

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20__

Department of the Treasury
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.
▶ See instructions on back.**

2010

Name of exempt organization

Employer identification number

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

13-6193105

Name and title of officer

KENNETH TIRINO, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>45192467.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

2	6	3	2	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ 06/13/2011

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1	3	0	3	7	2	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, **and ending** , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.		D Employer identification number 13-6193105
	Doing Business As		E Telephone number (212) 685-3440
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	386 PARK AVENUE SOUTH	17TH FLR	
City or town, state or country, and ZIP + 4 NEW YORK, NY 10016-8804		G Gross receipts \$ 56,338,477.	
F Name and address of principal officer: RICHARD GESWELL 386 PARK AVENUE SOUTH, 17TH FL NEW YORK, NY 10016		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.CCFA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1965	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF CHILDREN AND ADULTS AFFECTED BY THESE DISEASES. (PY 2009 REPRESENTS A SHORT YEAR SEPT-DEC RETURN DUE TO CHANGE IN FY.)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	382.
	6 Total number of volunteers (estimate if necessary)	6	4,613.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	13,745.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,419,858.	43,583,147.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,115.	397,414.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	499,824.	414,574.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,550.	797,332.
		14,139,347.	45,192,467.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,378,412.	16,007,347.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,939,471.	16,719,004.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,889.	255,874.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,149,467.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,070,357.	15,315,617.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,402,129.	48,297,842.
19 Revenue less expenses. Subtract line 18 from line 12	-262,782.	-3,105,375.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	22,007,707.	22,788,526.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,924,219.	17,375,842.
	8,083,488.	5,412,684.	

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.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP				P00741490
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4011			Firm's EIN ▶ 36-6055558	Phone no. 212-542-9609

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 20,486,042. including grants of \$ 0.) (Revenue \$ 274,780.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 17,750,877. including grants of \$ 16,007,347.) (Revenue \$ 0.)

ATTACHMENT 3

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 38,236,919.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
24 b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
36	Section 501(c)(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a small table for 1a and 1b. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members/stockholders, meeting documentation, and unreachable officers.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No, and a small table for 1a and 1b. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, document retention, compensation review, joint ventures, and exempt status.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KENNETH TIRINO - CFO 386 PARK AVE S. 17TH FL. NEW YORK, NY 10016-8804 212 685 3440

