TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently $1.00 for the first page and $0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

** PUBLIC DISCLOSURE COPY **

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 **2023** Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: Address change / Name change / Initial return / Final return/terminated / Amended return / Application pending

C Name of organization: CROHN'S & COLITIS FOUNDATION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 733 THIRD AVENUE 510
City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10017

D Employer identification number: 13-6193105
E Telephone number: (800) 932-2423
G Gross receipts $ 97,428,090.

F Name and address of principal officer: MICHAEL OSSO
733 THIRD AVENUE, NEW YORK, NY 10017

H(a) Is this a group return for subordinates? Yes [ ] No [X]
H(b) Are all subordinates included? Yes [ ] No [ ]
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527
J Website: WWW.CROHNSCOLITISFOUNDATION.ORG
K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] 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 [ ] 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 2023 (Part V, line 2a)	5	377
6	Total number of volunteers (estimate if necessary)	6	5805
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.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	73,149,330.	68,707,768.
	9	Program service revenue (Part VIII, line 2g)	7,296,231.	11,417,426.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-30,834.	729,260.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,076,496.	910,794.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,491,223.	81,765,248.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,029,225.	23,694,643.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,790,404.	41,392,158.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	569,406.	651,257.
	b	Total fundraising expenses (Part IX, column (D), line 25) 6,308,633.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,180,865.	20,799,921.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	82,569,900.	86,537,979.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,078,677.	-4,772,731.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	57,441,645.	54,000,124.
	21	Total liabilities (Part X, line 26)	51,378,795.	52,035,314.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,062,850.	1,964,810.

Part II Signature Block

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

Sign Here
Signature of officer — Date
MICHAEL OSSO, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: SCOTT THOMPSETT | Preparer's signature | Date | Check [ ] if self-employed | PTIN P00741490
Firm's name: GRANT THORNTON ADVISORS LLC | Firm's EIN 99-1856619
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 [X] Yes [ ] No

Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
CROHN'S & COLITIS FOUNDATION, INC.

Taxpayer identification number (TIN)
13-6193105

Number, street, and room or suite no. If a P.O. box, see instructions.
733 THIRD AVENUE 510

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
NEW YORK, NY 10017

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

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

Telephone No. (646) 943-7437 Fax No.

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] calendar year 20 23 or
tax year beginning ______, 20 ___, and ending ______, 20 ___

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOR OVER FIVE DECADES, THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") HAS BEEN DEDICATED TO ITS MISSION OF FINDING A CURE FOR CROHN'S DISEASE AND ULCERATIVE COLITIS AND IMPROVING THE QUALITY OF LIFE OF CHILDREN AND ADULTS AFFECTED BY THESE DISEASES. (SEE SCHED O).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 35,467,028. including grants of $ 23,694,643.) (Revenue $ 11,191,911.)
SINCE ITS INCEPTION, THE CROHN'S & COLITIS FOUNDATION HAS PROVIDED MORE THAN $500 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 $ 33,115,614. including grants of $ 0.) (Revenue $ 225,515.)
THE CROHN'S & COLITIS FOUNDATION PROVIDES INFORMATION AND EDUCATION FOR THE MILLIONS OF INDIVIDUALS WITH IBD AND THEIR LOVED ONES THROUGH A VARIETY OF CHANNELS AT THE NATIONAL AND LOCAL LEVEL INCLUDING IN-PERSON AND WEB-BASED EDUCATION, SUPPORT PROGRAMS INCLUDING PEDIATRIC AND ADULT FOCUS INITIATIVES, IBD HELP CENTER ANSWERING QUESTIONS AND PROVDING SUPPORT FOR THOSE WITH IBD, AND NUMEROUS PRINTED MATERIALS PROVIDINGACCURATE AND UP-TO-DATE INFORMATION. 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 PATIENTS. (CONTINUED IN SCHEDULE O)

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

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

4e Total program service expenses 68,582,642.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? 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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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? *If "Yes," complete Schedule D, Part VII*	11b		X
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? *If "Yes," complete Schedule D, Part VIII*	11c		X
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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I.* See instructions	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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
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):			
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
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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 noncash 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
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 Compliance

Check 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	381			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
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 377			
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).**				
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?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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.		13a		
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
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? If "Yes," complete Form 6069.		17		

Part VI Governance, Management, and Disclosure.

