

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income TaxForm **990**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning** and ending

B Check if applicable:	C Name of organization CROHN'S & COLITIS FOUNDATION, INC.		D Employer identification number 13-6193105
<input type="checkbox"/> Address change	Doing business as		E Telephone number (800) 932-2423
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 733 THIRD AVENUE 510		F City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017
<input type="checkbox"/> Initial return			G Gross receipts \$ 92,874,168.
<input type="checkbox"/> Final return/terminated			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.CROHNSCOLITISFOUNDATION.ORG	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS (CONTINUED ON SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 28	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 28	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 388	
	6 Total number of volunteers (estimate if necessary)	6 5842	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 70,238,703.	Current Year 73,149,330.
	9 Program service revenue (Part VIII, line 2g)	6,695,152.	7,296,231.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	601,277.	-30,834.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	491,890.	1,076,496.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,027,022.	81,491,223.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,571,371.	26,029,225.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,709,531.	36,790,404.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	577,867.	569,406.
	b Total fundraising expenses (Part IX, column (D), line 25)	5,610,910.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,464,787.	19,180,865.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,323,556.	82,569,900.
	19 Revenue less expenses. Subtract line 18 from line 12	-296,534.	-1,078,677.
	20 Total assets (Part X, line 16)	Beginning of Current Year 57,664,028.	End of Year 57,441,645.
21 Total liabilities (Part X, line 26)	46,264,034.	51,378,795.	
22 Net assets or fund balances. Subtract line 21 from line 20	11,399,994.	6,062,850.	

Part II Signature Block

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

Sign Here	Signature of officer MICHAEL OSSO, PRESIDENT & CEO		Date
	Type or print name and title		
Paid	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature	Date Check <input type="checkbox"/> if self-employed PTIN P00741490
Preparer	Firm's name GRANT THORNTON LLP		Firm's EIN 36-6055558
Use Only	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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

FOR 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 No

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

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

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

4 Describe the 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 \$ 35,331,905. including grants of \$ 26,029,225.) (Revenue \$ 7,109,626.)

SINCE ITS INCEPTION, THE CROHN'S & COLITIS FOUNDATION HAS PROVIDED MORE
 THAN \$475 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 \$ 30,404,753. including grants of \$ 0.) (Revenue \$ 186,605.)

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 85% 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 (CONTINUED IN SCHEDULE O) PATIENTS. IN THE PAST YEAR, THE

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 65,736,658.

Form 990 (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 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>	3 X	
4 Section 501(c)(3) organizations. 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>	4 X	
5 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>	5 X	
6 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>	6 X	
7 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>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 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>	9 X	
10 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>	10 X	
11 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. <ul style="list-style-type: none"> a 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> 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> c 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> d 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> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f 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> 	11a X	
11b X	11b X	
11c X	11c X	
11d X	11d X	
11e X	11e X	
11f X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
12b 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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> 	14a X	
14b X	14b X	
15 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>	15 X	
16 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>	16 X	
17 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. See instructions</i>	17 X	
18 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>	18 X	
19 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>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 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>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	344
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	388
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	28
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?	2	X
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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
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.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	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?	10b	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	X
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?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		
b	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.	
	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> 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, box 6 of 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			
(1) MICHAEL OSSO PRESIDENT/CEO(NON-VOTING)	35.00	X	X				653,016.	0.	87,681.
	0.00								
(2) CAREN HELLER CHIEF SCIENCE OFFICER	35.00			X			408,303.	0.	17,287.
	0.00								
(3) ROHIT SURI CHIEF TECHNOLOGY OFFICER	35.00			X			298,668.	0.	21,099.
	0.00								
(4) MICHAEL ELKOW CHIEF FIELD OFFICER	35.00			X			272,254.	0.	21,063.
	0.00								
(5) JUDY HOFFSTEIN CHIEF MARKETING & COMMUNICATIONS OFF	35.00			X			253,433.	0.	26,887.
	0.00								
(6) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	35.00			X			266,582.	0.	12,084.
	0.00								
(7) JOHN MICHAEL MIZE EVP, BUSINESS DEVELOPMENT	35.00			X			258,070.	0.	13,636.
	0.00								
(8) ROBERT TERRITO CFO/COO (THRU 06/2022)	35.00		X				237,843.	0.	15,411.
	0.00								
(9) LAURA WINGATE EVP, EDUCATION, SUPPORT & ADVOCACY	35.00			X			226,232.	0.	15,805.
	0.00								
(10) MARISA MAYER CHIEF LEGAL OFFICER	35.00			X			204,166.	0.	15,354.
	0.00								
(11) ANTHONY LEON SVP, IT	35.00			X			188,560.	0.	26,458.
	0.00								
(12) ANGELA DOBES VICE PRESIDENT, IBD PLEXUS	35.00			X			192,045.	0.	8,386.
	0.00								
(13) JACK MATARASSO SVP, DIGITAL MARKETING	35.00			X			187,730.	0.	11,416.
	0.00								
(14) SHARON LUNGRIN COO (AS OF 07/2022)	35.00		X				118,178.	0.	2,134.
	0.00								
(15) ALESSANDRO DINELLO TREASURER	1.00	X	X				0.	0.	0.
	0.00								
(16) ALEX FUNDERBURG TRUSTEE	1.00	X					0.	0.	0.
	0.00								
(17) AMBER BACKHAUS TRUSTEE	1.00	X					0.	0.	0.
	0.00								

