Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is atwww.irs.gov/form990.

OMB No. 1545-0047

2015

Employer identification number

Name of the organization		Employer identification number
COLON CANCER CHALLENGE FOUNDA'	TION	26-2884177
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	I Rule or a Special Rule.	
	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-F7	z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	itor's total contributions.
Special Rules		
TT C every institute described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	port test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi),	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2	16a, or 16b, and that 2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.	, 2,0 0, 110 1110 1110 1110 1110 (1)
For an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I	from any one contributor, iterary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	itolally, or substitution
For an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year contributions exclusively to	or religious, charitable, etc., purposes, but no such contribut	ions totaled more than
\$1,000. If this box is checked, enter here the	he total contributions that were received during the year for any of the parts unless the General Rule applies to this organisms.	an <i>exclusively</i> religious, anization because
it received nonexclusively religious, charita	ble, etc., contributions totaling \$5,000 or more during the ye	ear
it received memoraters y . s. global statute		
Caution. An organization that is not covered by	y the General Rule and/or the Special Rules does not file So	chedule B (Form 990, 990-EZ, or
000 DE) but it much answer 'No' on Part IV III	ne 2 of its Form 990. Or check the box off lifte it of its Forti	1 990-EZ 01 011 ILS 1 01111 990-1 1 ,
Part I, line 2, to certify that it does not meet th	ne filing requirements of Schedule B (Form 990, 990-EZ, or 9	JJU-1 1 J.

1 of Part I

Page 1 of Employer identification number

COLON	CANCER	CHALLENGE	FOUNDATION
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26-2884177

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is need	ea.	
(a) Number	(b) Name, address, and ZIP + 4	C	(c) Total contributions	(d) Type of contribution
1	BAYER HEALTHCARE			Person X Payroll
		\$	15,000.	Noncash
	WHIPPANY, NJ 07981			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	MICHAEL'S MISSION	_		Person X Payroll
	ONE PENN PLAZA, SUITE 6301	\$	30,000.	Noncash
	NEW YORK, NY 10119			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	THE MARGOT SUNDHEIMER FOUNDATION			Person X Payroll
	900 THIRD AVE	\$	12,500.	Noncash
	NEW YORK, NY 10022			(Complete Part II for noncash contributions.)
			Participation of the Participa	
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4 LUC WALTER		(c) Total contributions	Type of contribution Person X
Number	Name, address, and ZIP + 4	\$	(c) Total contributions	Type of contribution
Number	Name, address, and ZIP + 4 LUC WALTER	\$\$	contributions	Type of contribution
Number	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE (b)	_ _\$	contributions	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE (b)	_ _\$	15,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE (b)	_ _\$	15,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE (b)	_ _\$	15,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
4	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE (b) Name, address, and ZIP + 4	_ _\$	15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution
(a) Number	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE Name, address, and ZIP + 4	_ _\$	(c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contribution) Person Dayroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Dayroll Payroll Payro
(a) Number	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE Name, address, and ZIP + 4	_ _\$	(c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contribution) Person Payroll Noncash (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4 LUC WALTER 19 RUE JACQUES HILLAIRET, PARIS 75012 FRANCE Name, address, and ZIP + 4	- \$	(c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contribution) Person Payroll Noncash (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contribution Person Payroll Payroll Payroll

Page

1 to 1 of **Part II**

Name of organization

Employer identification number

COLON CANCER CHALLENGE FOUNDATION				
LULUN LANGER CHALLENIE FURNIALIU	COLOM	CANCED	CITATTTAICE	COLLEGE A THE CAL
	UULLUN	LANU.F.K	L.HALILIFINGE.	FUUNDATION

26-2884177

Part II Noncash	Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 BAA		\$ Schedule B (Form 990, 990-E	

1 to 1

OLON CA	NCER CHALLENGE FOUNDATION		26-2884177
th	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.)	ne year from any one contribute empleting Part III, enter the total of (Enter this information once. See i	f exclusively religious, charitable, etc.,
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Dogwood Charles	N/A		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
-	(b)	(c)	
(a) lo. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addre:	(e)	Relationship of transferor to transferee

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

COLON CANCER CHALLENGE FOUNDATION 26-2884177 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2h b Total acreage restricted by conservation easements..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X......▶\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1.

