Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2007
Open to Public Inspection

B	A	Fo	r the	2007 calendar year, or tax year beginning $JUL~1$, 2007 a	and ending	JUN 30	, 20	800	
## Second Colore CTAL CANCER COALTION, INC. Colored March Marc	. В	Cr	neck if	C Name of organization			D Empl	over identifica	tion number
Second Process 14 14 PRINCE STREET 20.4 70.3 – 54.8 – 12.25				use IRS COLORECTAL CANCER COALTION, INC.		!	•	·	
Second Process 14 14 PRINCE STREET 20.4 70.3 – 54.8 – 12.25		X	Addre chang	ss label or D/B/A C3 COLORECTAL CANCER COALIT	ION		20	-26225	50
Second			Name	type Number and street (or P.O. hov if mail is not delivered to street address).		Room/suite	E Telep	hone number	
The property of the property				Specific 1414 PRINCE STREET					1225
Acceptance ALEXANDRIA, VA 22314			Termir	Instruc- tions City or town, state or country, and ZIP + 4			F Accoun	iting method:	Cash X Accrual
Mebsite Mark Care mortal part and services Mark			Amen				(s	ther pecify)	
Section Sec					ts Han	d I are not appl			7 organizations.
Second			,	must attach a completed Schedule A (Form 990 or 990-EZ).		= = =			
Check hare	G	W	ebsite	• ►WWW.C-THREE.ORG	1 .				N/A
H(d) Sthis sapparate return filed by an of or group ruling? Yes Xink choices to the a return, the sure to file a complete return H(d) Sthis sapparate return filed by an of or group ruling? Yes Xink choices to the a return, the sure to file a complete return H(d) Sthis sapparate return filed by an of or group ruling? Yes Xink choices to the a return, the sure to file a complete return H(d) Sthis sapparate return filed by an of or group ruling? Yes Xink choices Group Resemble Nation Group Resemb	J	01	rganiz	ation type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or	527 H(c)	Are all affiliates i	ncluded	2 N/A	Yes No
receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to the a return, be used to file a complete return in Group Exemption Number N/A I Group Exemption Number Number Number N/A I Group Exemption Number Number Number Number N/A I Group Exemption Number Number Number N/A I Group Exemption Number Number Number Number N/A I Group Exemption Number Number Number N/A I Group Exemption Number N/A I Group Ex	K	C	neck h	ere In the organization is not a 509(a)(3) supporting organization and its gross	S H(4)			filed by an or-	
Coross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 869,699. M Check 1 filtre organization is not required to attact Sch 8 (Form 990, 990-EZ, or 990-PF)		re	ceipts	are normally not more than \$25,000 A return is not required, but if the organization	.,(4)	ganization cover	ed by a	group ruling?	Yes X No
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances 1	_	ch	nooses	to file a return, be sure to file a complete return		Group Exemptio	n Numb	er 🕨	N/A
Part						Check ▶ 🗔	ıf the orç	ganization is n e	ot required to attach
1 Contributions, gifts, grants, and similar amounts received a Contributions to disnor advessed funds b Direct public support (not included on line 1a)	<u>L</u>	G	ross re				0, 990-E	Z, or 990-PF)	
a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1 at through 1d) (cash \$ 691,047. noncash \$) Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments 1		Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund	Balance	s			
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723001 12-27-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2007)		4					-		
	7	2300			uctions	.			

D/B/A C3 COLORECTAL CANCER COALITION • Form 990 (2007)