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			
(18) REP ANDER CRENSHAW TRUSTEE	1.00	X					0.	0.	0.
	0.00								
(19) ANNETTE MARTINEZ TRUSTEE	1.00	X					0.	0.	0.
	0.00								
(20) ARMIN RAHMANIAN TRUSTEE	1.00	X					0.	0.	0.
	0.00								
(21) AUDRA MILLER TRUSTEE (AS OF 03/2022)	1.00	X					0.	0.	0.
	0.00								
(22) BRENT POLK, MD CHAIRMAN	1.00	X	X				0.	0.	0.
	0.00								
(23) CHASE CARPENTER TRUSTEE (AS OF 03/2022)	1.00	X					0.	0.	0.
	0.00								
(24) DANIEL STONE TRUSTEE (AS OF 03/2022)	1.00	X					0.	0.	0.
	0.00								
(25) DAVID RUBIN, MD NSAC CHAIR	1.00	X	X				0.	0.	0.
	0.00								
(26) DEBORAH CRAWFORD TRUSTEE	1.00	X					0.	0.	0.
	0.00								
1b Subtotal							3,765,080.	0.	294,701.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							3,765,080.	0.	294,701.

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

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	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
C4G LLC DBA CLOUD FOR GOOD LLC P.O. BOX 200254, DALLAS, TX 75320-0254	CLOUD IMPLEMENTATION	2,001,715.
OLINK PROTEOMICS AB, DAG HAMMARSKJOLDS VAG 52B, UPPSALA, SE, SWEDEN 75237	BIOMARKER ANALYSIS SERVICE	1,608,910.
SRIJAN TECHNOLOGIES USA, INC, 2430 HWY 34, BUILDING B, STE. 22, MANASQUAN, NJ 08736	WEB DEVELOPMENT SERVICES	1,447,592.
NAGARRO, INC, 1737 N. FIRST STREET, SUITE 590, SAN JOSE, CA 95112	PROJECT SUPPORT	1,351,725.
SALESFORCE.COM, INC. P.O. BOX 203141, DALLAS, TX 75320-3141	SALESFORCE PLATFORM TRANSFER	992,034.
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	40	