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

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

Section A. Governing Body and Management

				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.				
b	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:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) MICHAEL OSSO PRESIDENT/CEO(NON-VOTING)	35.00 0.00	X		X				770,337.	0.	87,698.
(2) ROHIT SURI CHIEF TECHNOLOGY OFFICER	35.00 0.00				X			312,346.	0.	63,683.
(3) MICHAEL ELKOW CHIEF FIELD OFFICER	35.00 0.00				X			280,491.	0.	51,304.
(4) SHARON LUNGRIN CHIEF OP. OFF./CHIEF FIN. OFF.	35.00 0.00			X				269,413.	0.	57,219.
(5) JOHN MICHAEL MIZE EVP, BUSINESS DEVELOPMENT	35.00 0.00				X			266,918.	0.	55,322.
(6) CAREN HELLER CHIEF SCIENCE OFFICER	35.00 0.00				X			294,246.	0.	18,253.
(7) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	35.00 0.00				X			274,705.	0.	22,153.
(8) JUDY HOFFSTEIN CHIEF MKTNG. & COMM. OFFCR.	35.00 0.00				X			238,360.	0.	44,521.
(9) MARISA MAYER CHIEF LEGAL OFFICER	35.00 0.00					X		225,111.	0.	57,620.
(10) LAURA WINGATE EVP, EDU., SUPPORT & ADVOCACY	35.00 0.00					X		226,326.	0.	34,702.
(11) JAIME BLANDA SENIOR VICE PRESIDENT, FINANCE	35.00 0.00					X		219,590.	0.	26,924.
(12) ANGELA DOBES VICE PRESIDENT, IBD PLEXUS	35.00 0.00					X		209,622.	0.	15,826.
(13) ANDRES HURTADO-LORENZO SENIOR VICE PRESIDENT, TR & IBDV	35.00 0.00					X		202,615.	0.	16,191.
(14) ALESSANDRO DINELLO TREASURER (THRU 03/2023)	1.00 0.00	X		X				0.	0.	0.
(15) ALEX FUNDERBURG TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) AMBER BACKHAUS TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) REP ANDER CRENSHAW TRUSTEE (THRU 03/2023)	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) ANNETTE MARTINEZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) ARMIN RAHMANIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) AUDRA MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) BRENT POLK, MD CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(22) CHASE CARPENTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) CHERYL GUERIN TRUSTEE (AS OF 03/2023)	1.00 0.00	X						0.	0.	0.
(24) DANIEL STONE TREASURER (AS OF 03/2023)	1.00 0.00	X		X				0.	0.	0.
(25) DAVID RUBIN, MD NSAC CHAIR	1.00 0.00	X		X				0.	0.	0.
(26) DEBORAH CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,790,080.	0.	551,416.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,790,080.	0.	551,416.

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 115

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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 PO BOX 200254, DALLAS, TX 75320-0254	CLOUD IMPLEMENTATION	2,400,851.
NAGARRO, INC., 1737 N. FIRST STREET, SUITE 590, SAN JOSE, CA 95112	PROJECT SUPPORT	1,542,758.
SRIJAN TECHNOLOGIES USA,INC, 2430 HIGHWAY 34, BUILDING B, SUITE 22, MANASQUAN, NJ	WEB DEVELOPMENT SERVICES	1,423,376.
SALESFORCE.COM, INC. P.O. BOX 203141, DALLAS, TX 75320-3141	DATABASE/IT SERVICES	952,611.
DELOITTE CONSULTING LLP 4022 BELLE DRIVE, HERMINTAGE, TN 37076	IT SUPPORT	836,967.

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 31

SEE PART VII, SECTION A CONTINUATION SHEETS

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) FRANK RUSSOMANO	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(28) JEFFREY MITTLEMAN	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(29) JODI YELLEN	1.00									
SECRETARY	0.00	X		X				0.	0.	0.
(30) JOE MONK	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(31) JOEL ROSH, MD	1.00									
TRUSTEE (THRU 03/2023)	0.00	X						0.	0.	0.
(32) JOHN CAPODILUNO	1.00									
TRUSTEE (AS OF 03/2023)	0.00	X						0.	0.	0.
(33) KELLY ISSOKSON, MS,RD,CNSC	1.00									
TRUSTEE (AS OF 03/2023)	0.00	X						0.	0.	0.
(34) KEVIN HARLEN	1.00									
TRUSTEE (AS OF 03/2023)	0.00	X						0.	0.	0.
(35) LORI SIEGEL RABINOWITZ	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(36) MARK MURRAY, PHD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(37) MEENA BEWTRA	1.00									
TRUSTEE (THRU 03/2023)	0.00	X						0.	0.	0.
(38) MICHELE KISSOUS-HUNT	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(39) NICHOLAS UZL	1.00									
TRUSTEE (AS OF 03/2023)	0.00	X						0.	0.	0.
(40) NOEL BROWN	1.00									
TRUSTEE (THRU 03/2023)	0.00	X						0.	0.	0.
(41) PETER HIGGINS, MD, PHD, MSC	1.00									
NSAC CHAIR ELECT	0.00	X		X				0.	0.	0.
(42) RHONDA BOLDING	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(43) SEAN KELLEY	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(44) TOLULOPE FALAIYE, MD	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(45) TROY VOLLERTSEN	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(46) SHELBY MODELL	1.00									
CO-FOUNDER/TRUSTEE	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

