CANCER SCREENING NAVIGATION
ACCESS OC/ONEOC 25283 CABOT RD, STE 101 LAGUNA HILLS, CA 92653	95-2021700	501(C)(3)	20,000.	0.			SUPPORTED FREE COLONOSCOPY SCREENING AND DIAGNOSTIC PROGRAMS TO FREE CLINICS IN ORANGE
AFFECT CHANGE DBA COLOR CANCER 5555 N. LAMAR, SUITE L-123 AUSTIN, TX 78751	45-2670870	501(C)(3)	8,000.	0.			UNDERWROTE THE COST OF AT-HOME CARE SUPPLIES FOR COLON CANCER PATIENTS. THE CAREBOX PROGRAM
AGENT 41 (TWIN CITIES PROGRAM) PROVIDER OF GRANT COMPONENTS - 1877 13TH STREET W - HASTINGS, MN 55033	06-1778429		2,300.	0.			PRODUCE A FIVE-VIDEO SERIES ABOUT THE GENETICS OF COLON CANCER THE IMPORTANCE OF KNOWING
ALIVEANDKICKN 320 PARK STREET HAMORPH, NJ 07641	45-1539816	501(C)(3)	25,000.	0.			THE GRANT FROM THE COLON CANCER COALITION HELPS ALIVEANDKICKN AND THE GENETIC ALLIANCE LAUNCH A FUNDS RAISED IN
AMERICA ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST, 16TH FLOOR - PHILADELPHIA, PA 19106	23-3100004	501(C)(3)	15,000.	0.			PHILADELPHIA ALLOWED THE AMERICAN ASSOCIATION FOR CANCER RESEARCH TO WORK

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) (2015)

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
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW, SUITE 600 ATLANTA, GA 30303	13-1788491	501(C)(3)	5,000.	0.			FUNDED THE NCCRT ANNUAL MEETING WHICH IS KEY TO ADVANCING THE STRATEGIC PLAN OF THE ROUNDTABLE, PROVIDED ACCESS TO
BOSTON HEALTHCARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501(C)(3)	25,000.	0.			COLORECTAL CANCER SCREENING AND DETECTION FOR BOSTON'S HOMELESS PROVIDED NUTRITIONAL SUPPLEMENT, MORAL SUPPORT, AND ACTIVITIES FOR CHILDREN THAT ARE
CANCER SERVICES OF BATON ROUGE 550 LOBDELL AVE BATON ROUGE, LA 70441	72-0517180	501(C)(3)	31,450.	0.			FUNDED A NETWORKING GROUP, INDIVIDUAL AND FAMILY COUNSELING, PATIENT AND CAREGIVER
CANCER SUPPORT CENTER 2020 ELM RD HOMWOOD, IL 60430	36-3880404	501(C)(3)	25,250.	0.			FUNDED A SERIES OF PRINT AND ONLINE ADVERTISING. THESE ADS HELP EDUCATE THOSE ALREADY DIAGNOSED
CANCER SUPPORT COMMUNITY - MA SOUTH SHORE - 120 LONGWATER DRIVE - NORWELL, MA 02061	45-2652624	501(C)(3)	20,000.	0.			FUNDED "LOVE YOUR BUTT" AWARENESS CAMPAIGN IN ORDER TO SPREAD
CHRIS4LIFE 8330 BOONE BLVD, STE 450 VIENNA, VA 22181	27-1151647	501(C)(3)	18,588.	0.			COLORECTAL CANCER
COLON CANCER ALLIANCE 1025 VERMONT AVE NW, SUITE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	25,550.	0.			THE NOW IS THE TIME PROGRAM AND "COLON CANCER PREVENTION SUNDAY" TARGETED APPROXIMATELY
COLON CANCER COALITION OF IOWA (FORMERLY DAVIDSFIGHT.ORG) - 143 25TH CT - WEST DES MOINES, IA 50265	32-0222029	501(C)(3)	23,355.	0.			THE COLON CANCER FOUNDATION OF IOWA (FORMERLY DAVID'S FIGHT) PROVIDED SCREENING
ENTERCOM INDIANAPOLIS (PROVIDER OF GRANT COMPONENTS - INDIANAPOLIS) - 9245 N MERIDIAN ST, SUITE 300 - INDIANAPOLIS, IN 46260	23-1701044		7,455.	0.			THROUGH PARTNERS AT FOX39 AND BE WELL INDY, THE COLON CANCER COALITION BROUGHT THE *DON'T MISS