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 (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				
(27) FRANK RUSSOMANO TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) JEFFREY MITTLEMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) JODI YELLEN SECRETARY	1.00 0.00	X	X					0.	0.	0.
(30) JOE MONK TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) JOEL ROSH, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) LORI SIEGEL RABINOWITZ TRUSTEE (AS OF 03/2022)	1.00 0.00	X						0.	0.	0.
(33) MARCY BETH NANUS TRUSTEE (THRU 03/2022)	1.00 0.00	X						0.	0.	0.
(34) MARK MURRAY, PHD TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) MEENA BEWTRA TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MICHELE KISSOUS-HUNT TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) NOEL BROWN TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) PETER HIGGINS, MD, PHD, MSC NSAC CHAIR ELECT (AS OF 03/2022)	1.00 0.00	X	X					0.	0.	0.
(39) RHONDA BOLDING TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) SEAN KELLEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) TOLULOPE FALAIYE, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) TROY VOLBERTSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) 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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,281,980.			
	b Membership dues	1b			
	c Fundraising events	1c 26,529,920.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 6,269,967.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 39,067,463.			
	g Noncash contributions included in lines 1a-1f	1g \$ 522,295.			
	h Total. Add lines 1a-1f		73,149,330.		
Program Service Revenue	2 a IBD PLEXUS DATABASE AC	Business Code 900099	7,109,626.	7,109,626.	
	b EDUCATION & CAMP REGIS	900099	186,605.	186,605.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		7,296,231.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		384,080.		384,080.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		795,569.		795,569.
	6 a Gross rents	(i) Real 6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities 7a 4,766,584.			
	b Less: cost or other basis and sales expenses	7b 5,181,498.			
	c Gain or (loss)	7c -414,914.			
	d Net gain or (loss)		-414,914.		-414,914.
	8 a Gross income from fundraising events (not including \$ 26,529,920. of contributions reported on line 1c). See Part IV, line 18	8a 5,536,023.			
	b Less: direct expenses	8b 5,938,808.			
	c Net income or (loss) from fundraising events		-402,785.		-402,785.
	9 a Gross income from gaming activities. See Part IV, line 19	9a 665,424.			
	b Less: direct expenses	9b 262,639.			
	c Net income or (loss) from gaming activities		402,785.		402,785.
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a IBD JOURNAL STIPENDS	Business Code 900099	112,551.		112,551.
	b SETTLEMENT PROCEEDS	900099	87,815.		87,815.
	c REBATES/REFUNDS	900099	18,940.		18,940.
	d All other revenue	900099	61,621.		61,621.
	e Total. Add lines 11a-11d		280,927.		
	12 Total revenue. See instructions		81,491,223.	7,296,231.	0. 1,045,662.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,430,962.	23,430,962.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,598,263.	2,598,263.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,983,632.	2,088,539.	592,240.	302,853.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,396,672.	17,077,646.	4,842,648.	2,476,378.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,090,203.	763,141.	216,401.	110,661.
9 Other employee benefits	4,228,809.	2,960,162.	839,403.	429,244.
10 Payroll taxes	4,091,088.	2,863,757.	812,066.	415,265.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,183.	1,792.	8,391.	
c Accounting	717,380.		717,380.	
d Lobbying	447,664.	447,664.		
e Professional fundraising services. See Part IV, line 17	569,406.			569,406.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,680,504.	7,372,144.		308,360.
12 Advertising and promotion	792,723.	487,768.	201,774.	103,181.
13 Office expenses	436,219.	276,184.	105,887.	54,148.
14 Information technology	2,356,416.	1,338,637.	1,008,628.	9,151.
15 Royalties				
16 Occupancy	1,823,819.	1,123,845.	463,139.	236,835.
17 Travel	1,232,690.	815,294.	276,170.	141,226.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	116,704.	114,351.	1,557.	796.
20 Interest	53,527.		53,527.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	725,376.	446,329.	184,632.	94,415.
23 Insurance	394,356.		394,356.	
24 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.)				
a PUBLICATIONS	681,429.	420,342.	172,749.	88,338.
b TELEPHONE/COMMUNICATION	585,295.	373,093.	140,404.	71,798.
c POSTAGE	465,333.	286,936.	118,037.	60,360.
d BANK/CC PROCESSING FEES	265,955.	180,914.	29,338.	55,703.
e All other expenses	395,292.	268,895.	43,605.	82,792.
25 Total functional expenses. Add lines 1 through 24e	82,569,900.	65,736,658.	11,222,332.	5,610,910.
26 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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	17,745,545.	2	7,073,358.
	3 Pledges and grants receivable, net	7,078,400.	3	10,122,054.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	914,717.	8	855,202.
	9 Prepaid expenses and deferred charges	2,646,181.	9	6,311,561.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,677,722.		
	b Less: accumulated depreciation	10b 6,032,409.	10c 1,696,742.	10c 3,645,313.
	11 Investments - publicly traded securities	26,691,956.	11	19,004,198.
	12 Investments - other securities. See Part IV, line 11	587,914.	12	541,231.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	302,573.	15	9,888,728.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	57,664,028.	16	57,441,645.
Liabilities	17 Accounts payable and accrued expenses	8,984,303.	17	6,768,360.
	18 Grants payable	28,503,624.	18	31,325,222.
	19 Deferred revenue	6,368,699.	19	3,342,842.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,407,408.	25	9,942,371.
	26 Total liabilities. Add lines 17 through 25	46,264,034.	26	51,378,795.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,576,676.	27	-3,383,860.
	28 Net assets with donor restrictions	7,823,318.	28	9,446,710.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,399,994.	32	6,062,850.
	33 Total liabilities and net assets/fund balances	57,664,028.	33	57,441,645.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	81,491,223.
2 Total expenses (must equal Part IX, column (A), line 25)	2	82,569,900.
3 Revenue less expenses. Subtract line 2 from line 1	3	-1,078,677.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,399,994.
5 Net unrealized gains (losses) on investments	5	-3,843,291.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-415,176.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,062,850.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	x
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	x
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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?	2c	x
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
3b 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	3b	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,009,903.	66,405,320.	68,767,470.	70,283,703.	73,149,330.	345,615,726.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	67,009,903.	66,405,320.	68,767,470.	70,283,703.	73,149,330.	345,615,726.
5 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)						15,301,504.
6 Public support. Subtract line 5 from line 4.						330,314,222.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	67,009,903.	66,405,320.	68,767,470.	70,283,703.	73,149,330.	345,615,726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	615,382.	729,709.	1,068,979.	785,188.	1,179,657.	4,378,915.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,568,811.	8,185,352.	2,853,979.	4,304,157.	6,482,374.	30,394,673.
11 Total support. Add lines 7 through 10						380,389,314.
12 Gross receipts from related activities, etc. (see instructions)					12	29,727,370.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	86.84	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.92	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
<input checked="" type="checkbox"/>			
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
<input type="checkbox"/>			

