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Form **990-EZ**

Amended to show fiscal year dates. No change to amounts.

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of dohor actived funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(3) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assabs less than \$500,000 at the end of the year may use this form

OMB No 1545-1150

	Interr	al Rev	enue Service	assets less than \$500,000 at the end of the year may use this form ➤ The organization may have to use a copy of this return to satisfy state reporting requ	irements.	inspection 2 in
				lendar year, or tax year beginning $$	N 30,	
	B	heck if	ole [C Name of organization		identification number
			ess change			
	F	٦	e change	Colorado Cancer Coalition	46-1	.113840
	X	_			E Telephon	
	Ë	٦ .	inated	1341 West Caley Avenue	303-	798-7614
	X	=		City or town, state or country, and ZIP + 4	F Group Ex	
	F	7		Littleton, CO 80120	Number	•
	<u> </u>		nting Metho			X if the organization is not
				tp://www.coloradocancercoalition.org/		o attach Schedule B
				•	0, 990-EZ, or 990-PF).	
		heck		the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its g		
				90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	is). Dut ii tiit	organization chooses to life
				o file a complete return.		
				nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II, 	2028.
		ne 25.) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ nue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	etions for De	
	_ <u>P</u>	II I WILL	4	•	ictions for Pa	·
		_		the organization used Schedule O to respond to any question in this Part I	·····	2028.
		1		ons, gifts, grants, and similar amounts received	· 1	
		2		ervice revenue including government fees and contracts	2	
		3		ip dues and assessments	3_	
		4	investmen		4	
		52		unt from sale of assets other than inventory		
		Ъ		or other basis and sales expenses		
		C	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	
		6	_	d fundraising events	1	
	ē			me from gaming (attach Schedule G if greater than	(MX	
	e		\$15,000)	<u>[6a]</u>		
	Revenue	b		me from fundraising events (not including \$ of contributions	14.50	
	_			raising events reported on line 1) (attach Schedule G if the sum of such		
				merand-contributions-exceeds-\$15,000) 6b		(
Z.		C		t expenses from marning and fundraising events 6c		l.
2014		d		gar (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. <u>6d</u>	
 0		78	Gross sale	Bolf inventory, less returns and allowarices 7a		
=		Þ	Less cost	inflands sold 1 2011 (c) 76		2
PR		C		nt or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
		8	Other reve	nue (describe in Schetule D)	<u>8</u>	
SCANNEDA		9	Total reve	nue: Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	2028.
		10	Grants and	similar amounts paid (list in Schedule 0) See Schedule 0	. 10	528.
المكيا		11		aid to or for members	. <u> 11</u>	<u></u>
=	Š	12		ther compensation, and employee benefits	12	
	i Sc	13	Profession	al fees and other payments to independent contractors	13	
	Ç	14	Occupancy	r, rent, utilities, and maintenance	14	
Š	Ú į	15	Printing, p	ublications, postage, and shipping	15	
-0		16	Other expe	ublications, postage, and shipping unses (describe in Schedule 0) See Schedule 0	16	34.
		17	Total expe	nses. Add lines 10 through 16	▶ 17	562.
		18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	1466.
	sets	19		or fund balances at beginning of year (from line 27, column (A))	<u></u>	:
	Asi		(must agre	e with end-of-year figure reported on prior year's return)	. 19	0.
	Net Assets	20		iges in net assets or fund balances (explain in Schedule 0) See Schedule 0	. 20	100.
	_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	2 1	1566.
	LHA	For	Paperwork	Reduction Act Notice, see the separate instructions.		Form 990-EZ (2012)

232171 01-11-13

_	m 990-EZ (2012) Colorado Cancer Coalition	1	 .	<u>46-11138</u>	40 Page 2
P	Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to res				<u></u>
		(A) Beginning of year	 	nd of year
22	Cash, savings, and investments		0		1566.
23	Land and buildings			23	
24	Other assets (describe in Schedule O)			24	
25	Total assets		0	• 25	1566.
26	Total liabilities (describe in Schedule 0)		0	- 26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	• 27	1566.
P	Statement of Program Service Accomplishme	nts (see the instructi	ons for Part III)	E	cpenses
	Check if the organization used Schedule O to res	pond to any question	in this Part III		for section
Wha	at is the organization's primary exempt purpose? See Schedule ()	· -		and 501(c)(4) ons and section
	tribe the organization's program service accomplishments for each of its three largest program		in a clear and concine	4947(a)(1) trusts; optional
	her, describe the services provided, the number of persons benefited, and other relevant inform		are crear and conclete	for others	
	Start-up Expenses				
	Double of Tipolipon				
					
