

PUBLIC DISCLOSURE COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-16-39  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**  
 Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CROHN'S & COLITIS FOUNDATION, INC.		<b>D</b> Employer identification number 13-6193105
	Doing business as		<b>E</b> Telephone number (800) 932-2423
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	733 THIRD AVENUE 510		<b>G</b> Gross receipts \$ 105,303,732.
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: MICHAEL OSSO 733 THIRD AVENUE, NEW YORK, NY 10017		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: WWW.CROHNSCOLITISFOUNDATION.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1967	<b>M</b> State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS. (CONTINUED ON SCHEDULE O)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	372
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6005
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	68,707,768.	73,888,862.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,417,426.	9,112,274.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	729,260.	1,327,009.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	910,794.	854,203.
		81,765,248.	85,182,348.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,694,643.	23,680,607.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,392,158.	39,220,848.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	651,257.	334,625.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	6,004,020.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,799,921.	20,268,743.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,537,979.	83,504,823.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,772,731.	1,677,525.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	54,000,124.	50,647,406.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	52,035,314.	47,415,737.
	1,964,810.	3,231,669.	

**Part II Signature Block**

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

<b>Sign Here</b>	<b>TAXPAYER COPY</b>			
	Signature of officer MICHAEL OSSO, PRESIDENT & CEO	Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>	Date 02/04/25	Check if self-employed <input type="checkbox"/> PTIN P00741490
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's address 757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017-2013	Firm's EIN 99-1856619	Phone no. (212) 599-0100

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

Part III Statement of Program Service 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 \$ 34,993,675. including grants of \$ 23,680,607. ) (Revenue \$ 8,790,214. ) 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 \$ 32,995,237. including grants of \$ 0. ) (Revenue \$ 322,060. ) 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 PROVIDING SUPPORT FOR THOSE WITH IBD, AND NUMEROUS PRINTED MATERIALS PROVIDING ACCURATE 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 67,988,912.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 26; 1b Enter the number of voting members included on line 1a... 26; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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... X

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

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

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
GLEN LAWRENCE - (646) 943-7437
733 THIRD AVENUE, NEW YORK, NY 10017-8804

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL OSSO PRESIDENT/CEO (NON-VOTING)	35.00 0.00	X		X				604,255.	0.	157,943.
(2) ALAN MOSS CHIEF SCIENTIFIC OFFICER	35.00 0.00				X			450,466.	0.	13,858.
(3) ROHIT SURI CHIEF TECHNOLOGY OFFICER	35.00 0.00				X			304,578.	0.	78,567.
(4) SHARON LUNGRIN CHIEF OP. OFF./CHIEF FIN.	35.00 0.00			X				267,379.	0.	70,733.
(5) MARISA MAYER CHIEF LEGAL OFFICER	35.00 0.00					X		259,396.	0.	76,835.
(6) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	35.00 0.00				X			273,205.	0.	22,804.
(7) CHRISTY DESANTIS CHIEF MKTNG. & COMM. OFFCR.	35.00 0.00				X			256,701.	0.	26,914.
(8) ANGELA DOBES VICE PRESIDENT, IBD PLEXUS	35.00 0.00					X		259,396.	0.	17,475.
(9) LAURA WINGATE CHIEF EDU. SUPP. & ADVOC. OFFICER	35.00 0.00				X			219,544.	0.	43,880.
(10) LEANA PATEL VP, PEOPLE & CULTURE	35.00 0.00					X		202,086.	0.	26,800.
(11) SARAH WEAVER VP, CLINICAL QUALITY & INNOVATION	35.00 0.00					X		206,702.	0.	16,415.
(12) JACK MATARASSO SVP, DIGITAL MARKETING	35.00 0.00					X		202,684.	0.	15,941.
(13) CHRIS FIDYK EVP, BUSINESS DEVELOPMENT	35.00 0.00				X			213,952.	0.	4,083.
(14) DANIEL STONE TREASURER	1.00 0.00	X		X				0.	0.	0.
(15) JODI YELLEN SECRETARY (THRU 03/2024)	1.00 0.00	X		X				0.	0.	0.
(16) JEFFREY MITTLEMAN SECRETARY (AS OF 03/2024)	1.00 0.00	X		X				0.	0.	0.
(17) BRENT POLK, MD CHAIRMAN (THRU 03/2024)	1.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMBER BACKHAUS CHAIRMAN (AS OF 03/2024)	1.00 0.00	X		X				0.	0.	0.
(19) RHONDA BOLDING TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) NOEL BROWN TRUSTEE (AS OF 03/2024)	1.00 0.00	X						0.	0.	0.
(21) JOHN CAPODILUNO TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) CHASE CARPENTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) ROCIO CASTRILLON TRUSTEE (AS OF 03/2024)	1.00 0.00	X						0.	0.	0.
(24) DEBORAH CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) TOLUPE FALAIYE, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) BECKY FLAHERTY TRUSTEE (AS OF 03/2024)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,720,344.	0.	572,248.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,720,344.	0.	572,248.