▶\$

Part III Organizations Maintaining Colle					(a)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check any	y of the following that are a	significant use of its co	llection	
a Public exhibition	d Loan or	exchange programs			
b Scholarly research	e Other			Sample of the same	
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.					
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	ganization's collection?		Yes	No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if the Form 990, Part X, I	ne organization answine 21.	vered Yes on For	n 990, Part	IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary f	or contributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII a					
			A	Amount	
c Beginning balance			1 c		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance			. 1f		
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial ad	count liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	on Part XIII		
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on Forr	m 990 Part IV lin	e 10.	
Part V Endowment Funds. Complete if (a) Curren			(d) Three years back	(e) Four years	back
1 a Beginning of year balance	t year (b) i nor year	(c) Two yours buok	(u) Throo Journ Suon	(2)	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				<u> </u>	
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held as	S:		
a Board designated or quasi-endowment	%				
b Permanent endowment ▶	96				
c Temporarily restricted endowment ▶	%				
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possessic organization by:	on of the organization that a	are held and administered f	or the	Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organiz	ations listed as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses of the					
Part VI Land, Buildings, and Equipmen					
Complete if the organization an		n 990, Part IV, line	11a. See Form 99	0, Part X, lii	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment			966.		194.
e Other					
Total. Add lines 1a through 1e. (Column (d) must		column (B), line 10c.)			194.
BAA				ule D (Form 990	

Part VII	O I I II II		
(a) Dage	complete if the organization answered cription of security or category (including name of security)	(b) Book value), Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value
7.00	cial derivatives	(b) Book value	(b) modified of valuations could be year.
	y-held equity interests		
3) Other	y-field equity interests		
(A)			
(B)			
(C)			
D)			
(E)			
(F)			
(G)			
(H)			
(l)			
	mn (b) must equal Form 990, Part X, column (B) line 12.) 🕨	·	27/7
Part VII	Investments - Program Related.	1 'Yes' on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 1.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(w) bookington of infootinging		
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9) (10)			
(9) (10) Total. (Colu	umn (b) must equal Form 990, Part X, column (B) line 13.) •	N/2	
(9) (10)	oumn (b) must equal Form 990, Part X, column (B) line 13.) • Other Assets. Complete if the organization answere	N/Ad 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(9) (10) Total. (Coll	Other Assets. Complete if the organization answere	N/I/d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(9) (10) Total. (Cold Part IX	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(9) (10) Total. (Color Part IX	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3)	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Cold Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	O, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Cold Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answere (a) December 2.	N/P d 'Yes' on Form 99 escription	(b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, column	N/P d 'Yes' on Form 99 escription	(b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answere (a) Description of the complete if the organization answere (a) Description of the complete if the organization answere (a) Description of the complete if the organization answere (a) Description of the complete if the organization answere (b) must equal Form 990, Part X, column (c) the complete if the organization answere (a) Description of the complete if the organization answere (a) Description of the complete if the organization answere (b) The complete if the organization answere (c) Description of the complete if the organization answere (c) Description of the complete if the organization answere (d) Description of the complete if the organization answere (d) Description of the complete if the organization answere (d) Description of the complete if the organization answere (d) Description of the complete if the organization and the complete if the complete if the complete in the complete i	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cole	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, column	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C	Other Assets. Complete if the organization answere (a) Description Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Color Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2) (3)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2) (3) (4)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fee (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec. (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere (a) Description of liability	M/P d 'Yes' on Form 99 escription (B) line 15.)	(b) Book value
(9) (10) Total. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C Part X (1) Fec (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets. Complete if the organization answere (a) Description of liability	(B) line 15.) Form 990, Part IV, line 1 (b) Book value	(b) Book value

Schedule D (Form 990) 2015 COLON CANCER CHALLENGE FOUNDATION	26-	-28841//	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Re	turn.	
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	552,813.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities	65,442.		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	65,442.
3 Subtract line 2e from line 1		3	487,371.
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.)			
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	487,371.
Part XII Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part I'	V, line 12a.		
1 Total expenses and losses per audited financial statements		1	587,407.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			111100000000
a Donated services and use of facilities	65,442.		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	65,442.
3 Subtract line 2e from line 1.		3	521,965.
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	1		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	521,965.
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 XI, 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 - FIN 48 FOOTNOTE

THE FOUNDATION'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.

SCHEDULE G (Form 990 or 990-EZ)

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.

ore than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number COLON CANCER CHALLENGE FOUNDATION 26-2884177 **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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants е Internet and email solicitations Solicitation of government grants f b Phone solicitations Special fundraising events C q d In-person solicitations Yes X 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 (ii) Activity (iv) Gross receipts (vi) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in or entity (fundraiser) from activity (or retained by) have custody or control of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. 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		Fundraising Events. Complete if the more than \$15,000 of fundraising elections with gross receipts greaters.	he organization an	swered 'Yes' on Fo	rm 990, Part IV, li on Form 990-EZ,	ne 18, or reported
RE			(a) Event #1 CC CHALLENGE (event type)	(b) Event #2 CHARITY RUNNER (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	356,833.	126,091.		482,924.
Ē	2	Less: Contributions	356,833.	126,091.		482,924.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
D R E C T	6	Rent/facility costs	289.	25,316.	Wallest Market Control	25,605.
C T	7	Food and beverages	11,568.	1,616.		13,184.
E X P	8	Entertainment	5,489.			5,489.
EXPENSES	9	Other direct expenses	18,990.	248.		19,238.
Par	10 11 t III	Net income summary. Subtract line 10 fro Gaming. Complete if the organiza	om line 3, column (d). tion answered 'Ye			-63,516
R E V E N U E	-	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
-	2					
D I P E N C T S		Noncash prizes				
T E	4	Rent/facility costs	100000			
	5		Yes %	Yes %	Yes%	
	7	0.511				
	En a Is ' b If '	nter the state(s) in which the organization of the organization licensed to conduct gamin 'No,' explain:	onducts gaming activiting activities in each of the second	these states?		Yes No
		ere any of the organization's gaming license 'Yes,' explain:		or terminated during th		Yes No