Schedule A (Form 990) 2022

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

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)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.

c 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)? 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.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 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? If "Yes," provide detail in **Part VI**.

7 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? If "Yes," complete **Part I** of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I** of Schedule L (Form 990).

9a 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))? If "Yes," provide detail in **Part VI**.

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? If "Yes," provide detail in **Part VI**.

c 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? If "Yes," provide detail in **Part VI**.

10a 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)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
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?	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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 Distributable Amount. 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).			

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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 ACTIVITY2018 AMOUNT: \$ 7,371,177.2019 AMOUNT: \$ 6,822,830.2020 AMOUNT: \$ 1,976,400.2021 AMOUNT: \$ 3,518,883.2022 AMOUNT: \$ 5,536,023.GROSS INCOME FROM GAMING ACTIVITY2018 AMOUNT: \$ 245,140.2019 AMOUNT: \$ 493,196.2020 AMOUNT: \$ 491,848.2021 AMOUNT: \$ 631,617.2022 AMOUNT: \$ 665,424.MISCELLANEOUS2018 AMOUNT: \$ 892,774.2019 AMOUNT: \$ 827,420.2020 AMOUNT: \$ 76,393.2021 AMOUNT: \$ 11,659.2022 AMOUNT: \$ 55,324.VEHICLE DONATION PROGRAM2018 AMOUNT: \$ 57,422.2019 AMOUNT: \$ 41,745.2020 AMOUNT: \$ 23,225.2021 AMOUNT: \$ 27,421.

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.)

2022 AMOUNT: \$ 6,297.

CLUBS AND ORGANIZATIONS

2018 AMOUNT: \$ 2,298.

2019 AMOUNT: \$ 161.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

IBD JOURNAL STIPENDS

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 232,480.

2021 AMOUNT: \$ 114,577.

2022 AMOUNT: \$ 112,551.

REBATES/REFUNDS

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 53,633.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 18,940.

SETTLEMENT PROCEEDS

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

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: \$ 0.

