

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

## 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning and ending																													
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization CROHN'S &amp; COLITIS FOUNDATION, INC.</td> <td><b>D</b> Employer identification number 13-6193105</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number (800) 932-2423</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">733 THIRD AVENUE 510</td> <td rowspan="2"><b>G</b> Gross receipts \$ 89,411,482.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: MICHAEL OSSO 733 THIRD AVENUE, NEW YORK, NY 10017</td> <td> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number ▶                 </td> </tr> <tr> <td colspan="3"> <b>I</b> 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                 </td> </tr> <tr> <td colspan="3"><b>J</b> Website: ▶ WWW.CROHNSCOLITISFOUNDATION.ORG</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: 1967</td> </tr> <tr> <td colspan="2"></td> <td><b>M</b> State of legal domicile: NY</td> </tr> </table>	<b>C</b> Name of organization CROHN'S & COLITIS FOUNDATION, INC.		<b>D</b> Employer identification number 13-6193105	Doing business as		<b>E</b> Telephone number (800) 932-2423	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	733 THIRD AVENUE 510		<b>G</b> Gross receipts \$ 89,411,482.	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		<b>F</b> Name and address of principal officer: MICHAEL OSSO 733 THIRD AVENUE, NEW YORK, NY 10017		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	<b>I</b> 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			<b>J</b> Website: ▶ WWW.CROHNSCOLITISFOUNDATION.ORG			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1967			<b>M</b> State of legal domicile: NY
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**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS (CONTINUED ON SCHEDULE O)		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	376
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	5547
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 68,767,470.
<b>9</b>		Program service revenue (Part VIII, line 2g)	5,393,731.	6,695,152.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,180,691.	601,277.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	878,150.	491,890.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,220,042.	78,027,022.
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,621,536.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,264,832.	32,709,531.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	467,660.	577,867.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,180,316.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,316,089.	17,464,787.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	75,670,117.	78,323,556.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	549,925.	-296,534.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 55,619,176.	End of Year 57,664,028.
	<b>21</b>	Total liabilities (Part X, line 26)	44,552,683.	46,264,034.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	11,066,493.	11,399,994.

**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.

<b>Sign Here</b>	Signature of officer MICHAEL OSSO, PRESIDENT/ CEO Type or print name and title		Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 11/14/2022
		Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  CROHN'S & COLITIS FOUNDATION, INC.	Taxpayer identification number (TIN)  13-6193105
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 733 THIRD AVENUE 510	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JAIME BLANDA

- The books are in the care of ▶ 733 THIRD AVENUE - NEW YORK, NY 10017-8804

Telephone No. ▶ (646) 943-7437 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2021 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FOR MORE THAN FIVE DECADES, THE CROHN'S & COLITIS FOUNDATION ("THE 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. (SEE SCHED O).

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 34,502,229. including grants of \$ 27,571,371. ) (Revenue \$ 6,685,311. ) SINCE ITS INCEPTION, THE CROHN'S & COLITIS FOUNDATION HAS PROVIDED MORE THAN \$450 MILLION FOR RESEARCH ON THE TREATMENT AND CURES OF IBD. THE FOUNDATION FUNDS A SET OF PRIORITY RESEARCH INITIATIVES: MULTI-INSTITUTIONAL, MULTI-DISCIPLINARY, COLLABORATIVE RESEARCH PROJECTS TARGETING AREAS OF SCIENCE WITH A HIGH PROBABILITY OF ADVANCING TREATMENT. THE FOUNDATION HAS DEFINED ITSELF BY SPONSORING THE BEST AND BRIGHTEST RESEARCHERS RESULTING IN GROUNDBREAKING STUDIES AND RESEARCH INITIATIVES TO ADVANCE THE UNDERSTANDING AND TREATMENT OF INFLAMMATORY BOWEL DISEASES ("IBD"). (CONTINUED IN SCHEDULE O)

4b (Code: ) (Expenses \$ 28,528,909. including grants of \$ ) (Revenue \$ 9,841. ) THE CROHN'S & COLITIS FOUNDATION PROVIDES INFORMATION AND EDUCATION FOR THE MILLIONS OF IBD PATIENTS AND THEIR LOVED ONES THROUGH A VARIETY OF CHANNELS AT THE NATIONAL AND LOCAL LEVEL. WEBCASTS, SUPPORT GROUPS, IBD HELP CENTER, AND PRINTED MATERIALS PROVIDE ACCURATE AND UP-TO-DATE INFORMATION. THE FOUNDATION ALSO OFFERS PROFESSIONAL EDUCATION THROUGH OUR TWO SCIENTIFIC JOURNALS, INFLAMMATORY BOWEL DISEASES AND CROHN'S & COLITIS 360, AS WELL AS THROUGH HEALTH PROFESSIONAL WORKSHOPS, AND ITS ANNUAL CROHN'S & COLITIS CONGRESS CONFERENCE. IN A RECENT IMPACT STUDY, OVER 70% OF PATIENTS CONNECTED WITH THE FOUNDATION STATED THAT THE FOUNDATION HAS HAD A POSITIVE IMPACT ON THEIR IBD JOURNEY. THESE PATIENTS ALSO REPORTED BETTER SYMPTOM CONTROL THAN NON-FOUNDATION CONNECTED PATIENTS. (CONTINUED ON SCHEDULE O)

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 63,031,138.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JAIME BLANDA - (646) 943-7437 733 THIRD AVENUE, NEW YORK, NY 10017-8804