12 Is the organization a grantor, beneficiary or trustee of a frust or a member of a partnership or other entity formed to administer charitable garning?			age 3
13 Indicate the percentage of gaming activity conducted in: a The organization's facility. b An outside facility. 13a \$ 13b \$ 3 12b	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	
Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No bit Yes,' enter the amount of gaming revenue received by the organization? \$ and the amount of gaming revenue retained by the third party? Name Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer	a b	Indicate the percentage of gaming activity conducted in: The organization's facility. An outside facility. 13a 13b	
b f *Ves,* enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c f Yes,* enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$		Name ►	
Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer	b c	If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$. If 'Yes,' enter name and address of the third party:	No
Gaming manager compensation ► \$ Description of services provided ► Director/officer			
Description of services provided ► Director/officer	16	Gaming manager information:	
Director/officer		Gaming manager compensation ► \$	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor	
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).	а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	No
PAA TEE 2703: 06/00/15 Schedule © (Form 990 or 990 F7) 2015	Par	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	
PAA TEEA27031 05/00/15 Schadula & /Form 900 or 900 F7) 2015			
PAA TEEA2703: 05/00/15 Schedule & /Form 900 or 900 F7) 2015			
PAA TEEA27031 05/00/15 Schedule & /Form 000 or 000 F71 2015			
TEEA27021 NOMBRE SOME SOME AND ALL FORM OUT AN OUTLIE ALL ALL		Calculate O (Family 200 to 200 FZ) C	015

BAA

SCHEDULE O (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLON CANCER CHALLENGE FOUNDATION

Employer identification number 26–2884177

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE COLON CANCER CHALLENGE FOUNDATION (CCCF) IS DEDICATED TO A WORLD WITHOUT

COLORECTAL CANCER → AND WORKS TOWARD THIS MISSION BY INCREASING AWARENESS ABOUT THE

IMPORTANCE OF EARLY SCREENING, DEVELOPING PUBLIC/PRIVATE PARTNERSHIPS TO INCREASE

KNOWLEDGE AND CRC SCREENING RATES, INCREASING AWARENESS OF CRC RISK FACTORS AND

FACTORS THAT MAY HELP PREVENT CRC, INCLUDING FAMILY/GENETIC HISTORY, PROVIDING FUNDS

FOR SCREENING SERVICES TO THE UNDERSERVED, AND AWARDING RESEARCH GRANTS TO STUDY

GENETIC AND EPIGENETIC CHANGES THAT WILL LEAD TO NEW BREAKTHROUGHS IN THE PREVENTION

AND THERAPY OF CRC.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC AWARENESS -

THE EARLY AGE ONSET CRC SUMMIT:

DESPITE THE TREMENDOUS PROGRESS WE HAVE MADE OVER THE PAST DECADE ON INCREASING SCREENING AND REDUCING RATES OF INCIDENCE FOR THOSE 50 AND UP THE RATES OF THOSE DIAGNOSED WITH LATE STAGE CRC UNDER THE AGE OF 50 ARE INCREASING AT DRAMATIC AND ALARMING RATES.

CCCF HAS RECOGNIZED THIS TREND AND TAKEN THE LEAD ON ADDRESSING THE ISSUE BY

ORGANIZING AND HOSTING THE NATION'S FIRST SUMMIT FOCUSED ON EARLY AGE ONSET

COLORECTAL CANCER. CCCF PARTNERED WITH THE CME DEPARTMENT OF MEMORIAL SLOAN KETTERING

CANCER CENTER ON THE INAUGURAL EVENT.

THIS GROUNDBREAKING PROGRAM PROVIDED SURVIVORS, LOVED ONES, HEALTH CARE PROFESSIONALS AND RESEARCHERS FROM AROUND THE COUNTRY THE OPPORTUNITY TO ADVANCE THEIR

UNDERSTANDING OF THE RAPIDLY INCREASING INCIDENCE OF RECTAL AND COLON CANCER AMONG

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

YOUNG ADULTS UNDER 50 YEARS OF AGE IN THE U.S. AND ABROAD. THE PROGRAM OFFERED PARTICIPANTS THE OPPORTUNITY TO LEVERAGE EACH OTHER'S INSIGHTS AND HEAR "STATE-OF-THE-SCIENCE" PRESENTATIONS ON THE EPIDEMIOLOGY, PATHOGENESIS, GENOMICS AND OPTIMAL MULTIDISCIPLINARY CARE OF EAO-CRC.