**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 105

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NAGARRO, INC , 1737 N. FIRST STREET SUITE 590, SAN JOSE, CA 95112	PROJECT SUPPORT	2,510,209.
SRIJAN TECHNOLOGIES USA, INC , 2430 HIGHWAY 34, BUILDING B, SUITE 22, SALESFORCE.COM, INC.	WEB DEVELOPMENT SERVICES	1,686,221.
P.O. BOX 203141, DALLAS, TX 75320	DATABASE/IT SERVICES	969,096.
RUE CLAIR DIGITAL LLC DBA STREETLIGHT DIGIT PO BOX 75, CONIFER, CO 80433	MARKETING SERVICES	959,576.
DELOITTE CONSULTING LLP 4022 BELLE DRIVE, HERMINTAGE, TN 37076	IT SUPPORT	733,714.

**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 22

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ALEX FUNDERBURG TRUSTEE (THRU 03/2024)	1.00 0.00	X						0.	0.	0.
(28) CHERYL GUERIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) KEVIN HARLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) PETER HIGGINS, MD, PHD, MSC NSAC CHAIR ELECT	1.00 0.00	X		X				0.	0.	0.
(31) KELLY ISSOKSON, MS, RD, CNSC TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) SEAN KELLEY TRUSTEE (THRU 03/2024)	1.00 0.00	X						0.	0.	0.
(33) SANDRA KIM, MD TRUSTEE (AS OF 03/2024)	1.00 0.00	X						0.	0.	0.
(34) MICHELE KISSOUS-HUNT TRUSTEE (THRU 03/2024)	1.00 0.00	X						0.	0.	0.
(35) ANNETTE MARTINEZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) AUDRA MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) JOE MONK TRUSTEE (THRU 03/2024)	1.00 0.00	X						0.	0.	0.
(38) MARK MURRAY, PHD TRUSTEE (THRU 03/2024)	1.00 0.00	X						0.	0.	0.
(39) ARMIN RAHMANIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) MEGAN RIEHL, PSYD TRUSTEE (AS OF 03/2024)	1.00 0.00	X						0.	0.	0.
(41) JONATHAN ROSE TRUSTEE (AS OF 07/2024)	1.00 0.00	X						0.	0.	0.
(42) DAVID RUBIN, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) FRANK RUSSOMANO TRUSTEE (THRU 03/2024)	1.00 0.00	X						0.	0.	0.
(44) LORI SIEGEL RABINOWITZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) ANDREW STERN TRUSTEE (AS OF 03/2024)	1.00 0.00	X						0.	0.	0.
(46) NICHOLAS UZL TRUSTEE (THRU 06/2024)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	1,121,690.				
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	26,975,616.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	551,064.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	45,240,492.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,435,765.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			73,888,862.			
	Program Service Revenue	<b>2 a</b>	IBD PLEXUS DATABASE AC	<b>Business Code</b>	900099	8,790,214.	8,790,214.	
<b>b</b>		EDUCATION & CAMP REG.		900099	322,060.	322,060.		
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue .....						
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....			9,112,274.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			182,204.		182,204.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....			492,767.		492,767.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					14,491,590.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	13,346,785.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	1,144,805.				
<b>d</b>	Net gain or (loss) .....			1,144,805.		1,144,805.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 26,975,616. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		6,151,320.				
			<b>b</b>	Less: direct expenses .....	<b>8b</b>	6,461,774.		
			<b>c</b>	Net income or (loss) from fundraising events .....		-310,454.		-310,454.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		623,279.				
			<b>b</b>	Less: direct expenses .....	<b>9b</b>	312,825.		
			<b>c</b>	Net income or (loss) from gaming activities .....		310,454.		310,454.
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
			<b>b</b>	Less: cost of goods sold .....	<b>10b</b>			
			<b>c</b>	Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	<b>11 a</b>	IBD JOURNAL STIPENDS	<b>Business Code</b>	900099	333,309.		333,309.	
	<b>b</b>	REBATES/REFUNDS		900099	14,189.		14,189.	
	<b>c</b>	VEHICLE DONATION PRGM		900099	11,150.		11,150.	