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						
EVERGREEN HEALTHCARE FOUNDATION 12333 NE 130TH LANE STE 300 KIRKLAND, WA 98034	91-1519430	501(C)(3)	15,400.	0.			FUNDED PUBLIC EDUCATIONAL AND AWARENESS EVENTS WITH A NURSE EDUCATOR TO PROVIDE EDUCATION ON
FOX 59 (PROVIDER OF GRANT COMPONENTS - INDIANAPOLIS) - 16779 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	36-1880355		10,000.	0.			THROUGH PARTNERS AT FOX59 AND BE WELL INDY, THE COLON CANCER COALITION BROUGHT THE *DON'T MISS QUALITY OF LIFE RESEARCH PROJECT: UNDERSTANDING QUALITY OF LIFE ISSUES FOLLOWING RECOVERY FROM
FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	21-6296315		25,000.	0.			SUPPORTED SEVERAL EDUCATIONAL PROGRAMS FOR THOSE WITH COLON CANCER, INCLUDING A HALF-DAY
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035		4,575.	0.			HILL COUNTRY MISSION FOR HEALTH HAS PARTNERED WITH TWO LOCAL
HILL COUNTRY MISSION 122 COMMERCE AVE BOERNE, TX 78006	48-1262832		32,325.	0.			GASTROENTEROLOGY GROUPS PUBLIC EDUCATION DURING COLON CANCER AWARENESS MONTH IN MARCH AS WELL AS PROVIDE HEMOCULT TEST
ILLINOIS VALLEY COMMUNITY HOSPITAL 925 WEST ST PERU, IL 61354	36-2852553	501(C)(3)	6,000.	0.			THE COLON CANCER COALITION IS PROVIDING EDUCATIONAL MATERIALS AND SCREENING OPPORTUNITIES
INTERSOURCE SERVICES (PROVIDER OF GRANT COMPONENTS - NYC) - PO BOX 3452 - MINNEAPOLIS, MN 55403	20-5420045		2,301.	0.			FUNDED "BE HEALTHY WITH DR OZ" EVENT HELD AT THE MALL OF AMERICA WHICH FEATURED AN ONLINE HEALTH
KMSF (PROVIDER OF GRANT COMPONENTS - TWIN CITIES) - 11358 VIKING DRIVE - EDEN PRAIRIE, MN 55344	95-4863118		5,000.	0.			IN MARCH 2015 THE COLON CANCER COALITION PARTNERED WITH KSN TV IN WICHITA TO BRING MESSAGES
KSN (PROVIDER OF GRANT COMPONENTS - WICHITA) - PO BOX 844304 - DALLAS, TX 75284	13-3581627		9,500.	0.			

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						
OUTFRONT MEDIA (PROVIDER OF GRANT COMPONENTS - KANSAS CITY) - 2459 SUMMIT ST - KANSAS CITY, MO 64108	46-4494703		6,400.	0.			IN MARCH 2015 FUNDED AWARENESS AND EDUCATIONAL BILLBOARDS THROUGHOUT THE KANSAS CITY, KANSAS AND
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2715483		15,000.	0.			FUNDED FREE COLONOSCOPES FOR NEW HAMPSHIRE UNDER OR UNINSURED RESIDENTS, PATIENT NAVIGATION
MEDICAL COLLEGE OF WISCONSIN 8701 WATERLOO PLANK RD L6Z 4X1, WI 53226	39-0806261	501(C)(3)	17,415.	0.			FUNDED COLON CANCER AWARENESS, EDUCATION, AND RESEARCH PROGRAMS.
MICHAEL'S MISSION ONE PENN PLAZA, SUITE 6301 NEW YORK, NY 10119	26-2573681	501(C)(3)	30,000.	0.			MICHAEL'S MISSION LAUNCHED THE MEDICALLY UNDERSERVED OUTREACH INITIATIVE TO ASSIST
NORTHSIDE HOSPITAL 1000 JOHNSON FERRY RD, NE CENTER POINTE 2, STE 355 - ATLANTA, GA 30342	58-1954432		3,597.	0.			PROVIDED NO COST COLON PREPARATION KITS TO UNDERSERVED PATIENTS.
OBI CREATIVE (PROVIDER OF GRANT COMPONENTS - DON'T MISS IT) - 2920 FARNUM - OMAHA, NE 68131	33-1038727		39,755.	0.			DEVELOPED THE DON'T MISS IT NATIONAL COLON CANCER SCREENING CAMPAIGN BRING PUBLIC AWARENESS TO THE
PUBLIC FOUNDATION 1400 16TH ST NW STE 710 WASHINGTON, DC 20009	45-5096423	501(C)(3)	39,750.	0.			PARTNERED WITH PUBLIC FOUNDATION ON A BILLBOARD PUBLIC AWARENESS CAMPAIGN.
SOUTHCOST CENTER FOR CANCER CARE 206 MILL ROAD FAIRHAVEN, MA 02179	04-2794625	501(C)(3)	7,000.	0.			FUNDED COLON CANCER PREVENTION EDUCATION FOR UNDERSERVED POPULATIONS, INCLUDING FIT SCREENING
ST MARGARET'S HEALTH 600 E 1ST ST SPRING VALLEY, IL 61362	36-2167884	501(C)(3)	5,400.	0.			PROVIDED COLON CANCER EDUCATIONAL OPPORTUNITIES FOR THE LOCAL COMMUNITY.