				le trusts but optional for other	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	4 I				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule				STATEMENT 4	
(cash \$ 34,000 • noncash \$ 0 •	4 1	24 222	24 222		
If this amount includes foreign grants, check here	22b	34,000.	34,000.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key	05-	120,588.	74,278.	24 200	11 020
employees, etc. listed in Part V-A	25a	120,300.	/4,2/0.	34,390.	11,920.
b Compensation of former officers, directors, key	ash	0.	0.	0.	0.
employees, etc. listed in Part V-B	25b	0.		V •	<u> </u>
c Compensation and other distributions, not included above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in	1 1]	
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not	200				
included on lines 25a, b, and c	26	181,379.	140,553.	40,637.	189.
27 Pension plan contributions not included on	1				
lines 25a, b, and c	27				
28 Employee benefits not included on lines					· · · · · · · · · · · · · · · · · · ·
25a - 27	28	7,848.	5,515.	2,092.	241.
29 Payroll taxes	29	7,848.	5,515. 15,970.	2,092. 6,155.	954.
30 Professional fundraising fees	30				
31 Accounting fees	31	9,420.	815.	8,589.	16.
32 Legal fees	32				
33 Supplies	33	5,678.	3,764.	1,732.	182.
34 Telephone	34	21,479.	12,664.	2,752.	6,063.
35 Postage and shipping	35	12,486.	11,307.	829.	350.
36 Occupancy	36	15,000.	10,289.	4,061.	650.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	59,966.	54,994.		1,973.
39 Travel	39	88,503.	77,581.	8,671.	2,251.
40 Conferences, conventions, and meetings	40	40,637.	33,698.	6,939.	<u>-</u>
41 Interest	41	1 (((2 705	601	200
42 Depreciation, depletion, etc. (attach schedule)	42	4,666.	3,705.	681.	280.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
<u></u>	43c			-	
d	43d				
8	43e		•	 	
SEE STATEMENT 3	431 43g	148,616.	100,892.	22,278.	25,446.
44 Total functional expenses. Add lines 22a through	439	140,010.	100,052.	22/2/0.	23,440.
43g (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	773,345.	580,025.	142,805.	50,515.
Joint Costs. Check ► ☐ If you are following		•	500,025.	132,0004	30,313.
Are any joint costs from a combined educational campai			orted in (B) Program serv	ices?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos) the amount allocated to		N/A
(iii) the amount allocated to Management and general \$			 the amount allocated to 		N/A
723011 12-27-07					Form 990 (2007)
		^			

D/B/A C3 COLORECTAL CANCER COALITION

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's primary exempt purpose? ► LIMINATE SUFFERING AND DEATH DUE TO COLORECTAL CANCER	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	AWARENESS - EDUCATE THE PUBLIC ON KEY ISSUES REGARDING PREVENTION, DIAGNOSIS AND TREATMENT OF COLORECTAL CANCER MADE AVAILABLE THROUGH NEWSLETTERS, WEBSITE AND MEETINGS	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ POLICY - ADVOCATE FOR INCREASED FUNDING FOR RESEARCH, EARLY SCREENING AND OTHER MEASURES TO HELP COMBAT COLORECTAL CANCER AND ITS COST TO THE GENERAL PUBLIC	235,992.
С	(Grants and allocations \$) If this amount includes foreign grants, check here RESEARCH − WORK WITH RESEARCHERS, HEALTH CARE PROVIDERS AND HEALTH INSURANCE COMPANIES TO MAKE SURE THAT RESEARCH AND TREATMENT IS RESPONSIVE TO PATIENT NEEDS.	186,543.
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	157,490.
е	(Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	580,025.
		Form 990 (2007)