2022 AMOUNT: \$ 87,815.

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 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

Organization type (check one):**Filers of:**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 organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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

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		\$ 3,581,084.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
2		\$ 3,394,461.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
3		\$ 3,392,191.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
4		\$ 2,023,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
5		\$ 2,000,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
6		\$ 2,000,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

Name of organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

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
7		\$ 1,500,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
8		\$ 1,463,713.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

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
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		258,103.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		184,304.
j Total. Add lines 1c through 1i			442,407.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2	
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditures next year?	4	
5 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-B, 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 2022, THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION")

EMPLOYED THE SERVICES OF A PROFESSIONAL CONSULTANT TO KEEP THE

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

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

2022, EXPENSES INCURRED TOTALLED \$184,304.

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 2022 WERE \$178,236.

THE FOUNDATION HOLDS A "DAY ON THE HILL" EVENT EVERY YEAR, IN WHICH

PATIENTS SUFFERING WITH IBD DISCUSS PROPOSED HEALTHCARE BILLS WITH

LEGISLATORS. THE "DAY ON THE HILL EVENT" WAS HELD VIRTUALLY IN

CALENDAR YEAR 2022, FOR WHICH EXPENSES INCURRED WERE \$79,687.

EXPENDITURES OF \$79,867 FOR THE DAY ON THE HILL EVENT HAVE BEEN

REPORTED ON SCHEDULE C, PART II-B, 1(G). INCLUDED WITHIN THE \$79,867

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 for instructions and the latest information.

OMB No. 1545-0047

2022Open 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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements	Held at the End of the Tax Year
2a	
2b	
2c	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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) 2022

232051 09-01-22

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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:

(i) Unrelated organizations

(ii) Related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

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

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		515,305.	391,466.	123,839.
d Equipment		1,900,342.	1,602,554.	297,788.
e Other		7,262,075.	4,038,389.	3,223,686.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,645,313.

Schedule D (Form 990) 2022

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)		
Total. (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)		
Total. (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) OPERATING LEASE - RIGHT OF USE ASSET	9,623,722.
(2) REINSURANCE CONTRACTS	214,895.
(3) CHARITABLE REMAINDER TRUST	50,111.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,888,728.

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) OPERATING LEASE LIABILITY	9,727,476.
(3) REINSURANCE CONTRACTS	214,895.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,942,371.

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.

1	Total revenue, gains, and other support per audited financial statements	1	88,458,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,843,291.
b	Donated services and use of facilities	2b	10,836,205.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-25,286.
e	Add lines 2a through 2d	2e	6,967,628.
3	Subtract line 2e from line 1	3	81,491,223.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	81,491,223.

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.

1	Total expenses and losses per audited financial statements	1	93,795,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,836,205.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	389,890.
e	Add lines 2a through 2d	2e	11,226,095.
3	Subtract line 2e from line 1	3	82,569,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	82,569,900.

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 VALUATION	-25,286.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES	389,890.
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PART IX, RIGHT-OF-USE ASSETS:

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE

ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR CROHN'S & COLITIS

FOUNDATION, INC. IN THE YEAR ENDING DECEMBER 31, 2022. THIS ACCOUNTING

STANDARD WAS EFFECTUATED TO IMPROVE THE TRANSPARENCY SURROUNDING KEY

INFORMATION PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING ARRANGEMENTS

(AND TO ENSURE THAT ALL ORGANIZATIONS WERE RECORDING THE TRANSACTIONS

UNIFORMLY ON THEIR BALANCE SHEETS).

SCHEDULE F
(Form 990)**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Attach to Form 990.

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	GRANTMAKING	RESEARCH	3,508,422.
NORTH AMERICA	0	0	GRANTMAKING	RESEARCH	1,150,347.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	RESEARCH	275,647.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	RESEARCH	250,000.
3 a Subtotal	0	0			5,184,416.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,184,416.