THE 2015 EAO CRC SUMMIT FEATURED KEYNOTE ADDRESSES FROM LEADING CLINICIANS,
EPIDEMIOLOGISTS AND RESEARCHERS FROM EUROPE, AFRICA, AUSTRALIA AND THE NATION'S
LEADING CANCER CENTERS AND ADVOCACY ORGANIZATIONS.

CCCF ALSO PARTNERED WITH HEALTHEO360 TO FILM THE ENTIRE SUMMIT. SLIDES AND

PRESENTATIONS ARE NOW AVAILABLE ONLINE FOR ALL THOSE WHO COULD NOT ATTEND THE SECOND

ANNUAL EVENT.

PUBLIC AWARENESS EVENTS:

THE FOUNDATION HAS DEVELOPED A MULTI-LEVEL PUBLIC AWARENESS AND EDUCATIONAL PROGRAM TO SPREAD THE WORD THAT COLORECTAL CANCER IS A LARGELY PREVENTABLE DISEASE - IF CAUGHT EARLY. OUR SURROUND SOUND CAMPAIGNS INCLUDE GRASSROOTS, ON THE GROUND EDUCATIONAL OUTREACH EVENTS, TELEVISION, RADIO, PRINT AND DIGITAL ADVERTISING (PSA'S.) THOUGH ITS OUTREACH EVENTS AND ADVERTISING THE FOUNDATION REACHES NEARLY ½ A MILLION AMERICANS EACH YEAR.

CCCF'S LARGEST OUTREACH EVENT CONTINUES TO BE THE NEW YORK COLON CANCER CHALLENGE. THE FOUNDATION CELEBRATED THE 12TH ANNIVERSARY OF THE NEW YORK COLON CANCER CHALLENGE IN MARCH OF 2015 IN TWO LOCATIONS INCLUDING CITI FIELD AND MANHATTANVILLE COLLEGE. THE CHALLENGE IS A UNIQUE OPPORTUNITY FOR SURVIVORS AND AFFECTED FAMILY MEMBERS TO HONOR

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

LOVED ONES THEY MAY HAVE LOST OR TO CELEBRATE THEIR OWN VICTORY OVER COLORECTAL CANCER. HUNDREDS OF TEAMS PARTICIPATED IN THE REMEMBRANCE AND PREVENTION WALK OR 4 MILE RUN.

MEDIA OUTREACH:

CCCF CONTINUED ITS INTEGRATED MULTIMEDIA CAMPAIGNS INCLUDING PSA'S ABOUT COLORECTAL CANCER AND THE IMPORTANCE OF TIMELY SCREENING THROUGHOUT THE TRISTATE AREA DURING MARCH (COLORECTAL CANCER AWARENESS MONTH) AND THROUGHOUT THE YEAR.

ROLLIN' COLON NATIONAL TOUR:

WHAT'S 20 FEET LONG 12 FEET HIGH, 10 FEET WIDE, INFLATABLE, EDUCATIONAL AND SHAPED LIKE A COLON? THE ROLLIN' COLON OF COURSE!

THANKS TO OUR SUPPORTERS THE ROLLIN' COLON CONTINUED ITS NATIONAL TOUR IN 2015

CRISSCROSSING THE COUNTRY TO EDUCATE THOUSANDS ON COLORECTAL CANCER AND THE

IMPORTANCE OF EARLY SCREENING. EDUCATIONAL MATERIALS ARE TRANSLATED INTO SPANISH AND

CHINESE - ALLOWING THE FOUNDATION TO PROVIDE CULTURALLY RELEVANT EDUCATIONAL

MATERIALS TO THE MANY UNDERSERVED AND UNDERINSURED COMMUNITIES WE VISIT.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

PREVENTION & SCREENING - CCCF CONTINUED ITS SUPPORT OF AND COLLABORATION WITH THE C5 SUMMIT (CITYWIDE COLON CANCER CONTROL COALITION), AN INITIATIVE OF THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYCDOHMH).

WHILE TREMENDOUS GAINS HAVE BEEN MADE IN THE NUMBER OF NEW YORKERS BEING SCREENED

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

AGAINST ONE OF THE MOST COMMON AND DEADLIEST CANCERS THE SIMPLE FACT IS ONLY HALF OF UNINSURED NEW YORKERS ARE UP TO DATE ON COLON CANCER SCREENINGS.

TO HELP ADDRESS THE REMAINING DISPARITIES CCCF IS SUPPORTING A NEW INITIATIVE CALLED THE NYC COMMUNITY CARES PROJECT, A PROGRAM THAT LINKS UNINSURED PATIENTS FROM COMMUNITY HEALTH CENTERS TO ENDOSCOPY CENTERS FOR FREE COLONOSCOPY SCREENING, AN EFFORT TO TACKLE THE PERSISTING SCREENING DISPARITY FOR NYC'S UNINSURED.