	(Create &) If this case intingle des ferries	annata abaat bara		288	562.
	(Grants \$) If this amount includes foreign	grants, check here		208	3021
29					
		•		<u>—</u>	
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>	29a	
30					

	(Grants \$) If this amount includes foreign	grants, check here		30a	
31	Other program services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		1 1	
	(Grants \$) If this amount includes foreign	grants, check here	>	31a	
					ECO
<u>32</u>	Total program service expenses (add lines 28a through 31a)	<u> </u>		. 32	562.
32 P	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees List each one e	even if not compensated (s	. 32 see the instructions fo	r Part IV)
P	Total program service expenses (add lines 28a through 31a) Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees List each one e	even if not compensated (s	ee the instructions fo	7 Part IV)
P	art IV List of Officers, Directors, Trustees, and Key E	mployees List each one e	even if not compensated (s	ee the instructions fo	r Part IV) (e) Estimated
P	art IV List of Officers, Directors, Trustees, and Key E	Employees List each one of pond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit	r Part IV) (e) Estimated amount of other
Pi	Check if the organization used Schedule O to res	Employees List each one of spond to any question (b) Average hours	in this Part IV	(d) Health benefits, contributions to	r Part IV) (e) Estimated
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Co	Check if the organization used Schedule O to res (a) Name and title onnie Carson esident & Chairman	Employees List each one of pond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	r Part IV) (e) Estimated amount of other
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organization of powering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization of some of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? by If "Yes," to line 35a, has the organization had a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization as vector 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete applicable parts of Schedule N Did the organization undergo a laujidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Did the organization the Form 1129-POL for the year? If "Yes," complete applicable parts of Schedule N To Enter amount of political expenditures, direct or indirect, as described in the Instructions Did the organization the Form 1129-POL for the year? If "Yes," complete Schedule I, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Orsa receiptes Schedule I, Part II and enter the total amount involved Section 501(c)(3) organizations. Enter amount of tax imposed on the organization under grain in the properties Schedule I, Part II Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualified persons during the year, was the organization and party to a prohibited tax shelter transaction of "Yes," complete Schedule I (Part I) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualified persons during the year, was
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see Instructions) 44 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see Instructions) 55 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2,6, and 7a, among others)? 55 Bid if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 55 Bid if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 56 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements fouring the year? If "Yes," complete Schedule I "Yes," complete Schedule N 77 Enter amount of political expenditures, direct or indirect, as described in the instructions 57 Enter amount of political expenditures, direct or indirect, as described in the instructions 58 Did the organization file Form 1120-POL for this year? 59 Did the organization file Form 1120-POL for this year? 50 Did the organization file Form 1120-POL for this year? 50 Did the organization file Form 1120-POL for this year? 51 If "yes," complete Schedule L, Part II and enter the total amount involved 51 Did the organization file Form 1120-POL for the tax year covered by this return? 52 Did the organization file Form 1120-POL for the tax year covered by this return? 53 Did the organization file Form 1120-POL for the tax year covered by this return? 54 Did the organization file Form 1120-POL for the tax year covered by this return in the organization file for the file file file file file file file fil
activity in Schedule 0 34 Were any significant changes made to the organization of powerning documents? If Yes, "attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35 In the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 In Yes, "to line 35a, has the organization filed a Form 990-T for the year? If 'No," provide an explanation in Schedule 0 36 In Yes 37 In Yes, "to line 35a, has the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 38 Enter amount of political expenditures, direct or indirect, as described in the instructions 39 Did the organization file Form 1120-P01, for this year? 30 Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still ustication grad and still ustication grad and still ustication grad and still ustications. Enter: 30 In Yes, complete Schedule L, Part II and enter the total amount involved 31 Section 501(c)(3) organizations. Enter amount of tax imposed on organization managers or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I 32 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I 33
Were any significant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34
Were any significant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions) 34
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 358
Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?) • Was the organization of line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 • Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III • Did the organization during the year? If "Yes," complete Schedule S, Part III • Did the organization of possible parts of Schedule N and the organization for the sasets during the year? If "Yes," complete applicable parts of Schedule C in Indirect, as described in the instructions • Did the organization for Form 1120-Pol for this year? • Did the organization for Form 1120-Pol for this year? • Indiation fee and capital contributions included on line 9 • If "Yes," complete Schedule L, Part II and enter the total amount involved • Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: • Indiation fees and capital contributions included on line 9 • Gross receipts, included on line 9, for public use of club facilities • Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: • Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization any of its prior Forms 990 or 990-EZ? • Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers • Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in the same them the properties of the properties o
on lines 2, 6a, and 7a, among others)? b if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 was the organization as excluding the year? If "Yes," complete Schedule C, Part III 35b N/A 35c X 35b N/A 35c X 36c X 37c Inter amount of political expenditures, direct or indirect, as described in the instructions b Id the organization of political expenditures, direct or indirect, as described in the instructions b Id the organization berrow from 1120-PDL for this year? b If "Yes," complete applicable parts of Schedule X b If "Yes," complete oxprination berrow from rake any loans to, any officer, director, trustee, or key employee or were any such loans made an a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 35d N/A 35d