Pa	rt IV	Balance Sheets (See the instructions)			• • • • • • • • • • • • • • • • • • • •		
Note		ere required, attached schedules and amounts uld be for end-of-year amounts only.	within th	e description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			26,528.	45	96,776.
	46	Savings and temporary cash investments			387,891.	46	250,000.
	47 2	Accounts receivable	47a	i			
		Less: allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a	2,550.			
	b	Less: allowance for doubtful accounts	48b		.,	48c	2,550. 50,000.
	49	Grants receivable		_	,	49	50,000.
	50 a	Receivables from current and former officers					
	[key employees		50a			
	0	Receivables from other disqualified persons				E05	
Assets	51 2	4958(f)(1)) and persons described in section Other notes and loans receivable	4956(C)(3)(D) 		50b	
As	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use	<u> </u>			52	11,550.
	53	Prepaid expenses and deferred charges			15,364.	53	6,044.
	54 a	Investments - publicly-traded securities		Cost FMV		54a	*
	b	Investments - other securities		► Cost FMV		54b	
	55 a	Investments - land, buildings, and		,			
		equipment: basis	55a				
	i		55b			55c	
	56	Investments - other	1	16 214		56	
		Land, buildings, and equipment: basis Less: accumulated depreciation STMT 5	57a 57b	16,314.	11,010.	= -	9,965.
	58	Other assets, including program-related investmen		0,343.	11,010.	57c	7,703.
	30	(describe ► SECURITY DEPOSIT	1	1,250.	58	1,250.	
	59	Total assets (must equal line 74). Add lines	45 throug	ih 58	442,043.	59	428,135.
	60	Accounts payable and accrued expenses			12,148.	60	30,597.
	61	Grants payable			•	61	
	62	Deferred revenue				62	
oilities	63	Loans from officers, directors, trustees, and	key empl	oyees		63	
ig	64 a	Tax-exempt bond liabilities		_		64a	
Liak	1 .	Mortgages and other notes payable				64b_	
	65	Other liabilities (describe ACCRUED V.	ACATI	. <u>ON</u>)	···	_65	1,466.
	66	Total liabilities Add has 60 through 65			12,148.		32,063.
	Orga	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here	▶ X	and complete lines	12,140.	66	32,003.
	Oige	67 through 69 and lines 73 and 74		and complete intes	:		
Ses	67	Unrestricted			195,621.	67	385,781.
lanc	68	Temporarily restricted			234,274.	68	10,291.
Ba	69	Permanently restricted				69	
Pur	Orga	anizations that do not follow SFAS 117, chec	k here	▶ ☐ and	 :		
Ē		complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70		
SSe	71	Paid-in or capital surplus, or land, building, a		71			
χĀ	72	Retained earnings, endowment, accumulated				72	
ž	73	Total net assets or fund balances Add lines 67 th	-	*	420 OOE		206 072
	74	(Column (A) must equal line 19 and column (B) mi Total liabilities and net assets/fund balance	-	· · · · · · · · · · · · · · · · · · ·	429,895. 442,043.	73 74	396,072. 428,135.
	1 / 7	Total navinces and het assets/fund balanc	es. Muu III	1103 UU aliu 73	442,043.	/4	420,133.

7) D/B/A C3 COLORECTAL CANCER COALITION 20-2622550 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

	made cuona.			
а	Total revenue, gains, and other support per audited financial statements		a	869,699.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3]	
4	Other (specify):	b4		
	Add lines b1 through b4		ь	0.
C	Subtract line b from line a		C	869,699.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): COST OF GOODS SOLD	d2 = -130, 177.		
	Add lines d1 and d2		d	-130,177.
е	Total revenue (Part I, line 12). Add lines c and d		е	739,522.
P	art IV-B Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Ret	urn
a	Total expenses and losses per audited financial statements		а	903,522.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): COST OF GOODS SOLD	b4 130,177.		
	Add lines b1 through b4		Ь	130,177.
C	Subtract line b from line a		С	773,345.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
ρ	Total expenses (Part I, line 17) Add lines c and d	•	е	773,345.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position		(D) Contributions to employee benefit plans & deferred compensation plans	account and
NANCY ROACH	PRESIDENT, CH	AIR		
1414 PRINCE STREET SUITE 204				
ALEXANDRIA, VA 22314	10.00	0.	0.	0.
ALAN BALCH	VICE CHAIR			_
1414 PRINCE STREET SUITE 204				
ALEXANDRIA, VA 22314	10.00	0.	0.	0.
ROBERT ERWIN	SECRETARY			
1414 PRINCE STREET SUITE 204				
ALEXANDRIA, VA 22314	5.00	0.	0.	0.
GREG CRAFTS	TREASURER			
1414 PRINCE STREET SUITE 204	•			
ALEXANDRIA, VA 22314	5.00	0.	0.	0.
CARLEA BAUMAN	EXECUTIVE DIR	ECTOR		
1414 PRINCE STREET SUITE 204		:		
ALEXANDRIA, VA 22314	40.00	102,762.	0.	0.
ANDREW GIUSTI	DIRECTOR			
1414 PRINCE STREET SUITE 204				
ALEXANDRIA, VA 22314	5.00	17,826.	0.	0.
STEPHEN W. DEPP	DIRECTOR			
1414 PRINCE STREET SUITE 204				
ALEXANDRIA, VA 22314	5.00	0.	0.	0.