IN ITS FIRST 12 MONTHS, THE PROJECT HAS LINKED OVER 1100 UNINSURED NEW YORKERS TO A FREE COLONOSCOPY. THE PROJECT COLLABORATORS LOOK TO EXPAND THIS EFFORT IN 2015 AND INVITE ADDITIONAL SITES TO JOIN THE INITIATIVE AND PROVIDE SCREENINGS TO UNINSURED NEW YORKERS.

THE FOUNDATION ALSO PROVIDED THE NCCRT (NATIONAL COLORECTAL CANCER ROUNDTABLE) WITH A GRANT TO CONTINUE ITS ANNUAL MEETING IN BETHESDA, MD. THE ROUNDTABLE, ESTABLISHED BY THE AMERICAN CANCER SOCIETY (ACS) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN 1997, IS A NATIONAL COALITION OF:

- PUBLIC ORGANIZATIONS
- PRIVATE ORGANIZATIONS
- · VOLUNTARY ORGANIZATIONS, AND
- · INVITED INDIVIDUALS

DEDICATED TO REDUCING THE INCIDENCE OF AND MORTALITY FROM COLORECTAL CANCER IN THE U.S., THROUGH COORDINATED LEADERSHIP, STRATEGIC PLANNING, AND ADVOCACY.

26-2884177

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

RESEARCH -

CCCF CONTINUED FUNDING FOR ITS ANNUAL RESEARCH FELLOWSHIP AWARD. CCCF'S CURRENT ARSA FELLOW IS BASED IN TORONTO AT THE ZANE COHEN CENTRE FOR DIGESTIVE DISEASES (ZCC). CCCF'S FUNDING PROVIDES THE RESEARCH FELLOW WITH ACCESS TO THE WORLD'S MOST ADVANCED GENETIC SEQUENCING TECHNOLOGY. AS FUNDING PERMITS CCCF WILL COLLABORATE WITH ADDITIONAL HOST INSTITUTIONS INCLUDING CANCER CENTERS LOCATED IN EUROPE AS WELL AS AUSTRALIA AND ASIA.

CCCF ALSO CONTINUES TO SUPPORT AND RECOGNIZE EXCELLENCE IN TRANSLATIONAL RESEARCH FOCUSED ON THE MOLECULAR BIOLOGY OF COLORECTAL CANCER BY PROVIDING COLORECTAL CANCER RESEARCH SCHOLAR AWARDS FOR THE TOP-RANKING ABSTRACTS SUBMITTED BY TRAINEES OR JUNIOR FACULTY MEMBERS ATTENDING NATIONAL AND INTERNATIONAL CONFERENCES. AWARDS PROVIDE FUNDING TO COVER MEETING, REGISTRATION AND TRAVEL EXPENSES TO THE CONFERENCES. IN PROVIDING THESE AWARDS, THE CCCF SEEKS TO BOTH SUPPORT AND PROMOTE COLORECTAL CANCER RESEARCH. THE CCCF HAS A SPECIAL INTEREST IN THE BIOLOGY OF EARLY AGE ONSET AND HEREDITARY COLORECTAL CANCER. HOWEVER, RESEARCH INTO OTHER AREAS OF COLORECTAL CANCER (E.G., NOVEL TREATMENTS, INNOVATIVE MINIMALLY INVASIVE SCREENING TECHNOLOGIES) IS ALSO CONSIDERED.

PARTICIPATING CONFERENCES AND ORGANIZATIONS CURRENTLY INCLUDE:

- THE COLLABORATIVE GROUP OF THE AMERICAS ON INHERITED COLORECTAL CANCER (CGA-ICC);
- THE HUMAN VARIOME PROJECT (HVP);
- · THE INTERNATIONAL SOCIETY FOR GASTROINTESTINAL HEREDITARY TUMORS (INSIGHT); AND
- THE SOCIETY FOR SURGICAL ONCOLOGY (SSO)