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD GESWELL PRESIDENT/TRUSTEE (NON-VOTING)	60.00	X		X			421,588.	0.	61,347.	
(2) GARY SINDERBRAND CHAIRMAN	6.00	X		X			0.	0.	0.	
(3) BERNARD EIZEN ESQ GENERAL COUNSEL AND SECRETARY	6.00	X		X			0.	0.	0.	
(4) LLOYD MAYER MD TRUSTEE	6.00	X					0.	0.	0.	
(5) IRWIN ROSENTHAL TRUSTEE	6.00	X					0.	0.	0.	
(6) SUZANNE ROSENTHAL TRUSTEE	6.00	X					0.	0.	0.	
(7) SHELBY MODELL TRUSTEE	6.00	X					0.	0.	0.	
(8) DAVID ALBERGA TRUSTEE	6.00	X					0.	0.	0.	
(9) JONATHAN BRAUN MD PHD TRUSTEE	6.00	X					0.	0.	0.	
(10) KENNETH EDMONDS TRUSTEE	6.00	X					0.	0.	0.	
(11) LAWRENCE FINKELSTEIN TRUSTEE	6.00	X					0.	0.	0.	
(12) MARK GOLDMAN TRUSTEE	6.00	X					0.	0.	0.	
(13) MICHAEL KOSS TRUSTEE	6.00	X					0.	0.	0.	
(14) NANCY LYNN TRUSTEE	6.00	X					0.	0.	0.	
(15) JOEL MARGOLESE TRUSTEE	6.00	X					0.	0.	0.	
(16) JEFFREY MARGOLIS TRUSTEE	6.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) STEVE GOODMAN TRUSTEE	6.00	X						0.	0.	0.
(18) JENNIFER FEIKEN TRUSTEE	6.00	X						0.	0.	0.
(19) PAUL SALERNO TREASURER	6.00	X		X				0.	0.	0.
(20) VANCE GIBBS TRUSTEE	6.00	X						0.	0.	0.
(21) MARCY BOLDUC-GLAGOLA TRUSTEE	6.00	X						0.	0.	0.
(22) FRANCISCO SYLVESTER, MD TRUSTEE	6.00	X						0.	0.	0.
(23) PAUL TARTELL, MD TRUSTEE	6.00	X						0.	0.	0.
(24) MAURA BREEN TRUSTEE	6.00	X						0.	0.	0.
(25) DAVID PICCOLI, MD TRUSTEE	6.00	X						0.	0.	0.
(26) MICHELE RUBIN TRUSTEE	6.00	X						0.	0.	0.
(27) LEE DENSON TRUSTEE	6.00	X						0.	0.	0.
(28) MICHAEL GALVIN CFO/COO (THROUGH 09/17/2010)	40.00			X				235,020.	0.	25,008.
1b Sub-total								656,608.	0.	86,355.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 5								761,432.	0.	89,836.
d Total (add lines 1b and 1c)								1,418,040.	0.	176,191.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **20**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	1,488,642.				
	b Membership dues	1b					
	c Fundraising events	1c	21,854,350.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	475,854.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	19,764,301.				
	g Noncash contributions included in lines 1a-1f: \$		923,428.				
	h Total. Add lines 1a-1f			43,583,147.			
Program Service Revenue			Business Code				
	2a EDUCATION & CAMP REGISTRATION FEES		900099	397,414.	397,414.		
	b _____						
	c _____						
	d _____						
	e _____						
	g Total. Add lines 2a-2f			397,414.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			229,922.			229,922.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			358,833.			358,833.
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			6,111,580.			
	b Less: cost or other basis and sales expenses			5,926,928.			
	c Gain or (loss)			184,652.			
	d Net gain or (loss)				184,652.		184,652.
	8a Gross income from fundraising events (not including \$ 21,854,350. of contributions reported on line 1c). See Part IV, line 18	a		5,202,769.			
	b Less: direct expenses	b		5,202,769.			
c Net income or (loss) from fundraising events				0.		0.	
9a Gross income from gaming activities. See Part IV, line 19	a		292,975.				
b Less: direct expenses	b		16,313.				
c Net income or (loss) from gaming activities				276,662.		276,662.	
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue		Business Code					
11a AD REVENUE		900099		13,745.		13,745.	
b MISCELLANEOUS		900099		148,092.			148,092.
c _____							
d All other revenue							
e Total. Add lines 11a-11d				161,837.			
12 Total revenue. See instructions				45,192,467.	397,414.	13,745.	1,198,161.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,695,404.	15,695,404.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	311,943.	311,943.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,418,040.	944,415.	277,936.	195,689.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,849,704.	7,887,544.	2,328,380.	1,633,780.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	2,528,116.	1,682,895.	496,623.	348,598.
10 Payroll taxes	923,144.	614,511.	181,342.	127,291.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	35,708.	16,216.	17,995.	1,497.
c Accounting	0.			
d Lobbying	114,226.		114,226.	
e Professional fundraising services. See Part IV, line 17	255,874.			255,874.
f Investment management fees	0.			
g Other	3,901,606.	3,503,353.	330,690.	67,563.
12 Advertising and promotion	544,630.	349,673.	114,550.	80,407.
13 Office expenses	1,193,995.	783,789.	241,023.	169,183.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,526,413.	976,562.	323,074.	226,777.
17 Travel	1,372,484.	942,893.	252,413.	177,178.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	784,145.	747,553.	21,500.	15,092.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	289,392.	185,124.	61,264.	43,004.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a POSTAGE & MAILINGS	1,743,807.	1,126,915.	362,465.	254,427.
b PUBLICATIONS	1,636,361.	1,056,344.	340,798.	239,219.
c DATABASE MANAGEMENT	810,568.	526,459.	166,933.	117,176.
d TELEPHONE & COMMUNICATIONS	484,125.	313,869.	100,037.	70,219.
e PROV FOR DOUBTFUL ACCTS	-242,308.	-155,241.	-51,158.	-35,909.
f All other expenses	1,120,465.	726,698.	231,365.	162,402.
25 Total functional expenses. Add lines 1 through 24f	48,297,842.	38,236,919.	5,911,456.	4,149,467.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,618,912.	2	6,929,930.
	3 Pledges and grants receivable, net	7,969,326.	3	4,576,738.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	663,487.	9	1,012,926.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,566,220.		
	b Less: accumulated depreciation	10b 2,102,815.	593,946.	10c 463,405.
	11 Investments - publicly traded securities	7,465,968.	11	8,856,389.
	12 Investments - other securities. See Part IV, line 11	41,358.	12	45,416.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	654,710.	15	903,722.
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,007,707.	16	22,788,526.	
Liabilities	17 Accounts payable and accrued expenses	1,019,910.	17	1,118,983.
	18 Grants payable	11,845,912.	18	15,567,218.
	19 Deferred revenue	531,605.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	526,792.	25	689,641.
	26 Total liabilities. Add lines 17 through 25	13,924,219.	26	17,375,842.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-296,436.	27	-773,372.
	28 Temporarily restricted net assets	8,379,924.	28	6,186,056.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,083,488.	33	5,412,684.	
34 Total liabilities and net assets/fund balances	22,007,707.	34	22,788,526.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,192,467.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,297,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,105,375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,083,488.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	434,571.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,412,684.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
--	---

Part I 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.)

- 1 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)**.
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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)**.
- 11 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.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- 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).
- f 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 88.71%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 94.66%; 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 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) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
GRANT TERMINATIONS/ACCRUALS	0.	2,474,283.	0.	0.	0.	2,474,283.
MISCELLANEOUS	238,183.	19,043.	53,743.	0.	148,092.	459,061.
TOTALS	<u>238,183.</u>	<u>2,493,326.</u>	<u>53,743.</u>	<u>0.</u>	<u>148,092.</u>	<u>2,933,344.</u>

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

2010

Name of the organization
 CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number
 13-6193105

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.**

Employer identification number
13-6193105

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEONA M & HARRY B HELMSLEY CHARIT. TRUST 230 PARK AVENUE NEW YORK, NY 10169	\$ 3,361,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ORTHO BIOTECH CLINICAL AFFAIRS, LLC 430 US HIGHWAY 22 BRIDGEWATER, NJ 08807	\$ 824,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ABBOTT LABORATORIES 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064	\$ 593,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CARL AND EDYTH LINDNER 1 EAST 4TH STREET CINCINNATI, OH 45202	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

JSA
0E1264 0.040

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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.													
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 4 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1(I)

THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. (CCFA) PAYS THE HEALTH AND MEDICINE COUNSEL OF WASHINGTON D.C. TO KEEP THE ORGANIZATION UP-TO-DATE ON WHAT IS TRANSPIRING WITH LEGISLATION ON CAPITOL HILL CONCERNING HEALTH AND MEDICINE. IT SHOULD BE NOTED THAT THE HEALTH AND MEDICINE COUNSEL OF WASHINGTON IS A HEALTHCARE ADVOCACY GROUP THAT MAY LOBBY ON BEHALF OF HEALTHCARE ORGANIZATIONS; HOWEVER, IT IS NOT PAID TO DIRECTLY UNDERTAKE ANY LOBBYING ACTIVITIES ON BEHALF OF CCFA. CCFA HOLDS A "DAY ON THE HILL" EVENT EVERY YEAR, IN WHICH PATIENTS SUFFERING WITH CROHN'S DISEASE VOLUNTEER TO TRAVEL TO WASHINGTON D.C. TO DISCUSS PROPOSED HEALTHCARE BILLS WITH LEGISLATORS. THE "DAY ON THE HILL" EVENT WAS CONDUCTED DURING THE CALENDAR YEAR 2010, FOR WHICH EXPENSES WERE INCURRED OF APPROXIMATELY \$43,329.

EXPENDITURES OF \$43,329 FOR THE DAY ON THE HILL OF EVENT HAVE BEEN REPORTED ON SCHEDULE C, PART II-B, 1(G). INCLUDED WITHIN THE \$43,329 ARE EXPENSES INCURRED FOR MAILINGS MADE TO MEMBERS, LEGISLATORS OR THE PUBLIC (LINE 1(D)); ACCORDINGLY THE FOUNDATION HAS MARKED BOX 1(D) YES, BUT NOT REPORTED AN EXPENSE ON THAT LINE (TO AVOID DOUBLE-COUNTING).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under SFAS 116 (ASC 958).

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

JSA 0E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) GIFT ANNUITY LIABILITY	529,066.
(3) DEFERRED RENT	160,575.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	689,641.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,192,467.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,297,842.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,105,375.
4	Net unrealized gains (losses) on investments	4	393,716.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	40,855.
9	Total adjustments (net). Add lines 4 through 8	9	434,571.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,670,804.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	46,600,501.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	393,716.
b	Donated services and use of facilities	2b	973,463.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	40,855.
e	Add lines 2a through 2d	2e	1,408,034.
3	Subtract line 2e from line 1	3	45,192,467.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	45,192,467.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	49,271,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	973,463.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	973,463.
3	Subtract line 2e from line 1	3	48,297,842.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	48,297,842.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF NET ASSETS

PART XI, LINE 8

CHANGES IN GIFT ANNUITIES VALUATIONS: \$40,855

RECONCILIATION OF REVENUE

PART XII, LINE 2D

CHANGES IN GIFT ANNUITIES VALUATIONS: \$40,855

INCOME TAXES

PART X

THE FOUNDATION ADOPTED GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT AS OF JANUARY 1, 2010. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE FOUNDATION IS EXEMPT FROM INCOME TAX UNDER THE CODE, HOWEVER, IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED UNDER THE CODE. THE TAX YEARS ENDING 2007, 2008, 2009 AND 2010 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE AN IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS AS MANAGEMENT BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0.	0.	GRANTMAKING	RESEARCH	231,408.
(2) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH	64,238.
(3) NORTH AMERICA	0.	0.	GRANTMAKING	RESEARCH	16,297.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	0.			311,943.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			311,943.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	RESEARCH	64,238.	WIRE			
(2)			NORTH AMERICA	RESEARCH	16,297.	WIRE			
(3)			EUROPE	RESEARCH	10,000.	WIRE			
(4)			EUROPE	RESEARCH	29,250.	WIRE			
(5)			EUROPE	RESEARCH	130,433.	WIRE			
(6)			EUROPE	RESEARCH	32,175.	WIRE			
(7)			EUROPE	RESEARCH	29,550.	WIRE			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7.

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 1

THE PROCESS FOR MONITORING GRANTS TO RESEARCHERS OUTSIDE THE UNITED STATES IS THE SAME AS THE PROCESS UNDERTAKEN FOR THOSE INSIDE THE UNITED STATES. (SEE SCHEDULE I)

GRANTS ARE AWARDED FOR SPECIFIC PROJECTS FOR SPECIFIC RESEARCH AND CCFA REQUIRES THE RESEARCHER TO ISSUE PROGRESS REPORTS PERIODICALLY AS THE PROJECT IS BEING DONE. MOST AWARDS ARE GIFTED FOR A PERIOD OF 3 YEARS AND IF THE PROGRESS REPORTS DO NOT SHOW SIGNIFICANT STRIDES IN THE RESEARCH, THE GRANT WILL NOT BE APPROVED FOR ADDITIONAL FUNDING AND WILL BE TERMINATED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MANAGEMENT CORPORATION	TELE-MARKETING		X	292,975.	36,750.	256,225.
2 THOMPSON HABIB & DENISON	DIRECT MAIL		X	2,460,496.	108,584.	2,351,912.
3 SANKY COMMUNICATION	DIRECT MAIL		X	1,190,621.	110,540.	1,080,081.
4						
5						
6						
7						
8						
9						
10						
Total				3,944,092.	255,874.	3,688,218.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events		
		TAKE STEPS (event type)	TEAM CHALLENGE (event type)	312. (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	8,257,224.	8,151,091.	10,648,804.	27,057,119.	
	2	Less: Charitable contributions	7,622,498.	6,224,394.	8,007,458.	21,854,350.	
	3	Gross income (line 1 minus line 2)	634,726.	1,926,697.	2,641,346.	5,202,769.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	634,726.	1,926,697.	2,641,346.	5,202,769.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(5,202,769.)
	11	Net income summary. Combine line 3, column (d), and line 10					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		292,975.	292,975.	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		16,313.	16,313.	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(16,313.)
	8	Net gaming income summary. Combine line 1, column d, and line 7				276,662.