			(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	1,254,587.				
b Membership dues	1b					
c Fundraising events	1c	25,425,654.				
d Related organizations	1d					
e Government grants (contributions)	1e	473,436.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	41,554,091.				
g Noncash contributions included in lines 1a-1f	1g	$ 604,919.				
h **Total.** Add lines 1a-1f			68,707,768.			
Program Service Revenue		Business Code				
2 a IBD PLEXUS DATABASE AC		900099	10,922,396.	10,922,396.		
b PCORI RESEARCH STUDY		900099	269,515.	269,515.		
c EDUCATION & CAMP REGIS		900099	225,515.	225,515.		
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			11,417,426.			
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts)			475,561.			475,561.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			597,854.			597,854.
	(i) Real	(ii) Personal				
6 a Gross rents 6a						
b Less: rental expenses 6b						
c Rental income or (loss) 6c						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7 a Gross amount from sales of assets other than inventory 7a	9,223,245.					
b Less: cost or other basis and sales expenses 7b	8,969,546.					
c Gain or (loss) 7c	253,699.					
d Net gain or (loss)			253,699.			253,699.
8 a Gross income from fundraising events (not including $ 25,425,654. of contributions reported on line 1c). See Part IV, line 18	8a	6,047,358.				
b Less: direct expenses	8b	6,424,164.				
c Net income or (loss) from fundraising events			-376,806.			-376,806.
9 a Gross income from gaming activities. See Part IV, line 19	9a	645,938.				
b Less: direct expenses	9b	269,132.				
c Net income or (loss) from gaming activities			376,806.			376,806.
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		Business Code				
11 a IBD JOURNAL STIPENDS		900099	242,704.			242,704.
b REBATES/REFUNDS		900099	42,089.			42,089.
c VEHICLE DONATION PRGM		900099	27,688.			27,688.
d All other revenue		900099	459.			459.
e **Total.** Add lines 11a-11d			312,940.			
12 **Total revenue.** See instructions			81,765,248.	11,417,426.	0.	1,640,054.

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	20,365,558.	20,365,558.		
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	3,329,085.	3,329,085.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,106,969.	2,222,538.	573,685.	310,746.
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	28,186,811.	20,163,148.	5,204,538.	2,819,125.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,081,039.	773,310.	199,608.	108,121.
9 Other employee benefits	5,074,530.	3,630,013.	936,984.	507,533.
10 Payroll taxes	3,942,809.	2,820,448.	728,018.	394,343.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,760.		24,760.	
c Accounting	172,249.		172,249.	
d Lobbying	118,336.	118,336.		
e Professional fundraising services. See Part IV, line 17	651,257.			651,257.
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.)	8,151,114.	7,658,697.	151,443.	340,974.
12 Advertising and promotion	753,875.	474,833.	181,000.	98,042.
13 Office expenses	603,236.	385,428.	141,281.	76,527.
14 Information technology	2,254,362.	1,375,431.	872,330.	6,601.
15 Royalties				
16 Occupancy	1,982,346.	1,250,301.	474,840.	257,205.
17 Travel	1,175,791.	800,559.	243,394.	131,838.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	366,482.	360,059.	4,166.	2,257.
20 Interest	380,104.		380,104.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	982,438.	618,936.	235,785.	127,717.
23 Insurance	401,780.		401,780.	
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	717,893.	453,548.	171,467.	92,878.
b TELEPHONE/COMMUNICATION	602,357.	392,612.	136,051.	73,694.
c LOBBYING EXPENSES	446,760.	446,760.		
d POSTAGE	411,677.	259,746.	98,550.	53,381.
e All other expenses	1,254,361.	683,296.	314,671.	256,394.
25 **Total functional expenses.** Add lines 1 through 24e	86,537,979.	68,582,642.	11,646,704.	6,308,633.
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 ☐ 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			7,066,312.	2	9,517,214.
	3	Pledges and grants receivable, net			10,122,054.	3	12,397,945.
	4	Accounts receivable, net			4,764,141.	4	2,024,846.
	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			855,202.	8	328,281.
	9	Prepaid expenses and deferred charges			1,547,420.	9	1,281,499.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,842,476.			
	b	Less: accumulated depreciation	10b	6,842,202.	3,645,313.	10c	6,000,274.
	11	Investments - publicly traded securities			19,011,244.	11	12,848,228.
	12	Investments - other securities. See Part IV, line 11			541,231.	12	581,681.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,888,728.	15	9,020,156.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			57,441,645.	16	54,000,124.
Liabilities	17	Accounts payable and accrued expenses			6,768,360.	17	5,068,454.
	18	Grants payable			31,325,222.	18	30,248,553.
	19	Deferred revenue			3,342,842.	19	1,750,389.
	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	5,989,390.
	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			9,942,371.	25	8,978,528.
	26	**Total liabilities.** Add lines 17 through 25			51,378,795.	26	52,035,314.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here [X] and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			-3,383,860.	27	-6,495,911.
	28	Net assets with donor restrictions			9,446,710.	28	8,460,721.
		Organizations that do not follow FASB ASC 958, check here [ ] 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			6,062,850.	32	1,964,810.
	33	Total liabilities and net assets/fund balances			57,441,645.	33	54,000,124.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,765,248.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,537,979.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,772,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,062,850.
5	Net unrealized gains (losses) on investments	5	1,222,923.
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	-548,232.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,964,810.