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
STEIN SIGN DISPLAY (PROVIDER OF GRANT COMPONENTS - SOUTH DAKOTA) - 2020 4TH AVE SE - WATERTOWN, SD 57201	86-0298378		1,350.	0.			DON'T MISS IT CAMPAIGN - DIGITAL BILLBOARD.
THOMAS JEFFERSON UNIVERSITY HOSPITAL - 125 SOUTH 9TH ST, SUITE 700 - PHILADELPHIA, PA 19107	23-1352650	501(C)(3)	60,000.	0.			FUNDS GIVEN TO THE JEFFERSON UNIVERSITY MEDICAL DEPARTMENT OF COLORECTAL SURGERY AND JOINED WITH TRINITY HOSPITAL IN MUSCATINE, AND THE STATE OF IOWA PUBLIC HEALTH DEPARTMENT PROVIDED FIT COLON CANCER SCREENING TESTS AS WELL AS EDUCATIONAL AND WELLNESS OPPORTUNITIES
UNITY POINT HEALTH - TRINITY MUSCATINE - 1518 MULBERRY AVE - MUSCATINE, IA 52761	42-0680337	501(C)(3)	12,500.	0.			PROVIDED FIT COLON CANCER SCREENING TESTS AS WELL AS EDUCATIONAL AND WELLNESS OPPORTUNITIES
VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY MOBILE, AL 36609	63-1260841	501(C)(3)	1,685.	0.			FUNDED AN ON-AIR PSA AND NEWS STORY CAMPAIGN TO INCREASE AWARENESS OF COLON CANCER AND PROVIDED FOR WELLNESS RETREATS TO BRING TOGETHER MEN AND WOMEN WHO WANT TO FURTHER SUPPORTED THE YMCA'S CANCER EXERCISE PROGRAM OFFERED NO COST TO COLON CANCER SURVIVORS AND SUPPORTED THE UNDER OUR WINGS PROGRAM THAT PROVIDES SUPPORT TO LOCAL FAMILIES FACED WITH A
WBRZ 1650 HIGHLAND ROAD BATON ROUGE, LA 70802	72-0464654		10,025.	0.			PROVIDED FOR WELLNESS RETREATS TO BRING TOGETHER MEN AND WOMEN WHO WANT TO FURTHER SUPPORTED THE YMCA'S CANCER EXERCISE PROGRAM OFFERED NO COST TO COLON CANCER SURVIVORS AND SUPPORTED THE UNDER OUR WINGS PROGRAM THAT PROVIDES SUPPORT TO LOCAL FAMILIES FACED WITH A
WIND RIVER SERVICES 430 LARSEN LANE TRYON, NC 28782	20-5941056	501(C)(3)	10,000.	0.			SUPPORTED THE YMCA'S CANCER EXERCISE PROGRAM OFFERED NO COST TO COLON CANCER SURVIVORS AND SUPPORTED THE UNDER OUR WINGS PROGRAM THAT PROVIDES SUPPORT TO LOCAL FAMILIES FACED WITH A
YMCA OF GREATER KANSAS CITY 21400 W 153RD ST OLAATHE, KS 66061	44-0546002		5,000.	0.			SUPPORTED THE UNDER OUR WINGS PROGRAM THAT PROVIDES SUPPORT TO LOCAL FAMILIES FACED WITH A
YVETTE FERRIS FOUNDATION 3935 GROVESNER ST HARRISBURG, NC 28075	45-4761914		1,100.	0.			SUPPORTED THE UNDER OUR WINGS PROGRAM THAT PROVIDES SUPPORT TO LOCAL FAMILIES FACED WITH A