Form **990** (2007)

r	. 000 /00/	COLORECTAL CANCER COA D/B/A C3 COLORECTAL C	•	ON	20-2622	550	۰ -		
	990 (200 rt V-A	Current Officers, Directors, Trustees, and Ke			20-2022	330		Page 6 No	
<u></u>		e total number of officers, directors, and trustees permitted					163	110	
	meeting			>	7				
b	listed in Part II-A	officers, directors, trustees, or key employees listed in Form Schedule A, Part I, or highest compensated professional an or II-B, related to each other through family or business relayiduals and explains the relationship(s)	d other independent contr	ractors listed in Sc	hedule A,	75b		x	
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.								
ď		e organization have a written conflict of interest policy?	in the instructions.			75d		x	
	rt V-B		nployee received compens	sation or other ben	- efits (describe	or Of	ow) du	ring	
		(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans & deferred compensation pla	t I à	E) Expe ccount er allov	and	
 	 -								
								_	
						┿-			
<u></u>									
Pa	rt VI (Other Information (See the Instructions)	·		•		Yes	No	
76	stateme	organization make a change in its activities or methods of cont of each change	-		d	76		X	
77 78 a	If "Yes,"	y changes made in the organizing or governing documents be attach a conformed copy of the changes. organization have unrelated business gross income of \$1,00	·		uro?	77 78a		X	
b	If "Yes,"	has it filed a tax return on Form 990-T for this year?		•	N/A	78b			
79 80 a		ere a liquidation, dissolution, termination, or substantial contr ganization related (other than by association with a statewid				79		Х	
b	member	enter the name of the organization N/A		, •		80a		Х	
81 a	Enter di	rect and indirect political expenditures. (See line 81 instruction	and check whether it is ons.)	exempt or 81a	nonexempt 0.				
<u>b</u>	Did the	organization file Form 1120-POL for this year?		·		81b Form	990	(2007)	

_	COLORECTAL CANCER COALTION, INC.	00 000			
	990 (2007) D/B/A C3 COLORECTAL CANCER COALITION	20-2622	550		age 7
	rt VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	substantially			
_	less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II	NT / 7			
••	(See instructions in Part III.)	N/A	1		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	<u> </u>
D	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		83b	X	17
	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
0	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	s were not N/A	245		
0E -	tax deductible?	N/A N/A	84b	 	
	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization rec	ceived a			
	waiver for proxy tax owed for the prior year.	N/A			
c d	Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures 850 850 851	N/A	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A	ł		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		ŀ
h		21, 22	009	 	<u> </u>
•	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on	,	00		
••	line 12 86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b	N/A	1		
87	501(c)(12) organizations. Enter. a Gross income from members or shareholders 87a	N/A	1		
	Gross income from other sources. (Do not net amounts due or paid to other sources		1		
	against amounts due or received from them.)	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partner	ership.			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.770	• -			
	if "Yes," complete Part IX		88a	1	Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	g of			
	section 512(b)(13)? If "Yes," complete Part XI	>	88b		Х
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:				
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶	0.			
b	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 become aware of an excess benefit transaction from a prior year?				
	If "Yes," attach a statement explaining each transaction		89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	_			
	sections 4912, 4955, and 4958	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transactions.	tion?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting	• .			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	89g	L	
	List the states with which a copy of this return is filed ►VA				
	Number of employees employed in the pay period that includes March 12, 2007		0 1	225	5
91 a	The books are in care of ► THE ORGANIZATION Telephone no ►				
	Located at ► 1414 PRINCE STREET, ALEXANDRIA, VA	ZIP + 4 ► 2	<u> </u>		NI.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ı	91b		Х
	If "Yes," enter the name of the foreign country ► N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.		<u> </u>		

Form **990** (2007)