Part XII Financial Statements and Reporting

Check 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: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2023

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,405,320.	68,767,470.	70,283,703.	73,149,330.	68,707,768.	347,313,591.
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	66,405,320.	68,767,470.	70,283,703.	73,149,330.	68,707,768.	347,313,591.
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)						14,816,599.
6 **Public support.** Subtract line 5 from line 4.						332,496,992.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	66,405,320.	68,767,470.	70,283,703.	73,149,330.	68,707,768.	347,313,591.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	729,709.	1,068,979.	785,188.	1,179,657.	1,073,415.	4,836,948.
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.)	8,185,352.	2,853,979.	4,304,157.	6,482,374.	7,006,236.	28,832,098.
11 **Total support.** Add lines 7 through 10						380,982,637.

12 Gross receipts from related activities, etc. (see instructions) ..... **12** 40,703,572.

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** ..... ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... **14** 87.27 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... **15** 86.84 %

16a **33 1/3% support test - 2023.** 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 ..... ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

17a **10% -facts-and-circumstances test - 2023.** 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 ..... ☐

b **10% -facts-and-circumstances test - 2022.** 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 ..... ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ☐

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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	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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

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? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	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? *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.*	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? *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.*	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)? *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).*	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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	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).*

			Yes	No
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.*	2a		
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.*	2b		
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.**	3a		
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.*	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 (*explain in detail in* **Part VI**):			
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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 - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 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-2023**	**(iii)** **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

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

GROSS INCOME FROM FUNDRAISING ACTIVITY

2019 AMOUNT: $ 6,822,830.

2020 AMOUNT: $ 1,976,400.

2021 AMOUNT: $ 3,518,883.

2022 AMOUNT: $ 5,536,023.

2023 AMOUNT: $ 6,047,358.

GROSS INCOME FROM GAMING ACTIVITY

2019 AMOUNT: $ 493,196.

2020 AMOUNT: $ 491,848.

2021 AMOUNT: $ 631,617.

2022 AMOUNT: $ 665,424.

2023 AMOUNT: $ 645,938.

MISCELLANEOUS

2019 AMOUNT: $ 827,420.

2020 AMOUNT: $ 76,393.

2021 AMOUNT: $ 11,659.

2022 AMOUNT: $ 55,324.

2023 AMOUNT: $ 459.

VEHICLE DONATION PROGRAM

2019 AMOUNT: $ 41,745.

2020 AMOUNT: $ 23,225.

2021 AMOUNT: $ 27,421.

2022 AMOUNT: $ 6,297.

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.)

2023 AMOUNT: $ 27,688.

CLUBS AND ORGANIZATIONS

2019 AMOUNT: $ 161.

2020 AMOUNT: $ 0.

2021 AMOUNT: $ 0.

2022 AMOUNT: $ 0.

2023 AMOUNT: $ 0.

IBD JOURNAL STIPENDS

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 232,480.

2021 AMOUNT: $ 114,577.

2022 AMOUNT: $ 112,551.

2023 AMOUNT: $ 242,704.

REBATES/REFUNDS

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 53,633.

2021 AMOUNT: $ 0.

2022 AMOUNT: $ 18,940.

2023 AMOUNT: $ 42,089.

SETTLEMENT PROCEEDS

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 0.

2021 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.)

2022 AMOUNT: $ 87,815.

2023 AMOUNT: $ 0.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] 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	Employer identification number
CROHN'S & COLITIS FOUNDATION, INC.	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		$ 4,932,859.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 4,678,670.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,533,382.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,463,713.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(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

(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

(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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures .... $

3 Volunteer hours for political campaign activities ....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 .... $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 .... $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .... ☐ Yes ☐ No

4a Was a correction made? .... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities .... $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .... $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .... $

4 Did the filing organization file **Form 1120-POL** for this year? .... ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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.		

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.

