**Return of Organization Exempt From Income Tax**

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

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

**B Check if applicable:**
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

**C Name and address of principal officer:**

Colon Cancer Challenge Foundation
23 McKesson Hill Road
Chappaqua, NY 10514-0054

**D Employer Identification Number**

26-2884177

**E Telephone number**

914-238-5048

**G Gross receipts $**

25,000

**J Website:**

http://www.coloncancerchallenge.org/index.htm

**K Type of organization:**

X Corporation

**L Year of Formation:**

2009

M State of legal domicile: NY

**Part I Summary**

1 Briefly describe the organization’s mission or most significant activities: The Colon Cancer Challenge Foundation is a New York based not-for-profit organization dedicated to reducing colorectal cancer incidence and death in metropolitan New York area and nation-wide.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 0

5 Total number of employees (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a

7b Net unrelated business taxable income from Form 990-T, line 34 7b

8 Contributions and grants (Part VIII, line 1h).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 25,000.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

14 Benefits paid to or for members (Part IX, column (A), line 4).

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).

16a Professional fundraising fees (Part IX, column (A), line 11e).

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24).

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,384.

19 Revenue less expenses. Subtruct line 18 from line 12. 23,616.

20 Total assets (Part X, line 16).

21 Total liabilities (Part X, line 26).

22 Net assets or fund balances. Subtract line 21 from line 20.

**Part II Signature Block**

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

Date: 10/13/09

**Paid Preparer’s Use Only**

Preparer’s signature

Paul Rafanello

Preparer’s identifying number (see instructions)

N/A

Phone no. 845-986-8776

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEA0112L 12/22/08 Form 990 (2008)