			CTAL	CANCER COA	LIT	ION 20-	2622550 Page 8
	art VI Other Information (cor						Yes No
C	At any time during the calendar year	_			the Ur	nited States?	91c X
	If "Yes," enter the name of the foreig			<u> </u>			
92	Section 4947(a)(1) nonexempt chant	~			heck h		(-
	and enter the amount of tax-exempt					▶ 92	<u> </u>
Pε	art VII Analysis of Income-P						
No	te: Enter gross amounts unless otherw	130		d business income	1 1	led by section 512, 513, or 514	(E)
ind	licated.	(A Busii	, ,	(B)	(C) Exclu-	(D)	Related or exempt
93	Program service revenue:	CO		Amount	sion	Amount	function income
а						·	
b							
C							
ď				<u>-</u> -			·
•	Medicare/Medicaid payments				 		
	Fees and contracts from government	agonolos					
_	Membership dues and assessments	agencies					·
	Interest on savings and temporary cash in				14	8,067.	
	• • •		-		1 7	0,007.	
	Dividends and interest from securities						······································
	Net rental income or (loss) from real e	state:		<u></u>	 		
	debt-financed property						
	not debt-financed property						
	Net rental income or (loss) from perso	nal property					
	Other investment income						
100	Gain or (loss) from sales of assets				i l		
	other than inventory						
101	Net income or (loss) from special ever	nts	_	<u></u>			
102	Gross profit or (loss) from sales of inv	entory	_				29,408.
103	Other revenue:						
а	HONORARIUM				01	11,000.	
b							
C	·						
d							
е	· <u></u>						
104	Subtotal (add columns (B), (D), and (E	D)		0.		19,067.	29,408.
105	Total (add line 104, columns (B), (D),	and (E))				▶.	48,475.
Not	e: Line 105 plus line 1e, Part I, should e	equal the amount on	line 12,	Part I.			
Pa	art VIII Relationship of Activi	ties to the Acco	mplis	shment of Exemp	t Pur	poses (See the instruction	ons.)
Lin	e No. Explain how each activity for which	income is reported in	column	(E) of Part VII contributed	ımport	antly to the accomplishment of	of the organization's
	exempt purposes (other than by personal content of the personal content of				•		·
10	2 INVENTORY CONSIS	TS OF PINS	AND	BRACELETS	PRO	MOTING AWAREN	ESS OF
	COLORECTAL CANCE	R					
		<u>-</u>					
Pa	rt IX Information Regardin	g Taxable Subs	idiarie	es and Disregardo	ed En	tities (See the Instruction	ns)
	(A)	(B)		(C)		(D)	(E)
Ŋ	ame, address, and EIN of corporation, partnership, or disregarded entity or	Percentage of wnership interest		Nature of activities		Total income	End-of-year
	partnership, or disregarded entity	%					assets
	N/A	%		··			
		%					
<u>-</u>		%		·			
D-	rt X Information Regarding		ociat	ed with Dersonal	Benc	fit Contracts (0 4	inotriotions 1
	······································						<u> </u>
	Did the organization, during the year, rece						
) Did the organization, during the year, pay	·		•	ntract?		Yes X No
N	ote: If "Yes" to (b), file Form 8870 and i	orm 4720 (see instr	ıctions)	<u>. </u>			5 000 /00=
							Form 990 (2007)

Form 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2007

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ COLORECTAL CANCER COALTION, INC.

D/B/A C3 COLORECTAL CANCER COALITION 20 2622550 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours (a) Name and address of each employee paid (e) Expense (c) Compensation per week devoted to account and other more than \$50,000 position allowances JUDI SOHN OPERATIONS DIRECTOR 1414 PRINCE STREET #204, ALEXANDRIA, 76,270. 40.00 JOSEPH ARITE DIR OF POLICY 1414 PRINCE STREET # 204, ALEXANDRIA 40.00 56,594 4,704 Total number of other employees paid 0 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation PENNINGTON PROMOTIONS 1320 PENNINGTON ROAD, TEANECK, NJ 07666 PRINTING <u>131</u>,117. SIR SPEEDY 15 BANK STREET, STAMFORD, CT 06901 59,471. PRINTING Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