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
COLORECTAL 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:

ABRAHAMSON CANCER CENTER OF THE UNIVERSITY OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED THE UNIVERSITY OF

PENNSYLVANIA HEALTH SYSTEM COLORECTAL CANCER SCREENING NAVIGATION

PROGRAM. THE PROGRAM TARGETS RESIDENTS IN WEST PHILADELPHIA OVER THE AGE

OF 50 AND HAVE NOT COMPLETED COLORECTAL CANCER SCREENING. THESE PATIENTS

ARE IDENTIFIED AND CONTACTED TO FIND THE BARRIER THAT IS PREVENTING THEM

FROM HAVING A SCREENING COLONOSCOPY. THE NAVIGATORS WORKING WITH THESE

Part IV Supplemental Information

PATIENTS WILL ASSIST WITH EDUCATION AND ELIMINATING THOSE BARRIERS, AS WELL AS FOLLOW-UP CALLS AND FOLLOWING PATIENTS WITH ABNORMAL RESULTS THROUGH THE NECESSARY DIAGNOSTIC OR THERAPEUTIC APPOINTMENTS AND PROCEDURES.

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS OC/ONEOC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED FREE COLONOSCOPY SCREENING AND DIAGNOSTIC PROGRAMS TO FREE CLINICS IN ORANGE COUNTY. OUTREACH SPECIFICALLY TARGETS THE VIETNAMESE COMMUNITY (WHERE THE COLON CANCER INCIDENCE IS ON THE RISE) AND THE HISPANIC COMMUNITY THROUGHOUT THE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: AFFECT CHANGE DBA COLOR CANCER

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERWROTE THE COST OF AT-HOME CARE SUPPLIES FOR COLON CANCER PATIENTS. THE CAREBOX PROGRAM PROVIDES FREE AT-HOME SUPPLIES THAT ARE NOT COVERED BY INSURANCE TO CANCER PATIENTS IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT:

AGENT 41 (TWIN CITIES PROGRAM) PROVIDER OF GRANT COMPONENTS

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

NAME OF ORGANIZATION OR GOVERNMENT: ALIVEANDKICKN

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT FROM THE COLON CANCER COALITION HELPS ALIVEANDKICKN AND THE GENETIC ALLIANCE LAUNCH A NATIONAL LYNCH SYNDROME REGISTRY, ALLOWING GENETIC RESEARCH, SUPPORT FOR LYNCH

Part IV Supplemental Information

SURVIVORS AND PREVIVORS, AND OTHER LYNCH SYNDROME AWARENESS AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICA ASSOCIATION FOR CANCER RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS RAISED IN PHILADELPHIA ALLOWED THE AMERICAN ASSOCIATION FOR CANCER RESEARCH TO WORK WITH 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: FUNDED THE NCCRT ANNUAL MEETING WHICH IS KEY TO ADVANCING THE STRATEGIC PLAN OF THE ROUNDTABLE, AS ENERGIZES THE MEMBERSHIP, ALLOWS FOR CRUCIAL FACE TO FACE PLANNING, ALLOWS FOR NETWORKING, AND CREATES A FORUM IN WHICH LEADERS IN COLORECTAL CANCER CONTROL EFFORTS CAN EXCHANGE IDEAS ABOUT WAYS TO REDUCE COLORECTAL CANCER

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON HEALTHCARE FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED ACCESS TO COLORECTAL CANCER SCREENING AND DETECTION FOR BOSTON'S HOMELESS MEN, WOMEN AND CHILDREN FOCUSING ON BOTH PATIENT AND PROVIDER EDUCATION AND TOOLS TO HELP MAKE ADVANCES IN COLON CANCER SCREENING SUCCESSFUL FOR THE HOMELESS POPULATION.

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

Part IV Supplemental Information

DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: CANCER SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED A NETWORKING GROUP;
INDIVIDUAL AND FAMILY COUNSELING; PATIENT AND CAREGIVER SUPPORT GROUPS;
AND EDUCATION, NUTRITION AND WELLNESS PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

CANCER SUPPORT COMMUNITY - MA SOUTH SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED A SERIES OF PRINT AND ONLINE
ADVERTISING. THESE ADS HELP EDUCATE THOSE ALREADY DIAGNOSED WITH CANCER
ABOUT THE CANCER SUPPORT COMMUNITY-MA SOUTH SHORE'S ONGOING SUPPORT
GROUPS, STRESS REDUCTION ACTIVITIES AND EDUCATIONAL OFFERINGS.