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

Schedule F (Form 990) 2022

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	32,995.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	54,269.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	88,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	65,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	53,212.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	225,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	250,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	250,000.	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 ► 25

3 Enter total number of other organizations or entities ► 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	225,000.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	54,954.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	106,647.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	54,993.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	418,631.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	104,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	106,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	92,664.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	54,991.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	303,658.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	58,250.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	91,778.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	1,608,910.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	250,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	235,465.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	250,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	150,000.	BANK WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 2 TO 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.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Go to 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

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND

NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, ID, WA, WI, WV, WY

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

Schedule G (Form 990) 2022

SEE PART IV FOR CONTINUATIONS

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 TAKE STEPS (event type)	(b) Event #2 TEAM CHALLENGE (event type)	(c) Other events 124 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	9,454,792.	1,553,155.	21,057,996.	32,065,943.
	2 Less: Contributions	8,435,116.	1,362,009.	16,732,795.	26,529,920.
	3 Gross income (line 1 minus line 2)	1,019,676.	191,146.	4,325,201.	5,536,023.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	468,040.	9,132.	3,229,051.	3,706,223.
	7 Food and beverages				
	8 Entertainment	112,606.	49,247.	714,051.	875,904.
	9 Other direct expenses	439,030.	132,767.	784,884.	1,356,681.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,938,808.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-402,785.

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))
Revenue	1 Gross revenue			665,424.	665,424.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			78,661.	78,661.
	4 Rent/facility costs				
	5 Other direct expenses			183,978.	183,978.
	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)				262,639.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				402,785.

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 JAIME BLANDA

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 ACTVITIES:

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 35 CHAPTERS HELD RAFFLES IN 25 STATES: ALABAMA,

ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA,

ILLINOIS, INDIANA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN,

MINNESOTA, MISSOURI, NEBRASKA, NEW JERSEY, NEW YORK, NORTH CAROLINA,

OHIO, PENNSYLVANIA, TEXAS, VIRGINIA, WASHINGTON, WISCONSIN.

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 for the latest information.

2022

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.

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE, BRONX - NEW YORK, NY 10461	47-2209056	501(C)3	57,915.	0.			RESEARCH
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - P.O. BOX 41867 - TUCSON, AZ 85717	74-2652689	501(C)3	154,810.	0.			RESEARCH
BAYLOR UNIVERSITY MEDICAL CENTER 301 N WASHINGTON AVENUE DALLAS, TX 75246	75-2536818	501(C)3	138,043.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, SUIT 6401 - MADISON, WI 53715	39-6006492	501(C)3	46,797.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	146,995.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)3	167,033.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 63.

3 Enter total number of other organizations listed in the line 1 table

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	246,079.	0.			RESEARCH
CEDARS - SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-16444600	501(C)3	417,304.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)3	342,664.	0.			RESEARCH
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)3	14,498.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	334,600.	0.			RESEARCH
DARTMOUTH - HITCHCOCK MEDICAL CENTER - ONE MEDICAL CENTER DRIVE - LEBANON, NH 03756	22-2519596	501(C)3	675,241.	0.			RESEARCH
DUKE UNIVERSITY P.O. BOX 104132 DURHAM, NC 27708	56-0532129	501(C)3	115,830.	0.			RESEARCH
ENLISENSE LIMITED LIABILITY CORPORATION LLC - 1813 AUDUBON POND WAY - ALLEN, TX 75013	47-2651765	501(C)3	250,000.	0.			RESEARCH
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION. INC. - 58 EDGEWOOD AVENUE NE, 3RD FLOOR - ATLANTA, GA 30303	58-1845423	501(C)3	194,850.	0.			RESEARCH

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
GUSTO GLOBAL, LLC 2025 CASSAMIA PL. CHARLOTTE, NC 28211	47-4204893	501(C)3	278,000.	0.			RESEARCH
HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVE, 2ND FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	104,479.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501(C)3	165,349.	0.			RESEARCH
INDIANA UNIVERSITY 400 EAST 7TH STREET, RM 501 BLOOMINGTON, IN 47405	35-6001673	501(C)3	75,669.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 3910 KESWICK ROAD, N4327-B - BALTIMORE, MD 21211	52-0595110	501(C)3	225,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	49,190.	0.			RESEARCH
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)3	43,391.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)3	270,541.	0.			RESEARCH
PROGENITY, INC. 4330 LA JOLLA VILLAGE DRIVE, STE 20 SAN DIEGO, CA 92122	27-3950390	501(C)3	50,000.	0.			RESEARCH