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

Check if Schedule O contains a response or note to any line in this Part VII

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHAEL OSSO PRESIDENT/CEO (NON-VOTING)	35.00 0.00	X		X				587,399.	0.	90,617.
(2) CAREN HELLER CHIEF SCIENCE OFFICER	35.00 0.00				X			388,803.	0.	17,400.
(3) ROBERT TERRITO CFO/COO	35.00 0.00			X				296,257.	0.	24,960.
(4) ROHIT SURI CHIEF TECHNOLOGY OFFICER	35.00 0.00				X			272,418.	0.	23,637.
(5) MICHAEL ELKOW CHIEF FIELD OFFICER	35.00 0.00				X			261,144.	0.	25,085.
(6) JUDY HOFFSTEIN CHIEF MARKETING & COMMUNICATIONS OFF	35.00 0.00				X			238,326.	0.	27,736.
(7) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	35.00 0.00				X			249,186.	0.	14,319.
(8) JOHN MICHAEL MIZE EVP, BUSINESS DEVELOPMENT	35.00 0.00				X			231,034.	0.	14,027.
(9) LAURA WINGATE EVP, EDUCATION, SUPPORT & ADVOCACY	35.00 0.00					X		201,343.	0.	14,018.
(10) ANTHONY LEON SVP, IT	35.00 0.00					X		186,532.	0.	25,790.
(11) MARISSA MAYER CHIEF LEGAL OFFICER	35.00 0.00					X		184,518.	0.	19,931.
(12) RONALD GOLDSMAN SVP, FINANCE	35.00 0.00					X		188,574.	0.	12,093.
(13) ANGELA DOBES VICE PRESIDENT, IBD PLEXUS	35.00 0.00					X		181,454.	0.	10,615.
(14) ALESSANDRO DINELLO TREASURER (AS OF 03/2021)	1.00 0.00	X		X				0.	0.	0.
(15) ALEX FUNDERBURG TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) AMBER BACKHAUS TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) REP ANDER CRENSHAW TRUSTEE	1.00 0.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ANDREW STERN, ESQ. SECRETARY (THRU 03/2021)	1.00 0.00	X		X				0.	0.	0.
(19) ANNETTE MARTINEZ TRUSTEE (AS OF 03/2021)	1.00 0.00	X						0.	0.	0.
(20) ARMIN RAHMANIAN TRUSTEE (AS OF 03/2021)	1.00 0.00	X						0.	0.	0.
(21) BRENT POLK, MD CHAIRMAN (AS OF 03/2021)	1.00 0.00	X		X				0.	0.	0.
(22) CHRISTOPHER COLLETTE TRUSTEE (THRU 03/2021)	1.00 0.00	X						0.	0.	0.
(23) DAVID RUBIN, MD NSAC CHAIR (AS OF 03/2021)	1.00 0.00	X		X				0.	0.	0.
(24) DEBORAH CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) DONALD KORTZ TRUSTEE (THRU 07/2021)	1.00 0.00	X						0.	0.	0.
(26) FRANK RUSSOMANO TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,466,988.	0.	320,228.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,466,988.	0.	320,228.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 67

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE CONSULTING LLP 4022 BELLE DRIVE, HERMITAGE, TN 37076	IT SUPPORT FOR IBD PLEXUS	1,337,594.
NAGARRO, INC, 1737 N. FIRST STREET, SUITE 590, SAN JOSE, CA 95112	PROJECT SUPPORT	983,976.
BLACKBAUD P.O. BOX 930256, ATLANTA, GA 31193-0256	DONOR DATABASE	914,222.
SALESFORCE.COM, INC., 415 MISSION STREET, 3RD FLOOR, SAN FRANCISCO, CA 94105	SALESFORCE PLATFORM TRANSFER	785,426.
CHAPMAN CUBINE AND HUSSEY, INC, 2000 15TH STREET NORTH SUITE 550, ARLINGTON, VA	MARKETING CONSULTANTS	577,867.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) JASON BURR TRUSTEE (THRU 03/2021)	1.00 0.00	X						0.	0.	0.
(28) JEFFREY MITTLEMAN TRUSTEE (AS OF 03/2021)	1.00 0.00	X						0.	0.	0.
(29) JENNIFER O'NEILL TRUSTEE (THRU 03/2021)	1.00 0.00	X						0.	0.	0.
(30) JODI YELLEN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(31) JOE MONK TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) JOEL ROSH, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) JOHN CROSSON CHAIRMAN (THRU 03/2021)	1.00 0.00	X		X				0.	0.	0.
(34) MARCY BETH NANUS TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) MARK MURRAY, PHD TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MEENA BEWTRA TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) MICHELE KISSOUS-HUNT TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) NOEL BROWN TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) RHONDA BOLDING TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) ROBERT VAN PULLEY TREASURER (THRU 03/2021)	1.00 0.00	X		X				0.	0.	0.
(41) SEAN KELLEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) TOLULOPE FALAIYE, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) TROY VOLLERTSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) SHELBY MODELL CO-FOUNDER/TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	1,337,175.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	25,249,968.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	6,393,325.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	37,258,235.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 511,238.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	70,238,703.				
	Program Service Revenue	<b>2 a</b>	IBD PLEXUS DATABASE AC	900099	6,685,311.	6,685,311.	
<b>2 b</b>		EDUCATION & CAMP REGIS	900099	9,841.	9,841.		
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		6,695,152.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		298,743.		298,743.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		486,445.		486,445.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				7,536,495.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		7,233,961.			
	<b>7 c</b>	Gain or (loss)		302,534.			
<b>7 d</b>	Net gain or (loss)		302,534.		302,534.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 25,249,968. of contributions reported on line 1c). See Part IV, line 18						
			3,518,883.				
			4,024,176.				
<b>8 b</b>	Less: direct expenses						
<b>8 c</b>	Net income or (loss) from fundraising events		-505,293.		-505,293.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
			631,617.				
			126,323.				
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities		505,294.		505,294.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	900099	5,444.		5,444.	
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		5,444.			
<b>12</b>	<b>Total revenue.</b> See instructions		78,027,022.	6,695,152.	0.	1,093,167.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	25,715,354.	25,715,354.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,856,017.	1,856,017.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,762,346.	1,900,115.	570,150.	292,081.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	21,896,037.	15,061,470.	4,519,353.	2,315,214.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	996,413.	685,396.	205,660.	105,357.
<b>9</b> Other employee benefits .....	3,325,820.	2,287,708.	686,451.	351,661.
<b>10</b> Payroll taxes .....	3,728,915.	2,564,982.	769,650.	394,283.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	103,811.	1,792.	102,019.	
<b>c</b> Accounting .....	455,857.		444,290.	11,567.
<b>d</b> Lobbying .....	149,010.		149,010.	
<b>e</b> Professional fundraising services. See Part IV, line 17	577,867.			577,867.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,264,690.	6,943,783.	1,028,826.	292,081.
<b>12</b> Advertising and promotion .....	546,757.	253,901.	193,651.	99,205.
<b>13</b> Office expenses .....	401,449.	245,257.	103,282.	52,910.
<b>14</b> Information technology .....	1,557,986.	1,379,596.	178,390.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,787,959.	1,083,861.	465,584.	238,514.
<b>17</b> Travel .....	255,469.	156,919.	65,166.	33,384.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	261,000.	261,000.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	835,873.	508,060.	216,766.	111,047.
<b>23</b> Insurance .....	408,109.	244,308.	46,729.	117,072.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLICATIONS	553,039.	335,253.	144,011.	73,775.
<b>b</b> TELEPHONE/COMMUNICATION	476,366.	299,616.	116,876.	59,874.
<b>c</b> POSTAGE	411,341.	250,679.	106,238.	54,424.
<b>d</b> _____				
<b>e</b> All other expenses _____	996,071.	996,071.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	78,323,556.	63,031,138.	10,112,102.	5,180,316.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	15,661,625.	<b>2</b>	17,745,545.
	<b>3</b> Pledges and grants receivable, net .....	8,811,867.	<b>3</b>	7,078,400.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	935,112.	<b>8</b>	914,717.
	<b>9</b> Prepaid expenses and deferred charges .....	2,657,962.	<b>9</b>	2,646,181.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,726,196.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,029,454.	1,759,741.	<b>10c</b> 1,696,742.
	<b>11</b> Investments - publicly traded securities .....	24,949,673.	<b>11</b>	26,691,956.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	530,666.	<b>12</b>	587,914.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	312,530.	<b>15</b>	302,573.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	55,619,176.	<b>16</b>	57,664,028.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,978,234.	<b>17</b>	8,984,303.
	<b>18</b> Grants payable .....	26,005,220.	<b>18</b>	28,503,624.
	<b>19</b> Deferred revenue .....	6,346,010.	<b>19</b>	6,368,699.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,223,219.	<b>25</b>	2,407,408.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	44,552,683.	<b>26</b>	46,264,034.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	408,647.	<b>27</b>	3,576,676.
	<b>28</b> Net assets with donor restrictions .....	10,657,846.	<b>28</b>	7,823,318.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,066,493.	<b>32</b>	11,399,994.
<b>33</b> Total liabilities and net assets/fund balances .....	55,619,176.	<b>33</b>	57,664,028.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	78,027,022.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	78,323,556.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-296,534.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,066,493.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	961,786.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-331,751.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	11,399,994.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on Schedule O.
- 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2021)