723101/12-27-07

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

Schedule A (Form 990 or 990-EZ) 2007

COLORECTAL CANCER COALTION, INC. Schedule A (Form 990 or 990-EZ) 2007 D/B/A C3 COLORECTAL CANCER COALITION 20-2622550 Part III Statements About Activities (See page 2 of the instructions) Yes No Quring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the $\frac{1,733.}{\text{VI-A, LINE 38B}} \text{ (Must equal amounts on line 38, Part VI-A, or }$ lobbying activities > \$ X line i of Part VI-B) 1 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? 2a b Lending of money or other extension of credit? 2b c Furnishing of goods, services, or facilities? X 2¢ d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 Х 2d X e Transfer of any part of its income or assets? 2e 3 a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 3a b Did the organization have a section 403(b) annuity plan for its employees? 3b c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes." attach a detailed statement 3г X d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f Х 4a N/A b Did the organization make any taxable distributions under section 4966? 4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

d Enter the total number of donor advised funds owned at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

4c

0

0.

0.

Schedule A (Form 990 or 990-EZ) 2007

Total

14

An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

COLORECTAL CANCER COALTION, INC. Schedule A (Form 990 or 990-EZ) 2007 D/B/A C3 COLORECTAL CANCER COALITION Page 4 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (b) 2005 beginning in) (a) 2006 (d) 2003 (e) Total Gifts, grants, and contributions received (Do not include unusual 1,026,391. 354,764. 323,459. 1,704,614. grants See line 28) Membership fees received 16 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after 10,256. 1,635. 1,099. June 30, 1975 12,990. 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 1,036,647.324,558. Total of lines 15 through 22 23 356,399. 1,036,647. 324,558. Line 23 minus line 17 717,604 24 25 Enter 1% of line 23 10,366. 3,564. 3,246. 34,352. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b 1,046,192. 1,717,604. c Total support for section 509(a)(1) test Enter line 24, column (e) 26c Add Amounts from column (e) for lines 1,046,192. 1,059,182. 26d 658,422. e Public support (line 26c minus line 26d total) 26e 38.3337% f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) **26f** Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of N/A such amounts for each year (2005)(2004)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003)c Add Amounts from column (e) for lines d Add Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test. Enter amount on line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) N/A 27q N/A h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15 NONE 723131 12-27-07 Schedule A (Form 990 or 990-EZ) 2007 Schedule A (Form 990 or 990-EZ) 2007 D/B/A C3 COLORECTAL CANCER COALITION Private School Questionnair@ (See page 9 of the instructions)

550	Page
N/A	

29	. Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
-	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	-55		
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_ _		
32	Does the organization maintain the following	-		
a		32a		·
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C				
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	_		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		,,
	If you answered "Yes" to either 34a or b, please explain using an attached statement			

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50,

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2007

20-2622550

Page 6

Part VI-A	Lobbying Expe	nditures by l	Electing Pub	lic Charities	See pag	ge 11 of the instruction	s)
	_(To be completed ON	Y by an eligible or	ganization that filed	form 5768)	_		
	_					-	

Ch	eck a if the organization belon	gs to an affiliated group Check b	If you cho	ecked "a" and "limited contr	ol" provisions apply
		Lobbying Expenditures tures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
_			_	N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		77.
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37		1,656.
38	Total lobbying expenditures (add lines 3	6 and 37)	38		1,733.
39	Other exempt purpose expenditures		39		721,097.
40	Total exempt purpose expenditures (add	lines 38 and 39)	40		722,830.
41	Lobbying nontaxable amount. Enter the	amount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		133,425.
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25	% of line 41)	42	I	33,356.
43	Subtract line 42 from line 36 Enter -0- if	line 42 is more than line 36	43		0.
44	Subtract line 41 from line 38 Enter -0- if	line 41 is more than line 38	44		0.
	Caution: If there is an amount on oil	her line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expend	itures During 4-Year Averaç	ging Period	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	133,425.	136,400.	66,096.	0.	335,921.
46 Lobbying ceiling amount (150% of line 45(e))					503,882.
47 Total lobbying expenditures	1,733.	2,319.	4,720.	0.	8,772.
48 Grassroots nontaxable amount	33,356.	34,100.	16,524.	0.	83,980.
49 Grassroots ceiling amount (150% of line 48(e))					125,970.
50 Grassroots lobbying expenditures	77.	2,319.	4,720.	0.	7,116.