	(a)	(b)
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? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(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) Yes	(a) No	(b) 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		147,059.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		273,768.
j Total. Add lines 1c through 1i			420,827.
2a Did the activities in line 1 cause the organization to not be 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).**		
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-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

(I) IN 2023, THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") EMPLOYED THE SERVICES OF A PROFESSIONAL CONSULTANT TO KEEP THE ORGANIZATION UP-TO-DATE ON WHAT IS TRANSPIRING WITH FEDERAL LEGISLATION ON CAPITOL HILL CONCERNING HEALTH AND MEDICINE. DURING THE YEAR ENDED 2023, EXPENSES INCURRED TOTALLED $242,780.

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 2023 WERE $87,347.

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 2023 FOR WHICH EXPENSES INCURRED WERE $59,712.

EXPENDITURES OF $59,712 FOR THE DAY ON THE HILL EVENT HAVE BEEN REPORTED ON SCHEDULE C, PART II-B, 1(G). INCLUDED WITHIN THE $59,712 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
2023
Open to Public Inspection

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

Employer identification number
13-6193105

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ 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 $ ________

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		704,582.	437,497.	267,085.
d Equipment		1,443,947.	1,232,204.	211,743.
e Other		10,693,947.	5,172,501.	5,521,446.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				6,000,274.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	8,771,177.
(2) REINSURANCE CONTRACTS	189,535.
(3) CHARITABLE REMAINDER TRUST	59,444.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	9,020,156.

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	8,788,993.
(3) REINSURANCE CONTRACTS	189,535.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	8,978,528.

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 ... [X]

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	92,218,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,222,923.		
b	Donated services and use of facilities	2b	9,220,618.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	9,333.		
e	Add lines **2a** through **2d**			2e	10,452,874.
3	Subtract line **2e** from line **1**			3	81,765,248.
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	81,765,248.

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	96,316,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	9,220,618.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	557,565.		
e	Add lines **2a** through **2d**			2e	9,778,183.
3	Subtract line **2e** from line **1**			3	86,537,979.
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	86,537,979.

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 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	9,333.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES	557,565.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047
2023
Open to Public Inspection

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? ...... [X] **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	1,590,814.
NORTH AMERICA	0	0	GRANTMAKING	RESEARCH	1,337,271.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	RESEARCH	225,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	RESEARCH	176,000.
3 a Subtotal	0	0			3,329,085.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			3,329,085.

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)
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	88,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	462,622.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	475,000.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	32,995.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	25,849.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	300,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	225,000.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	163,198.	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 15

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	304,876.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	366,079.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	124,991.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	17,475.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	55,000.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	88,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	600,000.	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 the 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 the 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 the 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 the 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 the 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 the 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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? [X] **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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CHAPMAN CUBINE & HUSSEY, INC - 2000 15TH ST, STE 550,	DIRECT MAIL		X	5,055,181.	651,257.	4,403,924.
Total				5,055,181.	651,257.	4,403,924.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule G (Form 990) 2023**

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TAKE STEPS	TEAM CHALLENGE	105	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	9,251,555.	1,452,978.	20,768,479.	31,473,012.
	2 Less: Contributions	8,240,296.	1,261,832.	15,923,526.	25,425,654.
	3 Gross income (line 1 minus line 2)	1,011,259.	191,146.	4,844,953.	6,047,358.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	579,276.	17,496.	3,593,433.	4,190,205.
	7 Food and beverages				
	8 Entertainment	39,450.	2,000.	211,590.	253,040.
	9 Other direct expenses	482,533.	198,165.	1,300,221.	1,980,919.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,424,164.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-376,806.

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			645,938.	645,938.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			139,944.	139,944.
	4 Rent/facility costs				
	5 Other direct expenses			129,188.	129,188.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				269,132.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				376,806.

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 GLEN LAWRENCE

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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
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? [X] **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	(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 noncash assistance	(h) Purpose of grant or assistance
ADA SCIENCE & RESEARCH INSTITUTE, LLC - 211 EAST CHICAGO AVENUE - CHICAGO, IL 60611	84-4338889	501(C)3	65,000.	0.			RESEARCH
AETION, INC. 5 PENN PLAZA 7TH FLOOR NEW YORK, NY 10001	46-1291862	501(C)3	250,000.	0.			RESEARCH
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - NEW YORK, NY 10461	83-0621846	501(C)3	115,830.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)3	47,876.	0.			RESEARCH
BAYLOR SCOTT & WHITE RESEARCH INSTITUTE - 3434 LIVE OAK STREET - DALLAS, TX 75204	75-1921898	501(C)3	140,160.	0.			RESEARCH
BENAROYA RESEARCH INSTITUTE OF VIRGINIA - 1201 NINTH AVENUE - SEATTLE, WA 98101	91-0653422	501(C)3	130,000.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 76.