**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	71,431,094.	67,009,903.	66,405,320.	68,767,470.	70,283,703.	343,897,490.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	71,431,094.	67,009,903.	66,405,320.	68,767,470.	70,283,703.	343,897,490.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						18,228,956.
<b>6 Public support.</b> Subtract line 5 from line 4.						325,668,534.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	71,431,094.	67,009,903.	66,405,320.	68,767,470.	70,283,703.	343,897,490.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	685,976.	615,382.	729,709.	1,068,979.	785,188.	3,885,234.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	7,441,563.	8,568,811.	8,185,352.	2,853,979.	4,189,580.	31,239,285.
<b>11 Total support.</b> Add lines 7 through 10						379,022,009.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	23,737,283.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	85.92 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	82.04 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 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: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 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: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING ACTIVITY

2017 AMOUNT: \$ 6,790,328.

2018 AMOUNT: \$ 7,371,177.

2019 AMOUNT: \$ 6,822,830.

2020 AMOUNT: \$ 1,976,400.

2021 AMOUNT: \$ 3,518,883.

GROSS INCOME FROM GAMING ACTIVITY

2017 AMOUNT: \$ 335,533.

2018 AMOUNT: \$ 245,140.

2019 AMOUNT: \$ 493,196.

2020 AMOUNT: \$ 491,848.

2021 AMOUNT: \$ 631,617.

MISCELLANEOUS

2017 AMOUNT: \$ 299,705.

2018 AMOUNT: \$ 892,774.

2019 AMOUNT: \$ 827,420.

2020 AMOUNT: \$ 76,393.

2021 AMOUNT: \$ 11,659.

VEHICLE DONATION PROGRAM

2017 AMOUNT: \$ 13,497.

2018 AMOUNT: \$ 57,422.

2019 AMOUNT: \$ 41,745.

2020 AMOUNT: \$ 23,225.

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2021 AMOUNT: \$ 27,421.

CLUBS AND ORGANIZATIONS

2017 AMOUNT: \$ 2,500.

2018 AMOUNT: \$ 2,298.

2019 AMOUNT: \$ 161.

2021 AMOUNT: \$ 0.

IBD JOURNAL EDITORIAL STIPENDS

2020 AMOUNT: \$ 232,480.

2021 AMOUNT: \$ 0.

REBATES/REFUNDS

2020 AMOUNT: \$ 53,633.

2021 AMOUNT: \$ 0.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

CROHN'S & COLITIS FOUNDATION, 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization  CROHN'S & COLITIS FOUNDATION, INC.	Employer identification number  13-6193105
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,721,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,161,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,311,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,568,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,421,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  CROHN'S & COLITIS FOUNDATION, INC.	Employer identification number  13-6193105
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization CROHN'S & COLITIS FOUNDATION, 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 in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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 the 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-.

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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? .....														

Yes  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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		138,155.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		149,010.
<b>j</b> Total. Add lines 1c through 1i .....			287,165.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

(I) IN 2021, THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION")

EMPLOYED THE SERVICES OF A PROFESSIONAL CONSULTANT TO KEEP THE

ORGANIZATION UP-TO-DATE ON WHAT IS TRANSPIRING WITH FEDERAL LEGISLATION

ON CAPITOL HILL CONCERNING HEALTH AND MEDICINE. DURING THE YEAR ENDED

2021, EXPENSES INCURRED TOTALLED \$149,010.

**Part IV** Supplemental Information (continued)

THE FOUNDATION ENGAGES IN STATE-BASED ADVOCACY CAMPAIGNS ENSURING THAT THE NEEDS OF PATIENTS ARE ADDRESSED THROUGH LEGISLATION THAT TARGETS THE COST OF HEALTH CARE AND ACCESS TO CARE. TOTAL PAYMENTS MADE IN CALENDAR YEAR 2021 WERE \$89,513.