Part VI-B Lobbying Activity by Nonelecting Pub	blic Charities
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(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a Volunteers

- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		-
		0

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		7 D/B/A C3 COLORE	ECTAL CANCER	COALITION 20-	262255	0	Page '
Part \		-		d Relationships With Noncha	aritable		
51 Did		zations (See page 14 of the instr lirectly or indirectly engage in any of		r organization described in section			
-		section 501(c)(3) organizations) or ii					
	• •	ganization to a noncharitable exempt	- ·			Yes	No
) Cash		•		51a(i)		X
(ii) Other assets				a(11)		X
b Otl	her transactions						
(1) Sales or exchanges of asse	its with a noncharitable exempt orga	nızatıon		b(i)	<u> </u>	X
•	•	noncharitable exempt organization			b(ii)	<u> </u>	X
•) Rental of facilities, equipme				b(iii)	 	X
•) Reimbursement arrangeme	ents			b(iv)	├—	X
) Loans or loan guarantees	mambarahin ar fundraisina saliaitat	hone		b(v) b(vi)		X
•	•	membership or fundraising solicitat mailing lists, other assets, or paid ei			C	 	X
				always show the fair market value of the		L	1
go	ods, other assets, or services	given by the reporting organization	If the organization received	i less than fair market value in any		3 7 / 7	
		nent, show in column (d) the value o	it the goods, other assets, o			N/A	<u> </u>
(a) Line no	(b) Amount Involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, a	nd sharing ar	ranger	nents
-							
					-		
	* -						
							
			<u> </u>				
					-		
			<u> </u>		-		
						-	
Co	the organization directly or induction of the condition o)(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of t	he Yes	X	No.
	(a) Name of org) ganization	(b) Type of organization	(c) Description of relatio	nship		
							
		n					
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_							
							
			-				
			 				
723152			 	Pahadul- 8 //	Form DDD or (200 57	
12-27-07				Schedule A (F	מוווו מפה ווווח	120.67	., 200

2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

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Description	Date Acquired	Method	Lıfe	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
IMPROVEMENT:	031407SL	SL	1.50	16	1,090.			1,090.	242.		653
OFFICE TMDBOWENERS	032107SL	SI	1.50	91	1,100.			1,100.	183.		660.
• HEROVERIEN 1	032607SL	SL	1.50	16	1,090.			1,090.	182.		654.
	060105SL	SL	2,00	16	860,			860.	358.		172.
SFILE CABINET	080105SL	SL	5.00	16	788.	•		788.	302.		158
6(D)PARTITIONS	080106SL	SI	2.00	16	389		·	389.	71.		318
	080106SL	SL	5.00	16	1,738.			1,738.	319.		348
SFILE CABINET	100106SL	ST	5.00	16	140.			140.	21.		28.
	020107SL	SL	5.00	16	1,827.			1,827.	152.		365
100FFICE FURNITURE	030107SL	SL	2,00	16	2,119,			2,119.	141.		424
11COMPUTER MONITOR	030107SL	SL	5.00	16	192.			192.	13.		38
120FFICE FURNITURE	040107SL	SL	5.00	16	.266			995.	30.		199,
	040107SL	SL	5.00	16	230.			230.	12.		46
	040107SL	SL	5.00	16	524.			524.	26.		105
15DELL COMPUTER	080207SL	SL	5.00	16	1,271.			1,271.			233
160FFICE FURNITURE	083107SL	SL	5.00	16	662			662,			110
17DELL COMPUTER * TOTAL 990 PAGE 2	011608SL	SL	5.00	16	1,688.			1,688.	-		155
					16,703.		0	16,703.	2,072.	0.	4,666