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
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET SUITE 6401 - MADISON, WI 53715	39-6006492	501(C)3	177,932.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	539,217.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)3	377,631.	0.			RESEARCH
CARELON RESEARCH, INC. (FKA HEALTHCORE) - 123 JUSTISON STREET - WILMINGTON, DE 19801	51-0365660	501(C)3	115,337.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)3	65,000.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY - SCHOOL OF MEDICINE - 10900 EUCLID AVENUE - CLEVELAND, OH 44106	34-1018992	501(C)3	586,329.	0.			RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD., ATTN: FINANCE D LOS ANGELES, CA 90048	95-1644600	501(C)3	479,404.	0.			RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)3	104,000.	0.			RESEARCH
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)3	42,218.	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
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)3	815,000.	0.			RESEARCH
CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON , FL 33331	65-0003177	501(C)3	60,731.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	526,752.	0.			RESEARCH
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501(C)3	378,772.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)3	217,064.	0.			RESEARCH
ENLISENSE LLC 1813 AUDUBON POND WAY ALLEN, TX 75013	47-2651765	501(C)3	450,000.	0.			RESEARCH
GASTRO ONE 65 GERMANTOWN CT., SUITE 300 CORDOVA , TN 38018	62-1094933	501(C)3	12,000.	0.			RESEARCH
GASTROENTEROLOGY ASSOCIATES 44 WEST RIVER STREET PROVIDENCE, RI 02904	05-0368760	501(C)3	13,200.	0.			RESEARCH
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION, INC. - 58 EDGEWOOD AVENUE NE., 3RD FLOOR - ATLANTA, GA 30303	58-1845423	501(C)3	107,475.	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
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE, 2ND FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	115,830.	0.			RESEARCH
HOAG MEMORIAL HOSPITAL PRESBYTERIAN - ONE HOAG DRIVE, PO BOX 6100 - NEWPORT BEACH, CA 92658-6100	95-1643327	501(C)3	12,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501(C)3	758,711.	0.			RESEARCH
INTEROPERABILITY BIDCO INC. 100 HIGH STREET, SUITE 1560 BOSTON, MA 02110	32-0574278	501(C)3	118,557.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, N44327-B BALTIMORE, MD 21211	52-0595110	501(C)3	300,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	97,350.	0.			RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)3	65,000.	0.			RESEARCH
MAYO CLINIC COLLEGE OF MEDICINE MAY CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)3	106,628.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065-6007	13-1924236	501(C)3	115,830.	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
NEW ENGLAND RESEARCH INSTITUTES, INC. - 480 PLEASANT STREET, SUITE A100 - WATERTOWN, MA 02472	04-2919509	501(C)3	28,772.	0.			RESEARCH
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)3	47,837.	0.			RESEARCH
NH - 140/140 - DARTMOUTH HITCHCOCK MEDICAL CENTER - ONE MEDICAL CENTER DRIVE - LEBANON, NH 03756	22-2519596	501(C)3	315,068.	0.			RESEARCH
NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - 633 CLARK STREET - EVANSTON, IL 60208	36-2167817	501(C)3	58,250.	0.			RESEARCH
PALO ALTO MEDICAL FOUNDATION RESEARCH INSTITUTE - 795 EL CAMINO REAL - PALO ALTO, CA 94301	94-1156581	501(C)3	15,400.	0.			RESEARCH
SARATOGA-SCHENECTADY GASTROENTEROLOGY ASSOCIATES, P.C. - 848 ROUTE 50 - BURNT HILLS, NY 12027	14-1556189	501(C)3	13,200.	0.			RESEARCH
SENGENICS LLC 44 MANNING ROAD BILLERICA, MA 01821	86-3062499	501(C)3	149,520.	0.			RESEARCH
SERES THERAPEUTICS INC 200 SIDNEY STREET CAMBRIDGE, MA 02139	27-4326290	501(C)3	250,000.	0.			RESEARCH
STANFORD UNIVERSITY 485 BROADWAY, MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)3	58,250.	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
STANFORD UNIVERSITY 485 BROADWAY, MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)3	40,000.	0.			RESEARCH
STONY BROOK UNIVERSITY P.O. BOX 9 ALBANY, NY 12201	14-6013200	501(C)3	129,626.	0.			RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, MA 19104	23-1352166	501(C)3	120,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - BOX 957089, 1125 MURPHY, 405 HILGARD AVE - LOS ANGELES, PA 90095-7089	95-6006143	501(C)3	56,464.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MAIL CODE 0934 - LA JOLLA, CA 92093-0934	95-6006144	501(C)3	262,249.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	22,500.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET, SUITE 600 - AURORA, CA 80203	84-6000555	501(C)3	115,830.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, CO 48109-1287	38-6006309	501(C)3	167,480.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P.O. BOX 785541 - PHILADELPHIA, MI 19178-5541	23-1352685	501(C)3	691,132.	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 ARIZONA PO BOX 41867 TUCSON, PA 85717	74-2652689	501(C)3	527,606.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, AZ 60637	36-2177139	501(C)3	57,905.	0.			RESEARCH
THE UNIVERSITY OF CINCINNATI 260 STETSON STREET SUITE 4263 CINCINNATI, IL 45267	31-6000989	501(C)3	538,086.	0.			RESEARCH
THE UNIVERSITY OF ILLINOIS 809 S. MARSHFIELD AVENUE 502 MB (M/ CHICAGO, OH 60612-4305	37-6000511	501(C)3	78,306.	0.			RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL,	56-6001393	501(C)3	115,830.	0.			RESEARCH
THE UNIVERSITY OF TEXAS AT DALLAS 800 W. CAMPBELL ROAD RICHARDSON, NC 75080-3021	75-1305566	501(C)3	728,690.	0.			RESEARCH
THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555-1166	74-6000949	501(C)3	50,000.	0.			RESEARCH
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER (UT SOUTHWESTERN) - 5323 HARRY HINES BLVD, MC 9029 - DALLAS, TX	75-6002868	501(C)3	70,000.	0.			RESEARCH
THE UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, RM 411 SALT LAKE CITY, TX 84112	87-6000525	501(C)3	55,450.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET, SUITE 302 HANOVER, UT 03755	02-0222111	501(C)3	13,200.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE SOUTH, ROOM 251 - BIRMINGHAM, NH 35233	63-6005396	501(C)3	55,742.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, AL 92093-0967	95-6006144	501(C)3	390,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0953	95-6006144	501(C)3	48,920.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0953	95-6006144	501(C)3	23,100.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER GRANTS & CONTRACTS, MS F428, AMC BLDG. 500, 13001 E 17TH PL, RM W1124 - AURO	84-6000555	501(C)3	337,040.	0.			RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113201, SUITE 1250 EAST CAMPUS OFFICE BLDG. - GAINESVILLE, FL 32611-	59-6002052	501(C)3	65,000.	0.			RESEARCH
UNIVERSITY OF HOUSTON TREASURER'S OFFICE, P.O. BOX 988 HOUSTON, TX 77001-0988	74-6001399	501(C)3	87,943.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 220 N. ARCH ST BALTIMORE, MD 21201	52-6002033	501(C)3	471,115.	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 OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION - PO BOX 640458 - PITTSBURGH, PA 15264-0458	25-0965591	501(C)3	105,337.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627	16-0743209	501(C)3	12,000.	0.			RESEARCH
UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	501(C)3	90,000.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVENUE SOUTH, D-3300 MEDICAL CENTER NORTH - NASHVILLE, TN 37232-5445	35-2528741	501(C)3	233,510.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS (WASHINGTON UNIVERSITY) - 700 ROSEDALE AVE CB 1034 - ST. LOUIS, MO 63112	43-0653611	501(C)3	500,117.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)3	926,360.	0.			RESEARCH
YALE UNIVERSITY 2 WHITNEY AVENUE, 6TH FLOOR NEW HAVEN, CT 06510	06-0646973	501(C)3	12,000.	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