THE FOUNDATION HOLDS A "DAY ON THE HILL" EVENT EVERY YEAR, IN WHICH PATIENTS SUFFERING WITH IBD VOLUNTEER TO TRAVEL TO WASHINGTON D.C. TO DISCUSS PROPOSED HEALTHCARE BILLS WITH LEGISLATORS. THE "DAY ON THE HILL" EVENT WAS CONDUCTED VIRTUALLY DURING THE CALENDAR YEAR 2021, FOR WHICH EXPENSES INCURRED WERE \$48,642.

EXPENDITURES OF \$48,642 FOR THE DAY ON THE HILL EVENT HAVE BEEN REPORTED ON SCHEDULE C, PART II-B, 1(G). INCLUDED WITHIN THE \$48,642 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** CROHN'S & COLITIS FOUNDATION, 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021



**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		506,460.	357,744.	148,716.
d Equipment		2,375,157.	2,019,989.	355,168.
e Other		4,844,579.	3,651,721.	1,192,858.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,696,742.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REINSURANCE CONTRACTS	227,176.
(3) DEFERRED RENT	180,232.
(4) PAYCHECK PROTECTION PROGRAM FORGIVABLE LOAN	2,000,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,407,408.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	84,145,523.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	961,786.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	5,158,533.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,818.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,118,501.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	78,027,022.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	78,027,022.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	83,812,022.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	5,158,533.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	329,933.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,488,466.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	78,323,556.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	78,323,556.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT VOLUNTARY HEALTH ORGANIZATION EXEMPT

FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE (THE "CODE") AND HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED

CHARITABLE ORGANIZATION UNDER SECTION 509(A)(1) OF THE CODE AND QUALIFIES

FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS.

CONTRIBUTIONS TO THE FOUNDATION ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS

PRESCRIBED BY THE CODE. THE FOUNDATION IS ALSO EXEMPT FROM STATE AND LOCAL

TAXES UNDER SIMILAR STATUTES.

ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN

IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT

**Part XIII** Supplemental Information (continued)

RECOGNITION AND MEASUREMENT, 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 FOUNDATION HAS DETERMINED THAT  
 THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR  
 DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. IN ADDITION, THE  
 FOUNDATION HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO  
 MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN CHARITABLE REMAINDER TRUSTS VALUATIONS	-1,818.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES	329,933.
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**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	26,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	38,922.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	65,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	25,841.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	366,815.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	34,980.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	57,915.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	115,830.	BANK WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **19**

3 Enter total number of other organizations or entities ..... **2**

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	14,515.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	54,975.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	238,916.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	99,534.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	329,396.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	32,981.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	113,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	5,763.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	25,990.	BANK WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	29,600.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	40,884.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	22,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	117,160.	BANK WIRE	0.		





**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 separately 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; don't file with Form 990)* .....  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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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.

**PART I, LINE 1: GRANTS**

THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") IS A NON-PROFIT

ORGANIZATION DEDICATED TO FINDING A 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 THE FOUNDATION REQUIRES THE RESEARCHER TO

ISSUE PROGRESS REPORTS ANNUALLY AS THE PROJECT IS BEING COMPLETED. MOST

AWARDS ARE GIFTED FOR A PERIOD OF 3 YEARS WITH AN ANNUAL PROGRESS

REPORT PRESENTED TO THE CHIEF SCIENTIFIC OFFICER AND THE NATIONAL

SCIENTIFIC ADVISORY COMMITTEE FOR REVIEW AND APPROVAL. 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.

Multiple horizontal lines for supplemental information input.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))	
		TAKE STEPS (event type)	TEAM CHALLENGE (event type)	126 (total number)		
Revenue	1	Gross receipts	8,214,378.	1,445,843.	19,108,630.	28,768,851.
	2	Less: Contributions	7,669,539.	1,168,453.	16,411,976.	25,249,968.
	3	Gross income (line 1 minus line 2)	544,839.	277,390.	2,696,654.	3,518,883.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	137,840.	1,144.	2,122,764.	2,261,748.
	7	Food and beverages				
	8	Entertainment	40,047.	0.	514,500.	554,547.
	9	Other direct expenses	366,952.	276,246.	564,683.	1,207,881.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				4,024,176.
11	Net income summary. Subtract line 10 from line 3, column (d)				-505,293.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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))	
		1	Gross revenue			631,617.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			61,452.	61,452.
	4	Rent/facility costs				
	5	Other direct expenses			64,871.	64,871.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				126,323.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				505,294.	

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: AL, AZ, AR, CA, CO, CT, FL, GA, IL, IN, MD, MA

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ RONALD GOLDSMAN

Address ▶ 733 THIRD AVENUE, SUITE 510 - NEW YORK, NY 10017

- 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 PART IV

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ NONE

- 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.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHAPMAN CUBINE & HUSSEY, INC