NAME OF ORGANIZATION OR GOVERNMENT: CHRIS4LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED "LOVE YOUR BUTT" AWARENESS
CAMPAIGN IN ORDER TO SPREAD COLORECTAL CANCER KNOWLEDGE TO THE GREATEST
NUMBER OF PEOPLE THROUGHOUT THE COUNTRY.

NAME OF ORGANIZATION OR GOVERNMENT: COLON CANCER ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE NOW IS THE TIME PROGRAM AND
"COLON CANCER PREVENTION SUNDAY" TARGETED APPROXIMATELY 500 CHURCHES IN
NEW YORK CITY, DIRECTLY REACH OVER 15,000 AFRICAN AMERICAN CHURCH-GOERS,
WORKING TO ERADICATE HEALTH DISPARITIES IN THE AFRICAN-AMERICAN COMMUNITY
THOUGH COLLABORATING WITH THE CHURCHES AND SURROUNDING COMMUNITY ASSETS
LIKE APARTMENT BUILDINGS, CIVIC ORGANIZATIONS AND OTHER COMMUNITY
GATHERING PLACES E.G. HAIR SALONS AND BEAUTY SHOPS, AND BARBERSHOPS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COLON CANCER COALITION OF IOWA (FORMERLY DAVIDSFIGHT.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:

ENTERCOM INDIANAPOLIS (PROVIDER OF GRANT COMPONENTS -INDIANAPOLIS)

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH PARTNERS AT FOX59 AND BE WELL INDY, THE COLON CANCER COALITION BROUGHT THE *DON'T MISS IT SCREENING AND AWARENESS CAMPAIGN TO THE INDIANAPOLIS MARKET. ENCOURAGING PEOPLE OF ALL AGES TO UNDERSTAND THE SIGNS AND SYMPTOMS OF THE DISEASE, TO LEARN THEIR FAMILY HISTORY AND GET THE APPROPRIATE SCREENING.

NAME OF ORGANIZATION OR GOVERNMENT: EVERGREEN HEALTHCARE FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT:

FOX 59 (PROVIDER OF GRANT COMPONENTS - INDIANAPOLIS)

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH PARTNERS AT FOX59 AND BE WELL INDY, THE COLON CANCER COALITION BROUGHT THE *DON'T MISS IT SCREENING AND AWARENESS CAMPAIGN TO THE INDIANAPOLIS MARKET. ENCOURAGING PEOPLE OF ALL AGES TO UNDERSTAND THE SIGNS AND SYMPTOMS OF THE DISEASE, TO LEARN THEIR FAMILY HISTORY AND GET THE APPROPRIATE SCREENING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FOX CHASE CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: QUALITY OF LIFE RESEARCH PROJECT:
UNDERSTANDING QUALITY OF LIFE ISSUES FOLLOWING RECOVERY FROM COLON CANCER
TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GATHERING PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED SEVERAL EDUCATIONAL
PROGRAMS FOR THOSE WITH COLON CANCER, INCLUDING A HALF-DAY SYMPOSIUM FOR
THOSE WITH COLON CANCER. THE SYMPOSIUM INCLUDED PRESENTATIONS BY
PHYSICIANS FROM THE CLEVELAND CLINIC AND UNIVERSITY HOSPITALS OF
CLEVELAND ON THE LATEST UPDATES IN TREATMENT, AS WELL AS TALKS ON
NUTRITION AND EXERCISE AND BREAK-OUT SESSIONS FOR PATIENTS AND
CAREGIVERS.

NAME OF ORGANIZATION OR GOVERNMENT: HILL COUNTRY MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: HILL COUNTRY MISSION FOR HEALTH HAS
PARTNERED WITH TWO LOCAL GASTROENTEROLOGY GROUPS (SAN ANTONIO
GASTROENTEROLOGY ASSOCIATES AND GASTROENTEROLOGY CONSULTANTS OF SAN
ANTONIO) WHO ARE PROVIDING COLON CANCER SCREENING AT A REDUCED COST TO
THE CLINIC. THESE PARTNERSHIPS WILL ALLOW THESE FUNDS TO BE USED FOR THE
BENEFIT OF A LARGER NUMBER OF PATIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS VALLEY COMMUNITY HOSPITAL

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

NAME OF ORGANIZATION OR GOVERNMENT:

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INTERSOURCE SERVICES (PROVIDER OF GRANT COMPONENTS - NYC)

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COLON CANCER COALITION IS PROVIDING EDUCATIONAL MATERIALS AND SCREENING OPPORTUNITIES TO THE HISPANIC POPULATION.