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
RADY CHILDREN'S HOSPITAL FOUNDATION - SAN DIEGO - 3020 CHILDRENS WAY MC 5001 - SAN DIEGO, CA 92123	33-0170626	501(C)3	19,570.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - TWIN CITIES - 2221 UNIVERSITY AVE SE, SUITE 100 - MINNEAPOLIS, MN 55414	41-6007513	501(C)3	104,000.	0.			RESEARCH
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854	46-2354111	501(C)3	33,000.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY MAIL CODE 8838 - REDWOOD CITY, CA 94063	94-1156365	501(C)3	58,250.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 506 S WRIGHT ST. - URBANA, IL 61801	37-6000511	501(C)3	115,830.	0.			RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501(C)3	193,883.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 118 UNIVERSITY HALL - COLUMBIA, MO 65211	43-6003859	501(C)3	33,099.	0.			RESEARCH
THE MAYO CLINIC COLLEGE OF MEDICINE - MAYO CLINIC 200 FIRST ST. SW - ROCHESTER, MN 55905	41-6011702	501(C)3	123,586.	0.			RESEARCH
THE MEDICAL COLLEGE OF WISCONSIN 9802 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)3	46,797.	0.			RESEARCH

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 PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE - HERSEY, PA 17033	24-6000376	501(C)3	90,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1850 RESEARCH PARK DRIVE - DAVIS, CA 95618	94-6036494	501(C)3	92,664.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 2114 PVUB - LOS ANGELES, CA 90095	95-6006143	501(C)3	692,063.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0953	95-6006144	501(C)3	298,365.	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	161,915.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	38-6006309	501(C)3	443,812.	0.			RESEARCH
THE RESEARCH TRIANGLE INSTITUTE P.O. BOX 12194 TRIANGLE PARK, NC 27709	56-0686338	501(C)3	85,455.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 6053 S DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(C)3	442,276.	0.			RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 103 S BUILDING CAMPUS BOX 9100 - CHAPEL HILL, NC 27599	56-6001393	501(C)3	623,907.	0.			RESEARCH

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 UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD. - GALVESTON, TX 75555	74-6000949	501(C)3	88,000.	0.			RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P.O. BOX 785541 - PHILADELPHIA, PA 17178	23-1352685	501(C)3	281,100.	0.			RESEARCH
TULANE UNIVERSITY HEALTH SCIENCES CENTER - 6823 ST. CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501(C)3	92,664.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 20TH ST. - BIRMINGHAM, AL 35294	63-6005396	501(C)3	315,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-2872494	501(C)3	40,000.	0.			RESEARCH
UNIVERSITY OF CINCINNATI 260 STETSON ST. SUITE 4263 CINCINNATI, OH 45267	31-6000989	501(C)3	43,898.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER 2199 S UNIVERSITY BLVD DENVER, CO 80208	84-0404231	501(C)3	373,288.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 220 N. ARCH ST. BALTIMORE, MD 21201	52-6002033	501(C)3	528,513.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCHESTER, MA 01605	04-3167352	501(C)3	90,000.	0.			RESEARCH

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 PITTSBURGH UNIVERSITY CLUB 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)3	188,050.	0.			RESEARCH
UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	501(C)3	90,000.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 411 SALT LAKE CITY, UT 84112	87-6000525	501(C)3	45,000.	0.			RESEARCH
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)3	39,000.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE. SOUTH, SUITE D3300 MCN - NASHVILLE, TN 37232	35-2528741	501(C)3	1,017,114.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)3	414,556.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)3	588,047.	0.			RESEARCH
YALE UNIVERSITY P.O. BOX 208239 NEW HAVEN, CT 65208	06-6466973	501(C)3	104,000.	0.			RESEARCH

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 2 TO 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.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**

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

OMB No. 1545-0047

2022Open to Public
Inspection

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

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?

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?

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

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

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?

b Any related organization?

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?

b Any related organization?