(I) ADDRESS OF FUNDRAISER: 2000 15TH ST, STE 550, ARLINGTON, VA 22201

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

AL, AZ, AR, CA, CO, CT, FL, GA, IL, IN, MD, MA, MI, MN, MO, NE, NJ, NY, NC, OH, PA, TN, TX, VA, WA

WI

**Part IV** Supplemental Information (continued)

SCHEDULE G, PART III - GAMING ACTIVITIES

THE CROHN'S & COLITIS FOUNDATION, 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 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. RAFFLES ARE CONDUCTED AS PART OF SPECIAL EVENTS AND NOT AS SEPARATE FUNDRAISING ACTIVITIES. AS A RESULT OF THE PANDEMIC, TO ENGAGE WITH ITS DONORS, THE FOUNDATION VIRTUALIZED ITS SPECIAL EVENTS THROUGH THE USE OF A FUNDRAISING PLATFORM THAT OFFERED A WIDE ARRAY OF FUNDRAISING ACTIVITIES, INCLUDING RAFFLES AND AUCTIONS. CHAPTERS, IN COLLABORATION WITH NATIONAL STAFF, ARE RESPONSIBLE FOR SECURING APPLICABLE LICENSES AND COMPLYING WITH REPORTING REQUIREMENTS. FOR THE PERIOD COVERED BY THIS RETURN, ONLY 33 CHAPTERS HELD RAFFLES IN 26 STATES: ALABAMA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA, ILLINOIS, INDIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSOURI, NEBRASKA, NEW JERSEY, NEW YORK, NORTH CAROLINA, OHIO, PENNSYLVANIA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON, WISCONSIN.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **CROHN'S & COLITIS FOUNDATION, 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
11 HEALTH AND TECHNOLOGIES INC. 8 HUGHES, SUITE 200 IRVINE, CA 92618	37-1737954	501(C)3	250,000.	0.			RESEARCH
ARTIZAN BIOSCIENCES, INC. 150 MUNSON ST., STE 210 NEW HAVEN, CT 06511	81-3754450	501(C)3	177,975.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)3	104,167.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)3	55,000.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	312,551.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)3	64,904.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY - SCHOOL OF MEDICINE - 10900 EUCLID AVENUE - CLEVELAND , OH 44106	34-1018992	501(C)3	190,991.	0.			RESEARCH
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)3	448,495.	0.			RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)3	113,392.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI , OH 45229	31-0833936	501(C)3	138,330.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND , OH 44195	34-0714585	501(C)3	490,296.	0.			RESEARCH
CURATORS OF THE UNIVERSITY OF MISSOURI - 118 UNIVERSITY HALL - COLUMBIA, MO 65211	43-6003859	501(C)3	111,580.	0.			RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)3	26,384.	0.			RESEARCH
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501(C)3	408,163.	0.			RESEARCH
DUKE UNIVERSITY PO BOX 104132 DURHAM, NC 27708	56-0532129	501(C)3	115,830.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON ROAD, NE, 4TH FLLOR ATLANTA, GA 30322	58-0566256	501(C)3	261,325.	0.			RESEARCH
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION, INC. - 58 EDGEWOOD AVENUE NE, 3RD FLLOR - ATLANTA, GA 30303	58-1845423	501(C)3	116,500.	0.			RESEARCH
GLYCOMINDS, LLC 4685 RUNWAY ST STE J SIMI VALLEY, CA 93063	37-1762895	501(C)3	224,485.	0.			RESEARCH
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE, 2ND FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	58,205.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)3	610,551.	0.			RESEARCH
IMPROVECARENOW, INC. N-213 GIVEN COURTYARD; UVM COLLEGE BURLINGTON, VT 05405	20-3200488	501(C)3	113,475.	0.			RESEARCH
KOUTIF THERAPEUTICS LLC 20600 CHAGRIN BLVD STE 210 SHAKER HEIGHTS, OH 44122	82-1873076	501(C)3	100,000.	0.			RESEARCH
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)3	87,375.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	1,328,873.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	32,385.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 360 EAST LANSING, MI 48824	38-6005984	501(C)3	46,600.	0.			RESEARCH
NEW ENGLAND RESEARCH INSTITUTES, INC. - 480 PLEASANT STREET, SUITE A100 - WATERTOWN, MA 02472	04-2919509	501(C)3	106,020.	0.			RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)3	352,413.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)3	122,915.	0.			RESEARCH
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	501(C)3	90,000.	0.			RESEARCH
PROGENITY, INC. 4330 LA JOLLA VILLAGE DRIVE, STE 20 SAN DIEGO, CA 92122	27-3950390	501(C)3	225,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1 SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)3	25,666.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO - 13001 E 17TH PL, RM W1124 - AURORA, CO 80045	84-6000555	501(C)3	77,117.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)3	475,958.	0.			RESEARCH
RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD, ROOM C281 PISCATAWAY, NJ 08854	46-2354111	501(C)3	149,338.	0.			RESEARCH
SYRACUSE UNIVERSITY 640 SKYTOP ROAD, SKYTOP OFFICE BUILDING, ROOM 122 - SYRACUSE, NY 13244	15-0532081	501(C)3	88,000.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 3145 PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)3	79,317.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S. MARSHFIELD AVENUE - CHICAGO, IL 60612	37-6000511	501(C)3	34,749.	0.			RESEARCH
THE BRIGHAM AND WOMEN'S HOSPITAL, INC. - 75 FRANCIS STREET - BOSTON , MA 02115	04-2312909	501(C)3	566,255.	0.			RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)3	162,779.	0.			RESEARCH
THE PENNSYLVANIA STATE UNIVERSITY 408 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)3	72,000.	0.			RESEARCH
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400195 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)3	153,000.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 10889 WILSHIRE BOULEVARD, SUITE 700, BOX 951406 - LOS ANGELES, CA 90095	95-6006143	501(C)3	522,512.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1850 RESEARCH PARK DRIVE - DAVIS, CA 95618	94-6036494	501(C)3	115,830.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 2114 PVUB - LOS ANGELES, CA 90095	95-6006143	501(C)3	45,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0815 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	115,830.	0.			RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)3	35,759.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104	23-1352685	501(C)3	287,902.	0.			RESEARCH
THE UNIVERSITY OF ARIZONA PO BOX 41867 TUCSON, AZ 85717	74-2652689	501(C)3	122,905.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 5601 E. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)3	208,494.	0.			RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBNANON STREET, SUITE 302 HANOVER, NH 03755	02-0222111	501(C)3	123,855.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104	23-1352685	501(C)3	671,739.	0.			RESEARCH
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)3	173,745.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 20TH ST - BIRMINGHAM, AL 35294	63-6005396	501(C)3	403,484.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, RIVERSIDE - 900 UNIVERSITY AVENUE - RIVERSIDE, CA 92521	95-6006142	501(C)3	29,125.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)3	418,250.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER 13001 E 17TH PL, RM W1124 AURORA, CO 80045	84-6000555	501(C)3	84,766.	0.			RESEARCH
UNIVERSITY OF HOUSTON 5000 GULF FWY RM 109 HOUSTON, TX 77204	74-6001399	501(C)3	57,915.	0.			RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501(C)3	117,574.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS - WORCHESTER - 55 LAKE AVENUE NORTH - WORCHESTER, MA 01655	04-3167352	501(C)3	58,250.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, CAMPUS BOX #1220 - CHAPEL HILL, NC 27599	56-6001393	501(C)3	710,957.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, OFFICE OF SPONSORED RESEARCH - P.O. BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)3	122,770.	0.			RESEARCH
UNIVERSITY OF TEXAS AT DALLAS 800 W. CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	501(C)3	94,000.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555	74-6000949	501(C)3	98,455.	0.			RESEARCH
UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	501(C)3	45,000.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 411 SALT LAKE CITY, UT 84112	87-6000525	501(C)3	57,915.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE. SOUTH, SUITE D3300 MCN - NASHVILLE, TN 37232	35-2528741	501(C)3	509,454.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843035 RICHMOND, VA 23284	54-6001758	501(C)3	79,063.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)3	372,330.	0.			RESEARCH