	<b>d</b>	All other revenue .....		900099	2,788.		2,788.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			361,436.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....			85,182,348.	9,112,274.	0.	2,181,212.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,231,236.	20,231,236.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,449,371.	3,449,371.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,677,782.	2,737,705.	576,306.	363,771.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	25,592,246.	19,050,619.	4,010,286.	2,531,341.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,258,979.	937,172.	197,281.	124,526.
<b>9</b> Other employee benefits .....	5,031,245.	3,745,210.	788,392.	497,643.
<b>10</b> Payroll taxes .....	3,660,596.	2,724,912.	573,613.	362,071.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	37,265.		37,265.	
<b>c</b> Accounting .....	200,380.		200,380.	
<b>d</b> Lobbying .....	101,800.	101,800.		
<b>e</b> Professional fundraising services. See Part IV, line 17	334,625.			334,625.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,481,895.	6,493,723.	161,918.	826,254.
<b>12</b> Advertising and promotion .....	832,503.	554,310.	170,544.	107,649.
<b>13</b> Office expenses .....	330,844.	221,403.	67,092.	42,349.
<b>14</b> Information technology .....	2,075,033.	1,762,676.	302,532.	9,825.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,597,179.	1,062,733.	327,638.	206,808.
<b>17</b> Travel .....	760,301.	520,283.	147,141.	92,877.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	389,355.	387,340.	1,235.	780.
<b>20</b> Interest .....	127,158.		127,158.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,185,865.	788,398.	243,664.	153,803.
<b>23</b> Insurance .....	443,197.		443,197.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> SOFTWARE LICENSES	1,052,978.	988,523.	64,455.	
<b>b</b> DATABASE MANAGEMENT	648,386.	172,202.	476,184.	
<b>c</b> PUBLICATIONS	606,369.	403,292.	124,495.	78,582.
<b>d</b> POSTAGE	368,278.	245,424.	75,315.	47,539.
<b>e</b> All other expenses	2,029,957.	1,410,580.	395,800.	223,577.
<b>25</b> Total functional expenses. Add lines 1 through 24e	83,504,823.	67,988,912.	9,511,891.	6,004,020.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	9,517,214.	<b>2</b>	11,093,876.
	<b>3</b> Pledges and grants receivable, net .....	12,397,945.	<b>3</b>	16,433,532.
	<b>4</b> Accounts receivable, net .....	2,024,846.	<b>4</b>	7,567,840.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	328,281.	<b>8</b>	302,774.
	<b>9</b> Prepaid expenses and deferred charges .....	1,281,499.	<b>9</b>	1,248,306.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,854,367.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,028,066.	6,000,274.	<b>10c</b> 4,826,301.
	<b>11</b> Investments - publicly traded securities .....	12,848,228.	<b>11</b>	967,721.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	581,681.	<b>12</b>	240,754.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,020,156.	<b>15</b>	7,966,302.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	54,000,124.	<b>16</b>	50,647,406.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,068,454.	<b>17</b>	5,019,918.
	<b>18</b> Grants payable .....	30,248,553.	<b>18</b>	28,564,769.
	<b>19</b> Deferred revenue .....	1,750,389.	<b>19</b>	5,345,469.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	600,000.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,989,390.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,978,528.	<b>25</b>	7,885,581.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	52,035,314.	<b>26</b>	47,415,737.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-6,495,911.	<b>27</b>	-6,300,153.
	<b>28</b> Net assets with donor restrictions .....	8,460,721.	<b>28</b>	9,531,822.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,964,810.	<b>32</b>	3,231,669.
<b>33</b> Total liabilities and net assets/fund balances .....	54,000,124.	<b>33</b>	50,647,406.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	85,182,348.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	83,504,823.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,677,525.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,964,810.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-789,127.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	378,461.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,231,669.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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? _____		X
<b>b</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 _____		