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 85b N/A 85c Was the organization a section 601(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 85d Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 87a Enter amount of political expenditures, direct or indirect, as described in the instructions 8 Did the organization file Form 1120-P0L for this year? 80 Did the organization before in 1120-P0L for this year? 81 If "Yes," complete Schedule L, Part II and enter total amount involved 82 Section 501(c)(7) organizations. Enter: 8 Initiation fees and capital contributions included on line 9 8 Section 501(c)(7) organizations. Enter: 8 Initiation fees and capital contributions included on line 9 8 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 8 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 8 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 8 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Schedule L, Part II 8 Let the states with which a copy of this return is filed 8 NOTE 8 Coccurrence of the corganization of the corganization and party to a prohibited tax shelter
the Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "yes," complete Schedule C, Part III 36 Did the organization undergo a Inquidation, dissolution, termination, or significant disposition of net assets during the year? If "yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4955 ▶ 0 . b Section 501(c)(3) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Schedule L, Part I List the states with which a copy of this return is filed ▶ None 21 The organization's books are in care of ▶ Connic Carson Telephone no. ▶ 303-798-7614 Located at ▶ 1341 West Caley Avenue, Littleton, CO 21 P 4 ▶ 80120 422 X
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complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization plot political expenditures, direct or indirect, as described in the instructions Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Did the organizations Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Initiation fees and capital contributions included on line 9 Document of tax imposed on the organization during the year under: section 4911 Ooc section 4915 Ooc section 4916 Ooc section 4915 Ooc section 4916 Ooc sect
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b Did the organization file Form 1120-PQL for this year? 310
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 1 Initiation fees and capital contributions included on line 9 2 Section 501(c)(7) organizations. Enter: 2 Initiation fees and capital contributions included on line 9 3 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 2 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 2 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Y'es," complete Schedule L, Part 1 2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 886-T 3 It is the states with which a copy of this return is filled Pone Carson Telephone no. 203-798-7614 3 It is the states with which a copy of this return is filled Pone Carson Telephone no. 203-798-7614 3 Section 501(c) 201 A tary time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account of the return of the financial account in a foreign country (such as
b If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A 397 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9, for public use of club facilities 398 N/A 399 N/A 390 N
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or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed None Telephone no. 303-798-7614 Located at 1341 West Caley Avenue, Littleton, CO At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
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Located at ► 1341 West Caley Avenue, Littleton, CO At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes Not 242b
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No account)?
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 42b X
account)?
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14 Mars II and an day a day a farming an arrange and the farming and the farmi
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: 🕨
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year
r
Yes No
14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of
14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
H4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead
H4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Yes, "Form 990 must be completed instead of Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 446 X 446 X
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Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 55 Did the organization have a controlled entity within the meaning of section 512(b)(13)?
H4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
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Form 990-EZ	(2012) Colorado Cancer Coal	ition			<u>46-11138</u>	40	Page 4
•						Yes	No
	organization engage, directly or indirectly, in political cam	paign activities on behalf of or	in opposition	to candidates for pu	blic office?	_`_	11
	complete Schedule C, Part I	<u>.</u> <u></u>		<u></u>	<u> </u>	46	X
Part VI	Section 501(c)(3) organizations only				50 154		
	All section 501(c)(3) organizations must answer qu						
	Check if the organization used Schedule O to resp	ond to any question in this	Paπ VI		······	Yes	No
47 Did the	organization engage in lobbying activities or have a section	= EO1/h) alastian in affact duri	as the tay year	r2 If "Vac " complete	Soh C Bart II [47	X
	ganization a school as described in section 170(b)(1)(A)(48	X
	organization make any transfers to an exempt non-charital	-	, -		I .	49a	X
	was the related organization a section 527 organization?				· F	49b	
	te this table for the organization's five highest compensate				· · -		more
	00,000 of compensation from the organization. If there is						
	(a) Name and title of each employee	(b) Average		(C) Reportable	(d) Health benefits,	(e) Estil	nated
	paid more than \$100,000	per week de		compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	amount o	
	NONE	positio	on		compensation	compen	sation
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			[}	
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	te this table for the organization's five highest compensate	d independent contractors who	each receive	ed more than \$100,0	00 of compensation	on from the)
_	tion. If there is none, enter "None." NONE	. 6400 000	(h) Tuno of	007/100	(4) (ompensatio	
_ (a) Name an	nd address of each independent contractor paid more than	\$100,000	(b) Type of	Service	(e) C	umpensam	
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_	<u> </u>						
					}		
					ŀ		
					1		
d Total nu	mber of other independent contractors each receiving ove	r \$100,000		. •	- 		
	organization complete Schedule A? Note: All section 501(ı)(1) nonexem	npt			
	le trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, including accom	,,,,		•	> 🗓	Yes [<u>No</u>
Under penalties of Declaration of pr	of perjury, I declare that I have examined this return, including accome eparer (other than officer) is based on all information of which prepare	panying schedules and statements, a r has any knowledge	and to the best o	f my knowledge and bel	ef, it is true, correct, i	and complete	
	Connecharism				3 - a	4-14	
Sign Here	Signature of officer				Date		
		& Chairman					
	Type or print name and title						
	Print/Type preparer's name Preparer	's signature	Date	Check	If PTIN		
Paid		w. Willen	4	self- employ	` 1		
Preparer	Mary Gallagher	ay 11 acc.	03/23/	/14]		<u>07339</u>	
Use Only	Firm's name ► Mary Gallagher CI			Firm's EIN		_	
	Firm's address ▶ 1720 S Bellaire			Phone no.	303-90	7-462	1
	Denver, CO 80222	2					
May the IRS d	liscuss this return with the preparer shown above? See in	structions	<u></u>	<u>,</u> ,	▶ 🛚 🗶	Yes	No
					Fo	rm 990-E Z	(2012)