Schedule I (Form 990)





**Part III Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") IS A NON-PROFIT

ORGANIZATION DEDICATED TO FINDING A 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 THE FOUNDATION REQUIRES THE RESEARCHER TO ISSUE PROGRESS REPORTS

ANNUALLY AS THE PROJECT IS BEING COMPLETED. MOST AWARDS ARE GIFTED FOR A

PERIOD OF 3 YEARS WITH AN ANNUAL PROGRESS REPORT PRESENTED TO THE CHIEF

SCIENTIFIC OFFICER AND THE NATIONAL SCIENTIFIC ADVISORY COMMITTEE FOR

**Part IV Supplemental Information**

REVIEW AND APPROVAL. IF THE PROGRESS REPORTS DO NOT SHOW THAT THE RESEARCH

HAS MET ITS PROPOSED OBJECTIVES, THE GRANT WILL NOT BE APPROVED FOR

ADDITIONAL FUNDING AND WILL BE TERMINATED.

THE FOUNDATION ALSO SUPPORTS ORGANIZATIONS SEEKING TO ACCELERATE THE

DEVELOPMENT OF RESEARCH-BASED PRODUCTS WITH POTENTIAL FOR POSITIVE IMPACT

FOR PATIENTS. FUNDED PROJECTS ARE APPROXIMATELY 12 MONTHS IN DURATION, WITH

SPECIFIC INTERMEDIATE AND FINAL MILESTONES IDENTIFIED AT PROJECT ONSET.

PROJECT INVESTMENTS MAY BE RENEWED IN ADDITIONAL INCREMENTS IF MILESTONES

ARE ACHIEVED AND IF THE APPLICANT SUBMITS A PROPOSAL FOR ADDITIONAL

FUNDING.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **CROHN'S & COLITIS FOUNDATION, 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 on 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 (such as 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 ..... **1b**

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input 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 on 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? ..... **4a**

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**

**c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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**

**b** Any related organization? ..... **5b**

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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**

**b** Any related organization? ..... **6b**

If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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**

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

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

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

Schedule J (Form 990) 2021

**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 on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL OSSO PRESIDENT/CEO (NON-VOTING)	(i)	502,399.	85,000.	0.	86,900.	3,717.	678,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAREN HELLER CHIEF SCIENCE OFFICER	(i)	378,803.	10,000.	0.	17,400.	0.	406,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT TERRITO CFO/COO	(i)	286,257.	10,000.	0.	17,400.	7,560.	321,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROHIT SURI CHIEF TECHNOLOGY OFFICER	(i)	262,418.	10,000.	0.	13,563.	10,074.	296,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL ELKOW CHIEF FIELD OFFICER	(i)	256,144.	5,000.	0.	15,717.	9,368.	286,229.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JUDY HOFFSTEIN CHIEF MARKETING & COMMUNICATIONS OFFICER	(i)	228,326.	10,000.	0.	10,558.	17,178.	266,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	(i)	239,186.	10,000.	0.	14,319.	0.	263,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN MICHAEL MIZE EVP, BUSINESS DEVELOPMENT	(i)	221,034.	10,000.	0.	7,771.	6,256.	245,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAURA WINGATE EVP, EDUCATION, SUPPORT & ADVOCACY	(i)	196,343.	5,000.	0.	11,837.	2,181.	215,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANTHONY LEON SVP, IT	(i)	182,532.	4,000.	0.	11,684.	14,106.	212,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARISSA MAYER CHIEF LEGAL OFFICER	(i)	179,518.	5,000.	0.	11,259.	8,672.	204,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RONALD GOLDSMAN SVP, FINANCE	(i)	184,574.	4,000.	0.	11,093.	1,000.	200,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANGELA DOBES VICE PRESIDENT, IBD PLEXUS	(i)	177,454.	4,000.	0.	10,615.	0.	192,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE CROHN'S & COLITIS FOUNDATION IS DEPENDENT ON EXPERIENCED AND QUALIFIED LEADERSHIP TO ACHIEVE ITS GOALS. FACTORS SUCH AS ANNUAL GROSS REVENUES, MISSION EXPENDITURES, GEOGRAPHIC LOCATION, TENURE, AND INDIVIDUAL PERFORMANCE HELP DETERMINE SENIOR LEADERSHIP COMPENSATION. THE PRESIDENT'S COMPENSATION IS DETERMINED ON AN ANNUAL BASIS BY THE CHAIRMAN OF THE BOARD WITH APPROVAL BY THE COMPENSATION AND BENEFITS COMMITTEE USING GUIDELINES AND COMPARABLE DATA PROVIDED IN NATIONAL COMPENSATION STUDIES OF EXECUTIVES.

THE FOUNDATION HAS AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND VALIDATE THE COMPENSATION IT PAYS ITS EMPLOYEES. THE FOUNDATION'S PRACTICE WILL BE TO CONTINUE TO RELY ON THE MOST RECENT SURVEY AND OTHER INDUSTRY DATA COMPARING THE COMPENSATION THE FOUNDATION PAYS TO ITS EMPLOYEES WITH COMPENSATION PAID TO EMPLOYEES OF OTHER NOT FOR PROFIT ORGANIZATIONS OF SIMILAR SIZE. THE ORGANIZATION COMMISSIONED ITS LAST STUDY IN 2021.

PART I, LINE 4B:

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE FOUNDATION INSTITUTED A SECTION 457(F) NONQUALIFIED DEFERRED  
 COMPENSATION PLAN FOR THE BENEFIT OF THE PRESIDENT/CEO, MICHAEL OSSO, IN  
 2018. THE AGREEMENT ALLOWS FOR ANNUAL CONTRIBUTIONS TO BE MADE BASED ON  
 MEETING PRE-DETERMINED OBJECTIVES. IN 2021, THE FOUNDATION CREDITED \$50,000  
 TO THE PRESIDENT/CEO WHICH HAS BEEN REFLECTED IN SCHEDULE J, PART II,  
 COLUMN C. NO AMOUNT WAS ACTUALLY PAID TO THE CEO DURING THE YEAR UNDER THIS  
 AGREEMENT, AS THE TERMS OF THE AGREEMENT HAVE NOT YET BEEN SATISFIED.