9 Enter the state(s) in which the organization operates gaming activities: CA, FL, GA, MI, NY, PA, WA,

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain:
 SCHEDULE O

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:
 SCHEDULE O

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SEE SCHEDULE O

Address ▶ ,

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ SEE SCHEDULE O

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART II - FUNDRAISING EVENTS

THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. ("CCFA") HAS OVER 50,000 MEMBERS AND 41 CHAPTERS NATIONWIDE. ESSENTIAL TO CCFA'S MISSION IS ITS ONGOING FUNDRAISING EFFORTS THAT ENABLE IT TO FUND FURTHER RESEARCH, AS WELL AS EDUCATIONAL AND SUPPORT ACTIVITIES. CCFA RAISES MORE THAN \$40 MILLION ANNUALLY THROUGH MEMBERSHIPS, FUNDRAISING EVENTS, SPONSORSHIPS, AND OTHER PROGRAMS. SINCE THE ORGANIZATION COMPILES ITS

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SPECIAL EVENTS INFORMATION FOR FINANCIAL STATEMENTS PURPOSES ON AN AGGREGATE BASIS, CCFA IS UNABLE TO DETERMINE PRECISELY HOW MUCH OF THE GROSS REVENUE GENERATED FROM SPECIAL EVENTS IS DERIVED FROM PURE CONTRIBUTIONS AND HOW MUCH FROM SERVICES RENDERED. TO THAT END, CCFA IS REPORTING, FOR 990 PURPOSES, AN AMOUNT AS "SERVICES RENDERED" THAT EQUALS THE EXPENSE OF CONDUCTING THE EVENT SINCE IT IS REASONABLE TO PROJECT THAT THE COSTS OF HOLDING EACH EVENT WERE PASSED THROUGH TO THE

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ATTENDEES .

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART III - GAMING ACTIVITIES

THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. ONLY PARTAKES IN GAMING ACTIVITIES TO THE EXTENT THE ORGANIZATION HOLDS A RAFFLE OR GAME OF CHANCE DURING A GALA, DINNER OR OTHER SPECIAL EVENT. EACH CHAPTER IS RESPONSIBLE FOR CONDUCTING ITS OWN SPECIAL EVENT ACTIVITIES AND, AS SUCH, THE ORGANIZATION DOES NOT HAVE ONE PERSON WHO OVERSEES ALL GAMING ACTIVITIES FOR PURPOSES OF SCHEDULE G, PART III, LINES 14 & 16.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

