

Return of Organization Exempt From Income Tax

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

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

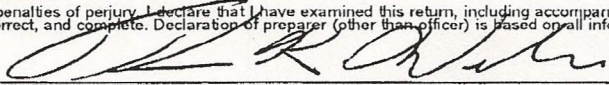
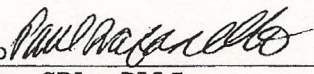
For the 2008 calendar year, or tax year beginning 3/28, 2008, and ending 12/31, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	Colon Cancer Challenge Foundation 23 McKesson Hill Road Chappaqua, NY 10514-0054		D Employer identification number 26-2884177
				E Telephone number 914-238-5048
				G Gross receipts \$ 25,000.
		F Name and address of principal officer: Albert J Ferro Same As C Above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ http://www.coloncancerchallenge.org/index.htm				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of Formation: 2009 M State of legal domicile: NY				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Colon Cancer Challenge Foundation is a New York based not-for-profit organization dedicated to reducing colorectal cancer incidence and death in metropolitan New York area and nation-wide.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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	0
	5 Total number of employees (Part V, line 2a).....	5	0
Revenue	6 Total number of volunteers (estimate if necessary).....	6	10
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C).....	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.
	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....		25,000.
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		25,000.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
Net Assets or Fund Balance	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶.....		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....		1,384.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		1,384.
Net Assets or Fund Balance	19 Revenue less expenses. Subtract line 18 from line 12.....		23,616.
	20 Total assets (Part X, line 16).....	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26).....	0.	23,616.
Net Assets or Fund Balance	22 Net assets or fund balances. Subtract line 21 from line 20.....	0.	0.
		0.	23,616.

Part II Signature Block

Sign Here	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.		
	Signature of officer  THOMAS K WEBER Type or print name and title.	Date 10/13/09	
Paid Preparer's Use Only	Preparer's signature ▶ Paul Rafanello 	Date	Check if self-employed <input checked="" type="checkbox"/> X Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Paul Rafanello, CPA, PLLC ▶ P.O. Box 1156 Warwick, NY 10990	EIN ▶ N/A	Phone no. ▶ 845-986-8776
	May the IRS discuss this return with the preparer shown above? (see instructions)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		