PART I, LINE 7:

THE PRESIDENT/CEO'S BONUS AND INCENTIVE COMPENSATION IS PREDICATED OFF OF A  
 SET OF OBJECTIVES THAT ARE DEVELOPED AND UPDATED EACH YEAR. THESE  
 OBJECTIVES INCLUDE RAISING REVENUES, MANAGEMENT OF EXPENSES, DEVELOPMENT OF  
 REGIONS AND RELATED PERFORMANCE, BUILDING OF INFRASTRUCTURE AND  
 MAXIMIZATION OF MISSION EXPENDITURES. RESULTS ARE EVALUATED BY THE  
 COMPENSATION AND BENEFITS COMMITTEE AND THE INCENTIVE IS ULTIMATELY  
 DETERMINED BASED ON RATINGS OF PERFORMANCE OF THESE OBJECTIVES.

THE FOUNDATION ACKNOWLEDGES ALL OF ITS OTHER EMPLOYEES THROUGH ANNUAL  
 LUMP-SUM INCENTIVE AWARDS BASED ON MEETING INDIVIDUAL, DEPARTMENTAL, AND

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OVERALL FOUNDATION PERFORMANCE GOALS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CROHN'S & COLITIS FOUNDATION, 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	82	511,238.	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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard contributions?	X	
32a 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

TO THE EXTENT THAT THE FOUNDATION RECEIVES GIFTS OF SECURITIES OR OTHER

NON-CASH INSTRUMENTS, IT UTILIZES ITS INVESTMENT BROKER TO SELL THOSE

NON-CASH INSTRUMENTS TO HELP SUBSIDIZE THE FOUNDATION'S ONGOING

CHARITABLE ACTIVITIES.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

IMPACT OF THE COVID-19 PANDEMIC ON THE CROHN'S & COLITIS FOUNDATION INC.

IN EARLY 2020, AN OUTBREAK OF THE NOVEL STRAIN OF CORONAVIRUS

("COVID-19") EMERGED ON A GLOBAL SCALE. IN REACTION TO THE OUTBREAK,

FEDERAL, STATE, AND LOCAL GOVERNMENTS ISSUED MANDATES THAT DISRUPTED

NORMAL BUSINESS ACTIVITY IN EVERY SECTOR OF THE ECONOMY. THE PANDEMIC

CAUSED THE FOUNDATION TO CLOSE OFFICES ACROSS THE COUNTRY AND SHIFT ITS

OPERATIONS, EVENTS AND COMMUNITY-BASED PROGRAMS TO A VIRTUAL FORMAT,

WHICH REMAINED IN EFFECT THROUGH 2021. DESPITE THE OPERATING CHALLENGES

IT PRESENTED, THE FOUNDATION REMAINED FOCUSED ON DELIVERING ITS CORE

MISSION. TOWARDS THE END OF THE 2021 FISCAL YEAR, OFFICES REOPENED AND

THE FOUNDATION BEGAN TO HOLD SOME IN PERSON EVENTS WHEN STRICT SAFETY

PROTOCOLS COULD BE FOLLOWED. THE FOUNDATION CONTINUES TO CLOSELY

MONITOR THE ONGOING IMPACTS OF COVID-19 AND IS FOCUSED ON ENSURING A

CAREFUL BALANCE BETWEEN DELIVERING ON ITS MISSION AND MAINTAINING A

STRONG FINANCIAL POSITION. ACCORDINGLY, THE EXTENT TO WHICH COVID-19

MAY HAVE A FUTURE IMPACT ON THE FOUNDATION'S FINANCIAL POSITION IS

UNCERTAIN.

TO HELP SUSTAIN ITSELF DURING THE ECONOMIC DISRUPTION WROUGHT BY THE

PANDEMIC, THE FOUNDATION SOUGHT ECONOMIC ASSISTANCE FROM THE

GOVERNMENT. THE PAYCHECK PROTECTION PROGRAM ESTABLISHED BY THE CARES

ACT PROVIDES SMALL BUSINESSES WITH FUNDS TO PAY UP TO 24 WEEKS OF

CERTAIN NECESSARY EXPENDITURES, INCLUDING PAYROLL COSTS, RENT, AND

UTILITIES. THE FOUNDATION RECEIVED A PAYCHECK PROTECTION PROGRAM

FORGIVABLE LOAN OF \$5,721,600 AND REPORTED THIS LOAN ON ITS BALANCE

SHEET. THE ORGANIZATION APPLIED FOR FULL FORGIVENESS OF THE LOAN AS IT

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

Schedule O (Form 990) 2021

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MET ALL OF THE CRITERIA REQUIRED BY THE SMALL BUSINESS ADMINISTRATION

TO OBTAIN FORGIVENESS. THE LOAN WAS FULLY FORGIVEN IN JUNE OF 2021.

THE FOUNDATION SOUGHT AND OBTAINED A SECOND PPP LOAN IN THE AMOUNT OF

\$2 MILLION IN FEBRUARY 2021; THIS LOAN IS CURRENTLY REPORTED AS A

LIABILITY ON THE FOUNDATION'S BALANCE SHEET. THE FOUNDATION MET ALL

THE CRITERIA REQUIRED FOR FORGIVENESS AND OBTAINED FORGIVENESS IN

FEBRUARY 2022. THE FOUNDATION WILL RECORD THIS AS GOVERNMENTAL GRANT

REVENUE ON THE SUCCEEDING YEAR'S FORM 990.

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION (CONTINUED)

AND TO IMPROVE THE QUALITY OF LIFE AND CHILDREN AND ADULTS AFFECTED BY

THESE DISEASES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION HAS DEFINED ITSELF BY SPONSORING THE BEST AND BRIGHTEST

RESEARCHERS RESULTING IN GROUNDBREAKING STUDIES AND RESEARCH

INITIATIVES TO ADVANCE THE UNDERSTANDING AND TREATMENT OF INFLAMMATORY

BOWEL DISEASES ("IBD").