SCHEDULE A

Department of the Treesury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Name of the organization **Employer identification number** 46-1113840 Colorado Cancer Coalition 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated a Type I b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? (iii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the organizațion in col. (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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.)

Sec	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total_
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ	ļ			,	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	[
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge			_			
4	Total. Add lines 1 through 3						
5	The portion of total contributions				1 3627		
	by each person (other than a		1.00	V A Ve			
	governmental unit or publicly	1900 A 18	Notice by the stay		32000	2	
	supported organization) included						
	on line 1 that exceeds 2% of the	A Property of		A LIVE ALL CONTRACTOR			
	amount shown on line 11,						
	column (f)	E ~ A COLUMN				and the	
	Public support. Subtract line 5 from line 4	R. M. S. M.	Market				
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	7 Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1					
	and income from similar sources .						
9	Net income from unrelated business	Į į					
	activities, whether or not the						
	business is regularly carried on			_		_	
10	Other income. Do not include gain						
	or loss from the sale of capital				,		
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		Carried to the said	Transaction L		20 Carte 200 00 10 10 10 10 10 10 10 10 10 10 10 1	
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
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)						
<u> </u>	organization, check this box and stoction C. Computation of Publi	p here Bor			 	· · · · · · · · · · · · · · · · · · ·	<u></u>
					-		
	Public support percentage for 2012 (•			14	
	Public support percentage from 2011					15	<u>%</u>
168	33 1/3% support test - 2012. If the	•		•		•	
	stop here. The organization qualifies						
D	33 1/3% support test - 2011. If the						
4=	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		•	-		_	
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	_					U% OF
	more, and if the organization meets the						
10	organization meets the "facts-and-circ Private foundation. If the organization		- ,	•		*** *******	
10	rivate roundation. II the organization	ni ala not check a l	DON OF HITE 13, 108	i, IOD, I/a, OF I/D		dule A (Form 990	or 990-E7) 2042
					Sche		O1 330-LE) EV 12