RAFFLES ARE CONDUCTED AS PART OF SPECIAL EVENTS AND NOT AS SEPARATE FUNDRAISING ACTIVITIES. CHAPTERS ARE RESPONSIBLE FOR SECURING APPLICABLE LICENSES AND COMPLYING WITH REPORTING REQUIREMENTS. FOR THE PERIOD COVERED BY THIS RETURN, ONLY SEVEN CHAPTERS HELD RAFFLES: CALIFORNIA, FLORIDA, GEORGIA, MICHIGAN, NEW YORK, PENNSYLVANIA, AND WASHINGTON.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE 6621 FANNIN STREET HOUSTON, TX 77030	74-1613878	501(C)(3)	50,000.				RESEARCH
(2) BENAROYA RESEARCH INSTITUTE 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(C)(3)	29,125.				RESEARCH
(3) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 2215	04-2103881	501(C)(3)	191,104.				RESEARCH
(4) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 2215	04-2312909	501(C)(3)	216,297.				RESEARCH
(5) BROOKLYN COLLEGE OF CITY UNIVERSITY OF NEW 2900 BEDFORD AVENUE BROOKLYN, NY 11210	13-1988190	501(C)(3)	92,500.				RESEARCH
(6) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 EAST CALIFORNIA BLVD.	95-1643307	501(C)(3)	178,431.				RESEARCH
(7) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	13-6193105	501(C)(3)	77,338.				RESEARCH
(8) CEDARS-SINAI MEDICAL CENTER 110 GEORGE BURNS ROAD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	96,438.				RESEARCH
(9) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT 3333 BURNET AVENUE	13-6193105	501(C)(3)	305,275.				RESEARCH
(10) CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	117,684.				RESEARCH
(11) DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 2215	04-2263040	501(C)(3)	42,523.				RESEARCH
(12) DARTMOUTH MEDICAL SCHOOL 1 MEDICAL CENTER DRIVE LEBANON, NH 3756	02-0222111	501(C)(3)	6,250.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(1)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	EMORY UNIVERSITY 1639 PIERCE DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	1,864,316.				RESEARCH
(2)	EVANSTON NORTHWESTERN HEALTHCARE RESEARCH I 2650 RIDGE AVE EVANSTON, IL 60201	36-4191793	501(C)(3)	117,975.				RESEARCH
(3)	FEDERATION OF CLINICAL IMMUNOLOGY SOCIETIES 555 E. WELLS STREET	76-0715404	501(C)(3)	15,000.				RESEARCH
(4)	HEALTH RESEARCH INC./NYSDOH ONE UNIVERSITY PLACE RENSSELAER, NY 12144	14-1402155	501(C)(3)	64,348.				RESEARCH
(5)	IOWA STATE UNIVERSITY PEARSON HALL AMES, IA 50011	42-6004224	501(C)(3)	34,815.				RESEARCH
(6)	JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	34,675.				RESEARCH
(7)	LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501(C)(3)	219,668.				RESEARCH
(8)	MASSACHUSETTS GENERAL HOSPITAL (THE GENERAL 55 FRUIT STREET, GRJ8 BOSTON, MA 2114	04-2697983	501(C)(3)	879,674.				RESEARCH
(9)	MAYO CLINIC AND FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-1506440	501(C)(3)	26,240.				RESEARCH
(10)	MEDICAL COLLEGE OF WISCONSIN 9200 WEST WISCONSIN AVENUE	39-0806261	501(C)(3)	45,000.				RESEARCH
(11)	MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY AVENUE CHARLESTON, SC 29403	57-0967350	501(C)(3)	63,909.				RESEARCH
(12)	MICHIGAN STATE UNIVERSITY DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BI	38-6005984	501(C)(3)	35,750.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MONTANA STATE UNIVERSITY 109 LEWIS HALL BOZEMAN, MT 59717-3520	81-6010045	501(C)(3)	64,350.				RESEARCH
(2) MOUNT SINAI SCHOOL OF MEDICINE 1425 MADISON AVENUE NEW YORK, NY 10029	13-6171197	501(C)(3)	489,065.				RESEARCH
(3) NATIONAL INSTITUTE OF ALLERGY & INFECTIOUS 900 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	501(C)(3)	92,360.				RESEARCH
(4) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	156,192.				RESEARCH
(5) NORTHWESTERN UNIVERSITY 303 E. CHICAGO AVENUE CHICAGO, IL 60611	36-2167817	501(C)(3)	101,525.				RESEARCH
(6) PENNSYLVANIA STATE UNIVERSITY S-126 HENDERSON BUILDING	24-6000376	501(C)(3)	47,905.				RESEARCH
(7) PURDUE UNIVERSITY 725 HARRISON STREET	35-6002041	501(C)(3)	32,175.				RESEARCH
(8) ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AN 3333 GREEN BAY ROAD NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	62,571.				RESEARCH
(9) SEATTLE CHILDREN'S RESEARCH INSTITUTE 1900 9TH AVENUE, 9TH FLOOR	91-1156519	501(C)(3)	160,875.				RESEARCH
(10) SOCIETY FOR MUCOSAL IMMUNOLOGY 5272 RIVER ROAD, SUITE 630	54-1419447	501(C)(3)	10,000.				RESEARCH
(11) STANFORD UNIVERSITY SCHOOL OF MEDICINE 300 PASTEUR DRIVE STANFORD, CA 94305	17-0207331	501(C)(3)	29,125.				RESEARCH
(12) TEXAS A&M RESEARCH FOUNDATION 3578 TAMU COLLEGE STATION, TX 77843-3578	31-1702109	501(C)(3)	22,917.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE BURNHAM INSTITUTE 10901 N. TORREY PINES ROAD	51-0197108	501(C)(3)	57,800.				RESEARCH
(2) THE CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON, MA 2115	04-2774441	501(C)(3)	100,306.				RESEARCH
(3) THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	33,070.				RESEARCH
(4) THE FORSYTH INSTITUTE 140 FENWAY BOSTON, MA 2115	04-2104230	501(C)(3)	64,342.				RESEARCH
(5) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	71,438.				RESEARCH
(6) TUFTS UNIVERSITY 200 WESTBORO ROAD NORTH GRAFTON, MA 1536	04-3400617	501(C)(3)	131,083.				RESEARCH
(7) UNIVERSITY OF ALABAMA AT BIRMINGHAM 845 19TH STREET SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	357,911.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA, LOS ANGELES 675 CHARLES E. YOUNG DRIVE SOUTH	95-6006143	501(C)(3)	244,950.				RESEARCH
(9) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	94-6036493	501(C)(3)	277,402.				RESEARCH
(10) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 513 PARNASSUS AVENUE	94-6036493	501(C)(3)	347,375.				RESEARCH
(11) UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	537,817.				RESEARCH
(12) UNIVERSITY OF COLORADO DENVER 13001 EAST 17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	497,503.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE STORRS, CT 06030-1319	52-1725543	501(C)(3)	143,575.				RESEARCH
(2)	UNIVERSITY OF ILLINOIS AT CHICAGO 840 S. WOOD CHICAGO, IL 60612	37-6000511	501(C)(3)	108,829.				RESEARCH
(3)	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE 22 SOUTH GREENE STREET BALTIMORE, MD 21201	52-6002033	501(C)(3)	125,387.				RESEARCH
(4)	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 364 PLANTATION STREET	04-3167352	501(C)(3)	117,975.				RESEARCH
(5)	UNIVERSITY OF MIAMI 1475 NW 12TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	89,104.				RESEARCH
(6)	UNIVERSITY OF MICHIGAN 200 ZINA PITCHER PLACE	38-6006309	501(C)(3)	49,992.				RESEARCH
(7)	UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO	85-6000642	501(C)(3)	128,700.				RESEARCH
(8)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, CB 1350	56-6001393	501(C)(3)	632,872.				RESEARCH
(9)	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE 415 CURIE BOULEVARD PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	73,251.				RESEARCH
(10)	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE 601 ELMWOOD AVENUE ROCHESTER, NY 14642	16-0743209	501(C)(3)	135,850.				RESEARCH
(11)	UNIVERSITY OF SOUTH CAROLINA 921 ASSEMBLY ST. ROOM 301	57-0967350	501(C)(3)	11,259.				RESEARCH
(12)	UNIVERSITY OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BOULEVARD	74-6000949	501(C)(3)	166,733.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BOULEVARD	75-6002868	501(C)(3)	178,012.				RESEARCH
(2) UNIVERSITY OF VIRGINIA / DIGESTIVE HEALTH C MR-4 BUILDING, ROOM 1116	54-6001796	501(C)(3)	17,438.				RESEARCH
(3) UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE BOX 357190 SEATTLE, WA 98195-7190	84-6000555	501(C)(3)	162,603.				RESEARCH
(4) VANDERBILT UNIVERSITY 21ST AND GARLAND AVENUE	62-0476822	501(C)(3)	48,542.				RESEARCH
(5) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S. EUCLID AVENUE ST. LOUIS, MO 63110	12-6238900	501(C)(3)	592,307.				RESEARCH
(6) YALE UNIVERSITY SCHOOL OF MEDICINE 300 CEDAR STREET NEW HAVEN, CT 6520	59-0624458	501(C)(3)	293,145.				RESEARCH
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