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

THE FOUNDATION'S RESEARCH PORTFOLIO IS A COMBINATION OF BASIC,

TRANSLATIONAL, AND CLINICAL RESEARCH. DESIGNED TO CUT YEARS OFF THE

RESEARCH PROCESS, IBD PLEXUS, THE FOUNDATION'S INNOVATIVE RESEARCH

PLATFORM, IS THE SINGLE LARGEST IBD DATABASE IN THE US. IT CURRENTLY

PROVIDES RESEARCHERS WITH DATA FROM OVER 25,000 PATIENTS, INCLUDING

160,000 BIOSAMPLES (BLOOD, STOOL, AND INTESTINAL TISSUE).

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THE FOUNDATION LEADS THE WAY IN NEW, CRITICALLY IMPORTANT AREAS OF IBD RESEARCH, AND ACCELERATING NOVEL THERAPIES AND INNOVATIVE PRODUCTS THAT ADDRESS UNMET PATIENT NEEDS. IN 2020, THE FOUNDATION LAUNCHED THE MOST EXTENSIVE IBD-FOCUSED PRECISION NUTRITION EFFORT, TO BETTER UNDERSTAND THE DIRECT IMPACT THAT FOOD MAY HAVE IN THE MANAGEMENT OF IBD AND ON PATIENT QUALITY OF LIFE. THE FOUNDATION ALSO LAUNCHED THE SURGICAL RESEARCH NETWORK, OUR FIRST-EVER COORDINATED-FUNDING EFFORT TO STUDY SURGICAL OUTCOMES IN IBD.

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

IN 2021 THE FOUNDATION LAUNCHED A PUBLIC SERVICE AWARENESS CAMPAIGN TO INCREASE FAMILIARITY WITH IBD, AND EDUCATE PEOPLE EXPERIENCING SYMPTOMS ABOUT THE IMPORTANCE OF SEEING A SPECIALIST TO GET DIAGNOSED FASTER AND REDUCE SUFFERING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED AND REVIEWED WITH THE AUDIT COMMITTEE FOR DISCUSSION AND COMMENT. A COPY OF THE 990 IS DISTRIBUTED TO ALL BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES OF THE CROHN'S & COLITIS FOUNDATION ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE FOUNDATION. THE FOUNDATION MONITORS COMPLIANCE WITH ITS CONFLICT

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OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT

THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE

INVESTIGATED IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15:

THE CROHN'S & COLITIS FOUNDATION IS DEPENDENT ON EXPERIENCED AND QUALIFIED

LEADERSHIP TO ACHIEVE ITS GOALS. FACTORS SUCH AS ANNUAL GROSS REVENUES,

MISSION EXPENDITURES, GEOGRAPHIC LOCATION, TENURE, AND INDIVIDUAL

PERFORMANCE HELP DETERMINE SENIOR LEADERSHIP COMPENSATION. THE PRESIDENT'S

COMPENSATION IS DETERMINED ON AN ANNUAL BASIS BY THE CHAIRMAN OF THE BOARD

WITH APPROVAL BY THE COMPENSATION AND BENEFITS COMMITTEE USING GUIDELINES

AND COMPARABLE DATA PROVIDED IN NATIONAL COMPENSATION STUDIES OF

EXECUTIVES.

THE FOUNDATION HAS AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND

VALIDATE THE COMPENSATION IT PAYS ITS EMPLOYEES. THE FOUNDATION'S PRACTICE

WILL BE TO CONTINUE TO RELY ON THE MOST RECENT SURVEY AND OTHER INDUSTRY

DATA COMPARING THE COMPENSATION THE FOUNDATION PAYS TO ITS EMPLOYEES WITH

COMPENSATION PAID TO EMPLOYEES OF OTHER NOT FOR PROFIT ORGANIZATIONS OF

SIMILAR SIZE. THE ORGANIZATION COMMISSIONED ITS LAST STUDY IN 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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, DE

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE AT

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WWW.CROHNSCOLITISFOUNDATION.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS

ARE POSTED ON ITS WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY WILL BE PROVIDED UPON REQUEST AT MANAGEMENT'S DISCRETION.

PART VIII - DONATED SERVICES

THE FOUNDATION RECEIVES CONSIDERABLE IN-KIND CONTRIBUTIONS IN THE FORM

OF DONATED PUBLIC SERVICE ANNOUNCEMENTS ON TELEVISION AND RADIO

STATEMENTS AND SERVICES RECEIVED FROM PHYSICIANS AND HEALTH

PROFESSIONALS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME IN

FURTHERANCE OF THE FOUNDATION'S MISSION. THE FAIR VALUE OF SUCH IN-KIND

CONTRIBUTIONS IS REFLECTED IN THE STATEMENT OF ACTIVITIES AS

CONTRIBUTED SERVICES AND AIRTIME REVENUE AND HEALTH PROFESSIONAL

EDUCATION AND PUBLIC INFORMATION PROGRAM SERVICE EXPENSE. SINCE DONATED

SERVICES ARE NOT REPORTED ON THE FORM 990, THE FOUNDATION HAS NOT

REPORTED THE CONTRIBUTED SERVICES AND AIRTIME ON SCHEDULE M OR PART

VIII, LINE 1(G). FOR THE YEAR ENDING DECEMBER 31, 2021, CONTRIBUTED

SERVICES AND AIRTIME AMOUNTED TO \$5,158,533.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MARKETING:

PROGRAM SERVICE EXPENSES	2,539,899.
MANAGEMENT AND GENERAL EXPENSES	1,028,826.
FUNDRAISING EXPENSES	292,081.
TOTAL EXPENSES	3,860,806.

TECHNOLOGY DEPARTMENT:

PROGRAM SERVICE EXPENSES	2,929,608.
MANAGEMENT AND GENERAL EXPENSES	0.

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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,929,608.

EDUCATIONAL DEPARTMENT:

PROGRAM SERVICE EXPENSES 1,474,276.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,474,276.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,264,690.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN REMAINDER TRUST VALUATIONS -1,818.

UNCOLLECTIBLE PLEDGES -329,933.

TOTAL TO FORM 990, PART XI, LINE 9 -331,751.