232022 12-04-12

(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 gualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				L		
2	Gross receipts from admissions,					_	
	merchandise sold or services per-	}	1				
	formed, 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 bus-	· ·	ĺ				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ	ļ				
	or expended on its behalf						
5	The value of services or facilities		ļ				
	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	[ļ				
	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received	l ·	1				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						<u></u>
C	Add lines 7a and 7b		200 V V 10 U 200 V 10	" min. 40 to "Bloke or day to store	200 MW W. Ad Who H	2 75 741 877 47 37 8	
	Public support (Subtract line 7c from line 6)	5 (43) 4 - 16 1			THE STATE OF		0.
Sec	ction B. Total Support	,					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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	i	i			Ì	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			_			
	Add lines 10a and 10b	ļ	 	_			
"	Net income from unrelated business activities not included in line 10b.	1					
	whether or not the business is	1	1				
40	regularly carried on		-	<u> </u>			
12	Other income Do not include gain or loss from the sale of capital	}]				
	assets (Explain in Part IV.)						0.
	Total support. (Add lines 9, 10c, 11, and 12)			1.6			
14	First five years. If the Form 990 is fo	_				_	
Sar	check this box and stop here			<u></u>		· ··· ··· <u>·</u> · · <u>···</u>	<u>- A</u>
	Public support percentage for 2012 (olumn (fl)		15	.00 %
	Public support percentage from 2011		=	O.G		16	%
	tion D. Computation of Inves			<u>t</u>	····		<u>-</u> <u>-</u> `
17	Investment income percentage for 20	012 (line 10c, colur	nn (f) divided by lin	e 13, column (f))	_	17	%
	Investment income percentage from	•	- '			18	%
	33 1/3% support tests - 2012. If the						
-	more than 33 1/3%, check this box as						▶□
b	33 1/3% support tests - 2011. If the						d
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization			-		-	▶□
	3 12-04-12					edule A (Form 990	or 990-EZ) 2012
			0				

chedule A (Form 990 or 990-EZ) 2012 Colorado Cancer Coalition		<u>46-111:</u>	<u>3840 i</u>	Page ·
Part: IV Supplemental Information. Complete this part to provide the explanations required by F	Part II, line 10); Part II, line	17a or 17	b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).				
				_
short-year return is being filed for the initial year	which	began	on	
short year return is being rired for the initial year	WIIICII	Deguii		
0.04.0040 7 7 06.00.0040				
0-01-2012 and ended on 06-30-2013			_	
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232024 12-04-12

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Amount:

Name of the organization

Inspection • **Employer identification number** 46-1113840 Colorado Cancer Coalition Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification:

Grantee Name: CFPHE

Date of Gift: 06/11/13

Amount Given: 528.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses: Amount:

Supplies 34.

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances:

100. Opening Balance Equity

Form 990-EZ, Part III, Primary Exempt Purpose - The Colorado Cancer Coalition serves as the statewide network for cancer-related organizations and individuals dedicated to saving lives and improving the quality of life for all Coloradans. The Coalition dedicates itself to achieving increased prevention, research, early detection, improved treatment and a better quality of life for all Coloradans in the coming decade.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly,

or indirectly, to pay premiums on a personal benefit contract.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O

(Farm 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Internal Revenue Service	Attach to Form 990 or 990-EZ.	Inspection
Name of the organization	Colorado Cancer Coalition	Employer identification number 46-1113840
The organizat	tion, did not, during the year, pay any prem	niums, directly,
or indirectly	y, on a personal benefit contract.	
	 	<u> </u>
		
		
		
·—		
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