NAME OF ORGANIZATION OR GOVERNMENT:

KMSP (PROVIDER OF GRANT COMPONENTS - TWIN CITIES)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED "BE HEALTHY WITH DR OZ" EVENT HELD AT THE MALL OF AMERICA WHICH FEATURED AN ONLINE HEALTH CHALLENGE AND A DAY OF QUESTION AND ANSWER SESSION.

NAME OF ORGANIZATION OR GOVERNMENT:

KSN (PROVIDER OF GRANT COMPONENTS - WICHITA)

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MARCH 2015 THE COLON CANCER COALITION PARTNERED WITH KSN TV IN WICHITA TO BRING MESSAGES ABOUT COLON CANCER SCREENING AND EARLY ON-SET COLON CANCER TO THE PUBLIC.

NAME OF ORGANIZATION OR GOVERNMENT:

OUTFRONT MEDIA (PROVIDER OF GRANT COMPONENTS - KANSAS CITY)

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MARCH 2015 FUNDED AWARENESS AND EDUCATIONAL BILLBOARDS THROUGHOUT THE KANSAS CITY, KANSAS AND KANSAS CITY, MISSOURI AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: MARY HITCHCOCK MEMORIAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED FREE COLONOSCOPIES FOR NEW HAMPSHIRE UNDER OR UNINSURED RESIDENTS, PATIENT NAVIGATION SERVICES, PAYMENT FOR THE PRESCRIPTION PREP NEEDED FOR A COLONOSCOPY, TRANSPORTATION SERVICES TO THE ENDOSCOPY CENTERS AND OTHER SERVICES THAT

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MIGHT BE NECESSARY FOR PATIENTS TO UNDERGO THE COLONOSCOPY.

NAME OF ORGANIZATION OR GOVERNMENT: MICHAEL'S MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: MICHAEL'S MISSION LAUNCHED THE MEDICALLY UNDERSERVED OUTREACH INITIATIVE TO ASSIST MEDICALLY VULNERABLE POPULATIONS, INCLUDING RACIAL AND ETHNIC MINORITIES, URBAN POOR, AND THE ELDERLY. AS PART OF THE MICHAEL'S MISSION PATIENT SUPPORT SERVICES, THIS INITIATIVE WILL INCREASE ACCESS TO COLORECTAL CANCER SCREENING, EDUCATION AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

OBI CREATIVE (PROVIDER OF GRANT COMPONENTS - DON'T MISS IT)

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPED THE DON'T MISS IT NATIONAL COLON CANCER SCREENING CAMPAIGN BRING PUBLIC AWARENESS TO THE IMPORTANCE OF EARLY SCREENING AND DETECTION OF THE DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHCOAST CENTER FOR CANCER CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDED COLON CANCER PREVENTION EDUCATION FOR UNDERSERVED POPULATIONS, INCLUDING FIT SCREENING TESTS AND A 6-WEEK NUTRITION PROGRAM FOCUSED ON HEALTHY EATING AND EXERCISE. THE GRANT ALSO PROVIDES FOR EDUCATIONAL TRAINING FOR COMMUNITY HEALTH WORKERS, AND A COLON CANCER SURVIVOR CELEBRATION.

NAME OF ORGANIZATION OR GOVERNMENT: THOMAS JEFFERSON UNIVERSITY HOSPITAL

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

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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: VICTORY HEALTH PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED FIT COLON CANCER SCREENING TESTS AS WELL AS EDUCATIONAL AND WELLNESS OPPORTUNITIES FOR THE UNDERSERVED POPULATION IN MOBILE.

NAME OF ORGANIZATION OR GOVERNMENT: WBRZ

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

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: YMCA OF GREATER KANSAS CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED THE YMCA'S CANCER EXERCISE PROGRAM OFFERED NO COST TO COLON CANCER SURVIVORS AND THEIR FAMILIES WHILE PROVIDING SPECIALIZED INDIVIDUAL AND GROUP EXERCISE CLASSES THAT HELP RE-BUILD STRENGTH AND INCREASE FLEXIBILITY AND ENDURANCE.

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NAME OF ORGANIZATION OR GOVERNMENT: YVETTE FERRIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED THE UNDER OUR WINGS PROGRAM THAT PROVIDES SUPPORT TO LOCAL FAMILIES FACED WITH A DIAGNOSIS OF COLON CANCER.

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.

OMB No. 1545-0047

2015

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.