- 2 Enter total number of section 501(c)(3) and government organizations 60.
- 3 Enter total number of other organizations 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS

PART I, LINE 1

THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. ("CCFA") IS A
 NON-PROFIT ORGANIZATION DEDICATED TO FINDING THE CURE FOR CROHN'S DISEASE
 AND ULCERATIVE COLITIS. TO ACCOMPLISH THIS, THE FOUNDATION SUBSIDIZES
 RESEARCH INTO BOTH DISEASES. GRANTS ARE AWARDED FOR SPECIFIC PROJECTS
 FOR SPECIFIC RESEARCH AND CCFA REQUIRES THE RESEARCHER TO ISSUE PROGRESS
 REPORTS PERIODICALLY AS THE PROJECT IS BEING COMPLETED. MOST AWARDS ARE
 GIFTED FOR A PERIOD OF 3 YEARS AND A PROGRESS REPORT TO THE CCFA BOARD OF
 DIRECTORS IS REQUIRED ON AN ANNUAL BASIS. IF THE PROGRESS REPORTS DO NOT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SHOW SIGNIFICANT STRIDES IN THE RESEARCH, THE GRANT WILL NOT BE APPROVED

FOR ADDITIONAL FUNDING AND WILL BE TERMINATED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number
13-6193105

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD GESWELL	(i)	421,588.	0.	0.	37,579.	23,768.	482,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JUDITH ARNER BROWN	(i)	198,777.	0.	0.	9,939.	9,556.	218,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KIMBERLY FREDERICK	(i)	153,199.	0.	0.	7,660.	9,556.	170,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MICHAEL GALVIN	(i)	120,830.		114,190.	11,751.	13,257.	260,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RONALD CAREY	(i)	126,070.	0.	0.	6,304.	23,432.	155,806.	0.
	(ii)							
6 STACI BROWN	(i)	131,241.	26,525.	0.	7,888.	9,220.	174,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J

PART I, LINE 4A

IN 2010, THE FOUNDATION MADE A SEVERANCE PAYMENT TO CHIEF FINANCIAL OFFICER, MICHAEL GALVIN. MR. GALVIN RECEIVED \$114,190 OF SEVERANCE, WHICH HAS BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B) (III).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization: **CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.**
Employer identification number: **13-6193105**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶				\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID ALBERGA	BOARD MEMBER	270,000.	SEE SCHEDULE O		X
(2) TYLER HILLSTROM	SON-IN-LAW - BOARD MEMBER	53,854.	SEE SCHEDULE O		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV

BOARD OF TRUSTEES MEMBER, DAVID ALBERGA, IS THE PRESIDENT AND CEO OF ACTIVE NETWORK, INC., AN ORGANIZATION THAT TRANSACTS BUSINESS WITH THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. ("CCFA") CCFA USES A WEBSITE TO PROCESS ONLINE CONTRIBUTIONS FOR ITS SPECIAL EVENTS; THIS WEBSITE IS AFFILIATED WITH ACTIVE NETWORK, INC. CCFA PAID \$270,000 TO ACTIVE NETWORK INC.

THIS TRANSACTION HAS BEEN FULLY DISCLOSED IN CCFA'S AUDITED FINANCIAL STATEMENTS.

ADDITIONALLY, TYLER HILLSTROM, INTERIM EXECUTIVE DIRECTOR, AND MICHAEL KOSS, BOARD OF TRUSTEES MEMBER, HAVE A FAMILY RELATIONSHIP. MR. HILLSTROM WAS COMPENSATED BY CCFA IN THE AMOUNT OF \$53,854 THE YEAR ENDING DECEMBER 31, 2010.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-6193105

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	85.	923,428.	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M

THE FOUNDATION OFTEN RECEIVES CONTRIBUTIONS OF PUBLICLY TRADED
SECURITIES. THE FOUNDATION'S INVESTMENT MANAGER OR BROKERAGE FIRM IS
TASKED WITH SELLING THESE SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.

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

2010

**Open to Public
Inspection**

Employer identification number

13-6193105

GOVERNING BODY AND MANAGEMENT

PART VI, LINE 2

IRWIN ROSENTHAL AND SUZANNE ROSENTHAL, CO-FOUNDERS OF THE CROHN'S AND COLITIS FOUNDATION OF AMERICA, INC., HAVE A FAMILY RELATIONSHIP.