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

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

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

Yes**No****1b****2****4a**

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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) 538,016.	115,000.	0.	83,675.	4,006.	740,697.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) CAREN HELLER CHIEF SCIENCE OFFICER	(i) 396,303.	12,000.	0.	17,287.	0.	425,590.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) ROHIT SURI CHIEF TECHNOLOGY OFFICER	(i) 286,668.	12,000.	0.	11,025.	10,074.	319,767.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL ELKOW CHIEF FIELD OFFICER	(i) 266,254.	6,000.	0.	12,195.	8,868.	293,317.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) JUDY HOFFSTEIN CHIEF MARKETING & COMMUNICATIONS OFF	(i) 242,433.	11,000.	0.	9,462.	17,425.	280,320.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	(i) 255,582.	11,000.	0.	12,084.	0.	278,666.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) JOHN MICHAEL MIZE EVP, BUSINESS DEVELOPMENT	(i) 248,070.	10,000.	0.	7,983.	5,653.	271,706.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) ROBERT TERRITO CFO/COO (THRU 06/2022)	(i) 225,843.	12,000.	0.	11,581.	3,830.	253,254.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) LAURA WINGATE EVP, EDUCATION, SUPPORT & ADVOCACY	(i) 218,232.	8,000.	0.	10,487.	5,318.	242,037.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) MARISA MAYER CHIEF LEGAL OFFICER	(i) 198,966.	5,200.	0.	9,636.	5,718.	219,520.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) ANTHONY LEON SVP, IT	(i) 185,060.	3,500.	0.	9,808.	16,650.	215,018.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) ANGELA DOBES VICE PRESIDENT, IBD PLEXUS	(i) 188,045.	4,000.	0.	8,386.	0.	200,431.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) JACK MATARASSO SVP, DIGITAL MARKETING	(i) 184,430.	3,300.	0.	8,326.	3,090.	199,146.	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 2022, 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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 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	95	522,295	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	

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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.

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

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

250,000 BIOSAMPLES (BLOOD, STOOL, AND INTESTINAL TISSUE).

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

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

Schedule O (Form 990) 2022

Name of the organization	CROHN'S & COLITIS FOUNDATION, INC.	Employer identification number 13-6193105
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SURGICAL OUTCOMES IN IBD, WITH OVER 50 CENTERS PARTICIPATING.

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

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

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

Name of the organization CROHN'S & COLITIS FOUNDATION, INC.	Employer identification number 13-6193105
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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
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 CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") HAS UTILIZED THE
SERVICES OF CAR PROGRAM, INC., AN ORGANIZATION THAT RECEIVES DONATED
VEHICLES, SELLS THEM AND REMITS THE NET PROCEEDS TO SEVERAL CHARITABLE

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

ORGANIZATIONS. THE VEHICLES ARE NOT DONATED DIRECTLY TO THE FOUNDATIONNOR DOES THE FOUNDATION HAVE OWNERSHIP RIGHTS TO THEM. IN 2022, THEFOUNDATION RECEIVED \$6,297 IN REVENUES FROM THIS PROGRAM.ADDITIONALLY, THE FOUNDATION RECEIVES CONSIDERABLE IN-KINDCONTRIBUTIONS IN THE FORM OF DONATED PUBLIC SERVICE ANNOUNCEMENTS ONTELEVISION AND RADIO STATEMENTS AND SERVICES RECEIVED FROM PHYSICIANSAND HEALTH PROFESSIONALS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS OFTHEIR TIME IN FURTHERANCE OF THE FOUNDATION'S MISSION. THE FAIR VALUEOF SUCH IN-KIND CONTRIBUTIONS IS REFLECTED IN THE STATEMENT OFACTIVITIES AS CONTRIBUTED SERVICES AND AIRTIME REVENUE AND HEALTHPROFESSIONAL EDUCATION AND PUBLIC INFORMATION PROGRAM SERVICE EXPENSE.SINCE DONATED SERVICES ARE NOT REPORTED ON THE FORM 990, THE FOUNDATIONHAS NOT REPORTED THE CONTRIBUTED SERVICES AND AIRTIME ON SCHEDULE M ORPART VIII, LINE 1(G). FOR THE YEAR ENDING DECEMBER 31, 2022,CONTRIBUTED SERVICES AND AIRTIME AMOUNTED TO \$10,836,205.FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:UNCOLLECTIBLE PLEDGES -389,890.CHANGES IN REMAINDER TRUST VALUATIONS -25,286.TOTAL TO FORM 990, PART XI, LINE 9 -415,176.