Employer identification number

26-2884177

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM WAS PRESENTED TO THE ORGANIZATION'S FINANCE COMMITTEE FOR REVIEW, EDITS INCORPORATED AND A FINAL COPY PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ON AN ANNUAL BASIS, BOARD MEMBERS COMPLETE AND SUBMIT A OUESTIONNAIRE TO THE BOARD CHAIR TO DISCLOSE WHETHER THERE ARE ANY CONFLICTS. THE BOARD AND THE EXECUTIVE DIRECTOR WILL EVALUATE CONFLICT DISCLOSURES AND MAKE OTHER NECESSARY INQUIRIES TO DETERMINE THE EXTENT AND NATURE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND, IF APPROPRIATE, INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE POTENTIALLY CONFLICTING INTEREST AND ALL MATERIAL FACTS, AND AFTER ANSWERING ANY QUESTIONS, THE INTERESTED PERSON SHALL RECUSE HIMSELF OR HERSELF FROM DELIBERATIONS AND VOTING RELATING TO THE MATTER AND SHALL REFRAIN FROM ATTEMPTING TO INFLUENCE OTHER DECISION-MAKERS RELATING TO THE MATTER. HOWEVER, AS A MEMBER OF THE BOARD OR COMMITTEE, AN INTERESTED DIRECTOR MAY BE COUNTED IN DETERMINING THE ESTABLISHMENT OF THE QUORUM AT A MEETING RELATING TO THE MATTER. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT ON AN ANNUAL BASIS THE COLON CANCER CHALLENGE FOUNDATION (EITHER THE FULL BOARD OR A COMPENSATION COMMITTEE/EXECUTIVE COMMITTEE) WILL EVALUATE THE EXECUTIVE DIRECTOR ON HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPENSATION. THE COMMITTEE WILL OBTAIN INDEPENDENT INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS) BASED ON A REVIEW OF THE COMPARABLE DATA. THE DATA MAY INCLUDE THE FOLLOWING:

- 1.INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS;
- 2. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES; AND/OR
- 3.WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS.

Employer identification number

26-2884177

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON

TO APPROVE COMPENSATION OF THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS) THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED.

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

CA CO FL HI IL ME MD MA MN MS NY NJ NC NH ND NV OH OK OR RI SC UT VA WA WV WI

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
IT SERVICE PUBLIC RELATIONS RESEARCH		3,836. 54,223. 34,400.	2,014. 43,379. 34,400.	1,439.	383. 10,844.
	TOTAL	\$ 92,459.	\$ 79,793.	\$ 1,439.	\$ 11,227.

COLON CANCER CHALLENGE FOUNDATION FINANCIAL STATEMENTS (WITH INDEPENDENT AUDITOR'S REPORT) FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

COLON CANCER CHALLENGE FOUNDATION FINANCIAL STATEMENTS (WITH INDEPENDENT AUDITOR'S REPORT) FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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Statements of Activities	3
Statements of Functional Expenses	4 - 5
Statements of Cash Flows	6
Notes to Financial Statements	7 - 9

LEDERER, LEVINE & ASSOCIATES, LLC

CERTIFIED PUBLIC ACCOUNTANTS

KENNETH J. LEDERER, CPA STEVEN J. LEVINE, CPA DEREK A. FLANAGAN, CPA

1099 WALL STREET WEST - SUITE 280 LYNDHURST, NEW JERSEY 07071 (201) 933-3780 (201) 933-3575 FAX

149 MADISON AVENUE - 11th FLOOR NEW YORK, NEW YORK 10016 (800) 269-3457 (NYC)

INDEPENDENT AUDITOR'S REPORT

The Board of Directors Colon Cancer Challenge Foundation

We have audited the accompanying financial statements of Colon Cancer Challenge Foundation (the "Foundation") which comprise the statements of financial position as of December 31, 2015 and 2014, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Colon Cancer Challenge Foundation as of December 31, 2015 and 2014 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Lederer, Levine a associates, uc

Lederer, Levine & Associates, LLC

COLON CANCER CHALLENGE FOUNDATION STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2015 AND 2014

ASSETS	-	2015		2014
Cash and cash equivalents (Notes B and E) Contributions receivable (Notes B and C) Prepaid expenses Property and equipment, net (Notes B and D)	\$	52,505 7,000 5,975 194	\$	103,839 7,631 3,145 581
TOTAL ASSETS	\$	65,674	\$	115,196
LIABILITIES Accounts payable and accrued expenses Grants payable (Notes B and G)	\$	52,996 7,200	\$	50,124 30,000
Deferred revenue		7,000	-	2,000
TOTAL LIABILITIES	3 	67,196	-	82,124
COMMITMENTS AND CONTINGENCIES (Note H)				
NET ASSETS (DEFICIT) Unrestricted (deficit)		(1,522)		22.072
TOTAL NET ASSETS	•	The second second	19	33,072
N. M. CONSIDER AND MARKET TO A STATE OF THE) 	(1,522)	-	33,072
TOTAL LIABILITIES AND NET ASSETS	\$	65,674	\$	115,196

COLON CANCER CHALLENGE FOUNDATION STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	-	2015	2014
SUPPORT AND REVENUE:			
Special events - revenue Less: cost of direct benefits to donors	\$	482,924 (63,516)	\$ 605,292 (87,780)
Net revenue from special events		419,408	517,512
Contributions (Note B) Contributed goods and services (Notes B and F) Program fees (Note B) Interest income Other income Total Support and Revenue	=	60,662 65,442 5,500 5 1,796	112,422 35,521 3,000 36 1,482
EXPENSES:			
Program services Management and general Fundraising	-	404,989 84,945 97,473	675,339 79,361 105,043
Total Expenses	_	587,407	859,743
Change in Net Assets	_	(34,594)	(189,770)
Net Assets - Beginning of Year	_	33,072	222,842
Net Asset (deficit) - End of Year	\$ _	(1,522)	\$ 33,072