2023

Open to Public Inspection

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

Part I | Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
(1) MICHAEL OSSO	(i)	420,937.	224,400.	125,000.	69,524.	18,174.	858,035.	125,000.
PRESIDENT/CEO(NON-VOTING)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROHIT SURI	(i)	302,346.	10,000.	0.	18,641.	45,042.	376,029.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL ELKOW	(i)	275,491.	5,000.	0.	16,915.	34,389.	331,795.	0.
CHIEF FIELD OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON LUNGRIN	(i)	266,913.	2,500.	0.	7,739.	49,480.	326,632.	0.
CHIEF OP. OFF./CHIEF FIN. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN MICHAEL MIZE	(i)	259,918.	7,000.	0.	13,302.	42,020.	322,240.	0.
EVP, BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAREN HELLER	(i)	285,246.	9,000.	0.	16,199.	2,054.	312,499.	0.
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALLISON COFFEY	(i)	266,705.	8,000.	0.	18,632.	3,521.	296,858.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JUDY HOFFSTEIN	(i)	230,360.	8,000.	0.	12,834.	31,687.	282,881.	0.
CHIEF MKTNG. & COMM. OFFCR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARISA MAYER	(i)	219,611.	5,500.	0.	15,806.	41,814.	282,731.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAURA WINGATE	(i)	218,326.	8,000.	0.	15,447.	19,255.	261,028.	0.
EVP, EDU., SUPPORT & ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAIME BLANDA	(i)	218,090.	1,500.	0.	6,758.	20,166.	246,514.	0.
SENIOR VICE PRESIDENT, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANGELA DOBES	(i)	205,622.	4,000.	0.	12,305.	3,521.	225,448.	0.
VICE PRESIDENT, IBD PLEXUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANDRES HURTADO-LORENZO	(i)	198,615.	4,000.	0.	11,847.	4,344.	218,806.	0.
SENIOR VICE PRESIDENT, TR & IBDV	(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.