POLICIES

PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO EACH MEMBER OF THE AUDIT COMMITTEE, A STANDING COMMITTEE OF THE BOARD OF TRUSTEES, FOR DISCUSSION AND COMMENT. EACH COMMITTEE MEMBER WAS PROVIDED AN OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

POLICIES

PART VI, LINE 12

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. ("CCFA") IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH CCFA. CCFA MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
---	--

POLICIES

PART VI, LINE 15

THE CROHN'S & COLITIS FOUNDATION IS DEPENDENT ON EXPERIENCED AND QUALIFIED LEADERSHIP TO ACHIEVE ITS GOALS. FACTORS SUCH AS ANNUAL GROSS REVENUES, GEOGRAPHIC LOCATIONS, TENURE, MISSION AND OTHER FACTORS HELP DETERMINE SENIOR LEADERSHIP COMPENSATION. THE PRESIDENT'S COMPENSATION IS DETERMINED ON AN ANNUAL BASIS BY THE CHAIRMAN OF THE BOARD USING GUIDELINES AND COMPARABILITY DATA PROVIDED IN A 2009-2010 NATIONAL COMPENSATION STUDY OF CHIEF STAFF EXECUTIVES AS STATISTICALLY PREPARED BY AN INDEPENDENT RESEARCH FIRM.

THE FOUNDATION HAS TAKEN FURTHER INITIATIVE TO BENCHMARK EXECUTIVE LEVEL PAY BY HIRING AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND VALIDATE THE COMPENSATION IT PAYS ALL EMPLOYEES.

CCFA ANTICIPATES THAT THE CONSULTANT WILL CONTINUE THE FOUNDATION'S POLICY OF RELYING ON BENCHMARKING SURVEYS AND OTHER INDUSTRY DATA TO COMPARE THE SALARIES CCFA PAYS TO ITS EXECUTIVES WITH COMPENSATION PAID TO EXECUTIVES OF OTHER NOT FOR PROFIT ORGANIZATIONS OF SIMILAR SIZE.

DISCLOSURES

PART VI, LINE 19

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE AT WWW.CCFA.ORG. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE. GOVERNING

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
---	--

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

CONTRIBUTIONS

PART VIII - NONCASH CONTRIBUTIONS

THE CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. ("CCFA") HAS UTILIZED THE SERVICES OF CAR PROGRAM, INC., AN ORGANIZATION THAT RECEIVES DONATED VEHICLES, SELLS THEM AND REMITS THE NET PROCEEDS TO SEVERAL CHARITABLE ORGANIZATIONS. THE VEHICLES ARE NOT DONATED DIRECTLY TO CCFA NOR DOES CCFA HAVE OWNERSHIP RIGHTS TO THEM. IN 2010, CCFA RECEIVED \$34,511 IN REVENUES FROM THIS PROGRAM.

ADDITIONALLY, CCFA RECEIVES CONSIDERABLE IN-KIND CONTRIBUTIONS PRIMARILY IN THE FORM OF DONATED PUBLIC SERVICE ANNOUNCEMENTS ON TELEVISION AND RADIO STATIONS. THE VALUE OF SUCH IN-KIND CONTRIBUTIONS, BASED UPON INFORMATION PROVIDED BY THIRD-PARTY MEDIA SERVICES, IS REFLECTED IN THE STATEMENT OF ACTIVITIES AS CONTRIBUTED AIRTIME REVENUE AND HEALTH PROFESSIONAL EDUCATION AND PUBLIC INFORMATION PROGRAM SERVICE EXPENSE. SINCE DONATED SERVICES ARE NOT REPORTED ON THE FORM 990, CCFA HAS NOT REPORTED THE CONTRIBUTED AIRTIME ON SCHEDULE M NOR ON PART VIII, LINE 1(G).

FOR THE YEAR ENDING DECEMBER 31, 2010, CONTRIBUTED AIRTIME AMOUNTED TO \$973,463.

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
---	--

RECONCILIATION OF NET ASSETS

PART XI, LINE 5

CHANGES IN GIFT ANNUITIES VALUATIONS: \$ 40,855

UNREALIZED GAIN: 392,082

\$432,937

=====

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOR OVER FOUR DECADES, THE CROHN'S & COLITIS FOUNDATION HAS BEEN DEDICATED TO ITS MISSION OF FINDING A CURE FOR CROHN'S DISEASE AND ULCERATIVE COLITIS AND IMPROVING THE QUALITY OF LIFE OF CHILDREN AND ADULTS AFFECTED BY THESE DISEASES. CCFA HAS DEFINED ITSELF BY SPONSORING THE BEST AND BRIGHTEST RESEARCHERS AND SEEDING THE FIELD WITH GROUNDBREAKING STUDIES AND RESEARCH INITIATIVES TO ADVANCE THE UNDERSTANDING AND TREATMENT OF IBD.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CCFA PROVIDES INFORMATION AND EDUCATION IN AN EFFORT TO REACH THE MORE THAN 1.4 MILLION IBD PATIENTS AND THEIR FAMILIES THROUGH A VARIETY OF PERIODICALS (TAKE CHARGE, UNDER THE MICROSCOPE), BOOKS, AWARENESS CAMPAIGNS, LOCAL CHAPTERS, ITS WEBCASTS, AND THROUGH ITS WEBSITE. CCFA ALSO REACHES ITS MANY MEMBERS WITH EXCLUSIVE MAILINGS. CCFA ALSO OFFERS PROFESSIONAL EDUCATION ON INFLAMMATORY BOWEL DISEASES, ITS PROFESSIONAL JOURNAL, AND HEALTH PROFESSIONAL