COLON CANCER CHALLENGE FOUNDATION STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015

	1 1		Prog	Program Services	S		2015	Supporting Services	ng Ser	Vices		
		Public					Ma	Management	6			
	I	Awareness	-	Research	I	Total	a	and General	Fu	Fundraising	1	Total
Salaries Payroll taxes	↔ 1	49,994	69	15,976	↔	65,970 6,451	↔	51,226 4,608	€9	12,499	↔	129,695 12,288
Total personnel costs		54,909		17,512		72,421		55,834		13,728		141,983
Grants (Notes B and G) Contributed goods and services (Notes B and F)		52 573		5,548		5,548		000		0		5,548
Sponsorship fees		98,786		0,0		98,786		5,232		3,818		65,442
Professional fees		44,913		34,880		79,793		9,485		11,227		100,505
Occupancy (Note H)		9,101				9,101				65,071		74,172
Travel and conferences		0,008		1,091		7,649		3,272		872		11,793
Internet service and website maintenance		1,016		20,110		21,628				329		21,957
Printing and publications		5.866		080		70,431		1,188		2,509		14,128
Advertising and promotions		13,959		3 330		2,000				0 0		5,922
Merchant fees)		067,				0,480		20,788
State registration fees										5,013		74,073
Telephone		1,527		477		2.004		1 431		382		3,800
Office supplies and expenses		6,786		979		7.765		2,938		827		11 530
Insurance		2,520		788		3,308		2,363		630		30.4
Bad debt expense		1,233				1,233		Î				1,233
		l						387				387
Otion	l	5,721		45		2,766		2,815		2,680		11,261
Sub-Total Less: expenses deducted directly	11	316,005		88,984		404,989		84,945	Overhead and the second	160,989		650,923
from revenues on the statements of activities										63,516		63,516
Total Expenses	₩	316,005	₩	88,984	₩	404,989	69	84,945	₩	97,473	↔	587,407

The accompanying notes are an integral part of these financial statements.

COLON CANCER CHALLENGE FOUNDATION STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2014

						8	2014					
			Prog	Program Services	Si			Supporting Services	ng Ser	vices		
		Public					M	Management				
	٩	Awareness	İ	Research	1	Total	a	and General	<u> </u>	Fundraising	l	Total
Salaries Payroll taxes Employee benefits	₩	114,838 11,081 7,700	€	27,061 2,518 1,650	↔	141,899 13,599 9,350	₩	43,304 5,037 1,100	↔	15,605 1,511 550	↔	200,808 20,147 11,000
Total personnel costs		133,619		31,229		164,848		49,441		17,666		231,955
Grants (Notes B and G)				69,922		69,922						69.922
Contributed goods and services (Notes B and F)		6,154		10,514		16,668		10,269		8,584		35,521
Sponsorship fees		102,032				102,032				25,508		127,540
Professional fees		60,978		505		61,483		9,057		16,921		87,461
Program expenses		30,586				30,586				65,853		96,439
Occupancy (Note H)		4,972		1,130		6,102		2,260		678		9,040
Travel and conferences		3,548		21,705		25,253				750		26,003
Internet service and website maintenance		12,703		355		13,058		711		3,433		17,202
Printing and publications		9,704				9,704				970		10,674
Advertising and promotions		145,725				145,725				1,622		147,347
Merchant fees										31,556		31,556
State registration fees										16,497		16,497
Telephone		2,353		535		2,888		1,070		321		4,279
Office supplies and expenses		13,474		949		14,423		1,898		1,134		17,455
Insurance		3,415		613		4,028		1,225		548		5,801
Depreciation and amortization								386				386
Other		8,153	1	466		8,619		3,044		782		12,445
Sub-Total		537,416		137,923		675,339		79,361		192,823		947,523
Less: expenses deducted directly												
from revenues on the statements of activities						-				87,780		87,780
Total Expenses	€	537,416	₩	137,923	₩	675,339	69	79,361	₩	105,043	69	859,743

The accompanying notes are an integral part of these financial statements.