728102 04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 990 G	GAIN (LOSS) FRO	M SALE OF	OTHER	ASSETS	STA	ATEMENT 1
DESCRIPTION		_	ATE UIRED	DATI SOLI		
PARTITIONS		08/	01/06	06/30	/08 PURCI	HASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BAS		PENSE SALE	DEPREC	NET GAIN OR (LOSS)
JUNKED	0.	38	9.	0.	389.	0.
TO FM 990, PART I, I	'N 8	38	9.	0.	389.	0.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 2
INCOME			
	LOWANCES	159,585	159,585
5. GROSS PROFIT (I	SOLD (LINE 13)	130,177	29,408
7. MERCHANDISE PUF 8. COST OF LABOR 9. MATERIALS AND S 10. OTHER COSTS .	EGINNING OF YEAR	0 141,727	141,727
12. INVENTORY AT EN	ND OF YEAR	11,550	130,177

FORM 990	OTHER	REXPENSES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 3
, DECCRIDATON	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D)
DESCRIPTION —		SERVICES	AND GENERAL	FUNDRAISING
BANK CHARGES DUES AND	1,430.		1,430.	
SUBSCRIPTIONS	7,346.	4,499.	2,840.	7.
FILING FEES	1,115.	385.	730.	
INSURANCE	4,097.	1,097.	2,951.	49.
MISCELLANEOUS	1,342.	294.	1,048.	
PAYROLL SERVICE PROFESSIONAL	2,493.	1,691.	701.	101.
DEVELOPMENT PROFESSIONAL	760.	760.		
SERVICES PROMOTIONAL	122,002.	85,317.	11,400.	25,285.
MATERIALS	7,068.	6,583.	485.	
TECHNOLOGY	963.	266.	693.	4.
TOTAL TO FM 990, LN 43	148,616.	100,892.	22,278.	25,446.

	rs and allocation others	ONS	STATEMENT	4
CLASS OF ACTIVITY/DONEE'S NAME AND	D ADDRESS		AMOUNT	
CONTRIBUTION AMERICAN ASSOCIATION FOR CANCER RE 615 CHESTNUT STREET, 17TH FLOOR PHILADELPHIA, PA 19106-4404	ESEARCH		33,00	00.
CONTRIBUTION USC EDUCATION FOUNDATION 1212 GREENE STREET, SUMWALT 337 COLUMBIA, SC 29208			1,00	00.
TOTAL INCLUDED ON FORM 990, PART I	II, LINE 22B		34,00	00.
FORM 990 DEPRECIATION OF ASSE	ETS NOT HELD FOR	R INVESTMENT	STATEMENT	5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE]
LEASEHOLD IMPROVEMENT: CARPETING LEASEHOLD IMPROVEMENT:	1,090.	895.	19	5.
PAINTING OFFICE LEASEHOLD IMPROVEMENT:	1,100.	843.	25	57.
CARPETING	1,090.	836.	25	4.
COMPUTER	860.	530.		30.
FILE CABINET	788.	460.		8.
COMPUTER	1,738.	667.	1,07	
FILE CABINET	140.	49.		1.
COMPUTER	1,827.	517.	1,31	
ATTENDED TO THE PROPERTY OF TH				
OFFICE FURNITURE	2,119.	565.	1,55	4.
COMPUTER MONITOR	2,119. 192.	51.	1,55 14	4.
COMPUTER MONITOR OFFICE FURNITURE	2,119. 192. 995.	51. 249.	1,55 14 74	4. 1. 6.
COMPUTER MONITOR OFFICE FURNITURE PRINTER	2,119. 192. 995. 230.	51. 249. 58.	1,55 14 74 17	1. 6.
COMPUTER MONITOR OFFICE FURNITURE PRINTER PRINTER	2,119. 192. 995. 230. 524.	51. 249. 58. 131.	1,55 14 74 17 39	4. 1. 6. 2.
COMPUTER MONITOR OFFICE FURNITURE PRINTER PRINTER DELL COMPUTER	2,119. 192. 995. 230. 524. 1,271.	51. 249. 58. 131. 233.	1,55 14 74 17 39 1,03	4. 1. 6. 2. 3.
COMPUTER MONITOR OFFICE FURNITURE PRINTER PRINTER	2,119. 192. 995. 230. 524.	51. 249. 58. 131.	1,55 14 74 17 39 1,03	4. 1. 6. 2. 3. 8.