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
---	--

ATTACHMENT 2 (CONT'D)

WORKSHOPS. REVENUES REPORTED AS PROGRAM SERVICE REVENUE OF \$397,414 REPRESENTS CAMP REGISTRATION FEES FOR WORKSHOPS/CAMP PROGRAMS RUN FOR CHILDREN AND FAMILIES AFFECTED BY EITHER CROHN'S DISEASE OR COLITIS. CCFA SUPPORT SERVICES ARE DELIVERED THROUGH ITS CHAPTERS NATIONWIDE WHICH OFFER MORE THAN 220 SUPPORT GROUPS ANNUALLY, SUMMER CAMPS FOR CHILDREN WITH IBD, AND A RANGE OF EDUCATIONAL AND TRAINING PROGRAMS FOR LOCAL COMMUNITIES. READ MORE ABOUT CCFA'S CHAPTERS ON ITS WEBSITE, WWW.CCFA.ORG, OR VIEW ITS WEBCASTS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RESEARCH - SINCE ITS INCEPTION, CCFA HAS BEEN AT THE FOREFRONT OF MEDICAL RESEARCH IN CROHN'S DISEASE AND ULCERATIVE COLITIS -COLLECTIVELY KNOWN AS INFLAMMATORY BOWEL DISEASE (IBD).

THERE ARE TWO MAIN RESEARCH CATEGORIES. BASIC RESEARCH EXPLORES THE SCIENTIFIC FOUNDATIONS OF THE DISEASES. IT ANSWERS SUCH QUESTIONS AS: WHAT IS THE UNDERLYING CAUSE OF CROHN'S AND COLITIS? WHICH GENES ARE INVOLVED IN THESE DISEASES? ALTHOUGH BASIC RESEARCH IS COMPLEX AND CAN BE DIFFICULT FOR LAYPERSONS TO UNDERSTAND, THESE STUDIES WILL ULTIMATELY LEAD TO THE CURE FOR IBD. CLINICAL RESEARCH DETERMINES WHICH MEDICAL AND SURGICAL OPTIONS WORK BEST FOR PATIENTS.

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
---	--

ATTACHMENT 3 (CONT'D)

- CCFA HAS PLAYED A ROLE IN EVERY MAJOR SCIENTIFIC BREAKTHROUGH IN IBD, FROM GENERATING DATA THAT LED TO NEW THERAPIES TO THE DISCOVERY OF THE FIRST GENE FOR CROHN'S. - CCFA INVESTS IN HUMAN RESOURCES: IT TAKES 10 YEARS TO "BUILD" A FULL-FLEDGED, SENIOR INVESTIGATOR. TO MAKE SURE THAT THE MOST TALENTED RESEARCHERS ENTER AND REMAIN IN THE FIELD OF IBD, CCFA PROVIDES RESEARCH TRAINING AWARDS TO DEVELOP THE NEXT GENERATION OF INVESTIGATORS. MANY OF TODAY'S MOST PROMINENT RESEARCHERS RECEIVED TRAINING AWARDS FROM CCFA EARLY IN THEIR CAREERS.

- CCFA SETS THE RESEARCH AGENDA: CCFA BRINGS TOGETHER THE FINEST MINDS IN THE INTERNATIONAL SCIENTIFIC COMMUNITY (BOTH BASIC AND CLINICAL) TO DEVELOP AND UPDATE OUR STRATEGIC PLAN FOR RESEARCH "CHALLENGES IN IBD RESEARCH".

- CCFA RESEARCH GENERATES IMPORTANT DATA. IN A 2005 SURVEY OF 200 RESEARCHERS, 107 REPORTED PUBLISHING MORE THAN 500 ARTICLES BASED ON CCFA-FUNDED RESEARCH.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, HI, KS, LA, ME, MD, MA, MI,

MN, MS, NH, NM, NY, OK, PA,

TN, UT, VA, WA, WV, WI,

Name of the organization CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.	Employer identification number 13-6193105
---	--

ATTACHMENT 5PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 JUDITH ARNER BROWN CHIEF DEVELOPMENT OFFICER	40.00					X		198,777.	0.	19,495.
30 KIMBERLY FREDERICK VP PATIENT/PROFESSIONAL SVCS	40.00					X		153,199.	0.	17,216.
31 RONALD CAREY SENIOR DIRECTOR/INFO TECH	40.00					X		126,070.		29,736.
32 MATTHEW YEINGST DIRECTOR/CHAPTER SERVICES	40.00					X		125,620.		6,281.
33 STACI BROWN DIRECTOR/NATIONAL EVENTS	40.00					X		157,766.	0.	17,108.

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIRECT PRINT COMMUNICATIONS 201 E. SANDPOINTE, SUITE 400 SANTA ANA, CA 92707	PRINTING	1,230,425.
ROBERT MICHAEL EDUCATIONAL INSTITUTE LLC 617 STATION AVENUE HADDON HEIGHTS, NJ 08035-1906	EDUCATIONAL SERVICES	521,266.
CONVIO 11501 DOMAIN DRIVE, SUITE 200 AUSTIN, TX 78758	MARKETING	293,245.
INTOUCH SOLUTIONS 10975 BENSON DRIVE, SUITE 200 OVERLAND PARK, KS 66210	MARKETING	278,000.
PIDI 1800 DIAGONAL ROAD, SUITE 400 ALEXANDRIA, VA 22314	DATABASE MANAGEMENT	256,789.
TOTAL COMPENSATION		<u>2,579,725.</u>