COLON CANCER CHALLENGE FOUNDATION STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	***************************************	2015	 2014
CASH FLOWS FROM OPERATING ACTIVITIES: Change in net assets	\$	(34,594)	\$ (189,770)
Adjustments to reconcile changes in net assets to net cash used by operating activities:			
Depreciation and amortization Bad debt expense		387 1,233	386
Changes in operating assets and liabilities:			
(Increase) decrease in assets:			
Contributions receivable Prepaid expenses		(602) (2,830)	13,303 (611)
Increase (decrease) in liabilities:			
Accounts payable and accrued expenses Grants payable Deferred revenue	-	2,872 (22,800) 5,000	(7,775) (20,000) 1,000
Net Cash Used by Operating Activities		(51,334)	 (203,467)
NET DECREASE IN CASH AND CASH EQUIVALENTS		(51,334)	(203,467)
Cash and cash equivalents - beginning of year		103,839	307,306
CASH AND CASH EQUIVALENTS - END OF YEAR	\$	52,505	\$ 103,839
Supplementary Disclosure of Cash Flow Information: Cash paid during the year for interest	\$	- 0 -	\$ - 0 -

COLON CANCER CHALLENGE FOUNDATION NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015 AND 2014

Note A - Organization and Nature of Activities

Colon Cancer Challenge Foundation (the "Foundation") is a not-for profit corporation registered in New York State. The Foundation is dedicated to reducing colorectal cancer incidence and death in New York and across the nation. In addition, the Foundation educates health care providers and the public about the importance of colorectal cancer screening.

The Foundation is a not-for-profit corporation exempt from income taxes under Section 501 (c) (3) of the Internal Revenue Code.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The Foundation prepares its financial statements using the accrual basis of accounting. The Foundation follows accounting principles generally accepted in the United States of America ("U.S. GAAP") which include certain specialized requirements set forth in publications of the Financial Accounting Standards Board.

Cash and Cash Equivalents

The Foundation considers all highly liquid investments with a maturity of less than three months to be cash equivalents.

Restricted Contributions

Contributions are recognized when the donor makes a promise to give to the Foundation that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Contributed Goods and Services

Contributions of donated goods are recorded at their fair values in the period received. Contributions of services are recognized if the services (a) create or enhance non-financial assets or (b) require specialized skills that are provided by individuals possessing those skills.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is November 14, 2016.

Accounting for Uncertainty in Income Taxes

The Foundation's accounting policy is to provide liabilities for uncertain tax positions when a liability is probable and estimable. Management is not aware of any violation of its tax status as an organization exempt from income taxes, nor of any exposure to unrelated business income tax.

Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation and amortization. Depreciation and amortization are provided for on the straight line basis over the estimated useful lives of the assets. The Foundation capitalizes property and equipment with a useful life of two years or more and a cost of \$500 or more.

COLON CANCER CHALLENGE FOUNDATION NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015 AND 2014 (Continued)

Note B - Summary of Significant Accounting Policies (continued)

Fair Value Measurements

Fair value measurements are based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The book value of the Foundation's contributions receivable, prepaid expenses, accounts payable and deferred revenue approximate fair value.

Grant Expense and Commitments

Grant expenses are recognized in the year the award is approved by the Board of Directors and the grant recipient is notified.

Revenue Recognition

Program fees are recognized in the year in which they are earned.

Note C - Contributions Receivable

Contributions receivable at December 31, 2015 and 2014 are all due within one year. Management expects the receivables to be fully collected, and no allowance for doubtful amounts has been established.

Note D - Property and Equipment

Property and equipment consists of the following as at December 31,:

2015	2014
\$ 1,160 (966) \$ 194	\$ 1,160 (579) \$ 581
	\$ 1,160

Note E - Concentrations

- 1) For the years ended December 31, 2015 and 2014, approximately 76% and 77%, respectively of the Foundation's support and revenue was generated by two fundraising events.
- 2) The Foundation maintains several bank accounts at a bank which is an institution insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor. At December 31, 2015 and 2014 there were no uninsured cash balances.

Note F - Contributed Goods and Services

Contributed goods and services consisted of the following for the years ended December 31,:

Logal parties	2015	2014
Legal services	\$ 14,142	\$ 32,271
Professional fees	49,200	
Graphic design	2,100	3,250
	\$ <u>65,442</u>	\$_35,521

COLON CANCER CHALLENGE FOUNDATION NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015 AND 2014 (Continued)

Note G - Grants Payable

Grants payable are due within one year.

Note H - Commitments and Contingencies

On September 30, 2011, the Foundation entered into a lease for office space. The lease expires September 30, 2017. The Foundation also leases storage space. Rental expense amounted to approximately \$11,793 and \$9,040 for the years ended December 31, 2015 and 2014, respectively.

Approximate future minimum annual rental commitments under noncancellable rental lease obligations are as follows:

For the years ended December 31, 2016 2017

\$ 9,370

7,184

\$ 16,554

Note I - Implementation of Measures to Address Financial Status

The Foundation has experienced deficits in recent years, resulting in an accumulated unrestricted net deficit of approximately \$1,500 at December 31, 2015.

In order to address this situation, the Foundation:

- will significantly cut special event and operational expenses.
- has been working with two of the nation's premier marketing, advertising, strategic planning and branding agencies to develop a breakthrough public awareness and fundraising campaign.