IN CALENDAR YEAR 2023, THE PRESIDENT RECEIVED A PAYOUT FROM THE 457(F) PLAN IN THE AMOUNT OF $125,000. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART (III) AND, LIKEWISE, IN COLUMN (F) TO REFLECT THAT IT WAS REPORTED AS DEFERRED COMPENSATION ON PRIOR YEAR FORM 990'S.

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 OVERALL FOUNDATION PERFORMANCE GOALS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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	99	604,919.	MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, LINE 32B:

TO THE EXTENT THAT THE FOUNDATION RECEIVES GIFTS OF SECURITIES OR OTHER NON-CASH INSTRUMENTS, IT UTILIZES ITS INVESTMENT BROKER TO SELL THOSE NON-CASH INSTRUMENTS TO HELP SUBSIDIZE THE FOUNDATION'S ONGOING CHARITABLE ACTIVITIES.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 AND THE MOST COMPREHENSIVE IBD DATABASE IN THE WORLD. 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

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

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RESEARCH NETWORK, OUR FIRST-EVER COORDINATED-FUNDING EFFORT TO STUDY SURGICAL OUTCOMES IN IBD, WITH OVER 50 CENTERS PARTICIPATING.

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

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 EDUCATION PROGRAMS BOTH IN-PERSON AND WEB-BASED. IN ADDITION THE FOUNDATION HOSTS THE ANNUAL CROHN'S & COLITIS CONGRESS CONFERENCE.

IN THE PAST YEAR, THE FOUNDATION LAUNCHED A PUBLIC SERVICE AWARENESS CAMPAIGN TO INCREASE FAMILIARITY OF IBD WITH THE GENERAL PUBLIC AND REDUCE THE STIGMA FOR THOSE INDIVIDUALS WITH IBD.

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

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

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THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE
INVESTIGATED IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15:
THE CROHN'S & COLITIS FOUNDATION IS DEPENDENT ON EXPERIENCED AND QUALIFIED LEADERSHIP TO ACHIEVE ITS GOALS. FACTORS SUCH AS ANNUAL GROSS REVENUES, MISSION EXPENDITURES, GEOGRAPHIC LOCATION, TENURE, AND INDIVIDUAL PERFORMANCE HELP DETERMINE SENIOR LEADERSHIP COMPENSATION. THE PRESIDENT'S COMPENSATION IS DETERMINED ON AN ANNUAL BASIS BY THE CHAIRMAN OF THE BOARD WITH APPROVAL BY THE COMPENSATION AND BENEFITS COMMITTEE USING GUIDELINES AND COMPARABLE DATA PROVIDED IN NATIONAL COMPENSATION STUDIES OF EXECUTIVES.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DC,FL,HI,KS,LA,ME,MD,MA,MI,MN,MS,NH,NM,NY,OK,PA,TN,UT
VA,WA,WV,WI,DE

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE AT WWW.CROHNSCOLITISFOUNDATION.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS

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

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 ORGANIZATIONS. THE VEHICLES ARE NOT DONATED DIRECTLY TO THE FOUNDATION NOR DOES THE FOUNDATION HAVE OWNERSHIP RIGHTS TO THEM. IN 2023, THE FOUNDATION RECEIVED $27,688 IN REVENUES FROM THIS PROGRAM.

ADDITIONALLY, THE FOUNDATION RECEIVES CONSIDERABLE IN-KIND CONTRIBUTIONS IN THE FORM OF DONATED PUBLIC SERVICE ANNOUNCEMENTS ON TELEVISION AND RADIO STATEMENTS AND SERVICES RECEIVED FROM PHYSICIANS AND HEALTH PROFESSIONALS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME IN FURTHERANCE OF THE FOUNDATION'S MISSION. THE FAIR VALUE OF SUCH IN-KIND CONTRIBUTIONS IS REFLECTED IN THE STATEMENT OF ACTIVITIES AS CONTRIBUTED SERVICES AND AIRTIME REVENUE AND HEALTH PROFESSIONAL EDUCATION AND PUBLIC INFORMATION PROGRAM SERVICE EXPENSE. SINCE DONATED SERVICES ARE NOT REPORTED ON THE FORM 990, THE FOUNDATION HAS NOT REPORTED THE CONTRIBUTED SERVICES AND AIRTIME ON SCHEDULE M OR PART VIII, LINE 1(G). FOR THE YEAR ENDING DECEMBER 31, 2023, CONTRIBUTED SERVICES AND AIRTIME AMOUNTED TO $9,220,618.

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

CHANGES IN GIFT ANNUITIES	9,333.
UNCOLLECTIBLE PLEDGES	-557,565.
TOTAL TO FORM 990, PART XI, LINE 9	-548,232.