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	68,767,470.	70,283,703.	73,149,330.	68,707,768.	73,888,862.	354,797,133.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	68,767,470.	70,283,703.	73,149,330.	68,707,768.	73,888,862.	354,797,133.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						16,380,781.
<b>6 Public support.</b> Subtract line 5 from line 4.						338,416,352.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	68,767,470.	70,283,703.	73,149,330.	68,707,768.	73,888,862.	354,797,133.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,068,979.	785,188.	1,179,657.	1,073,415.	674,971.	4,782,210.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,853,979.	4,304,157.	6,482,374.	7,006,236.	7,136,035.	27,782,781.
<b>11 Total support.</b> Add lines 7 through 10						387,362,124.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	40,147,294.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.36 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	87.27 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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

2020 AMOUNT: \$	1,976,400.
2021 AMOUNT: \$	3,518,883.
2022 AMOUNT: \$	5,536,023.
2023 AMOUNT: \$	6,047,358.
2024 AMOUNT: \$	6,151,320.

GROSS INCOME FROM GAMING ACTIVITY

2020 AMOUNT: \$	491,848.
2021 AMOUNT: \$	631,617.
2022 AMOUNT: \$	665,424.
2023 AMOUNT: \$	645,938.
2024 AMOUNT: \$	623,279.

MISCELLANEOUS

2020 AMOUNT: \$	76,393.
2021 AMOUNT: \$	11,659.
2022 AMOUNT: \$	55,324.
2023 AMOUNT: \$	459.
2024 AMOUNT: \$	2,788.

VEHICLE DONATION PROGRAM

2020 AMOUNT: \$	23,225.
2021 AMOUNT: \$	27,421.
2022 AMOUNT: \$	6,297.
2023 AMOUNT: \$	27,688.
2024 AMOUNT: \$	11,150.

IBD JOURNAL STIPENDS

2020 AMOUNT: \$	232,480.
2021 AMOUNT: \$	114,577.
2022 AMOUNT: \$	112,551.
2023 AMOUNT: \$	242,704.
2024 AMOUNT: \$	333,309.

REBATES/REFUNDS

2020 AMOUNT: \$	53,633.
2021 AMOUNT: \$	0.
2022 AMOUNT: \$	18,940.
2023 AMOUNT: \$	42,089.
2024 AMOUNT: \$	14,189.

SETTLEMENT PROCEEDS

2020 AMOUNT: \$	0.
2021 AMOUNT: \$	0.
2022 AMOUNT: \$	87,815.
2023 AMOUNT: \$	0.
2024 AMOUNT: \$	0.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,009,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,812,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,619,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,092,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,070,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,754,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,554,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,534,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <p style="text-align:center;">CROHN'S &amp; COLITIS FOUNDATION, INC.</p>	Employer identification number (EIN) <p style="text-align:center;">13-6193105</p>
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**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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		89,910.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		182,915.
<b>j</b> Total. Add lines 1c through 1i .....			272,825.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

(I) IN 2024, THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") EMPLOYED THE SERVICES OF A PROFESSIONAL CONSULTANT TO KEEP THE ORGANIZATION UP-TO-DATE ON WHAT IS TRANSPILING WITH FEDERAL LEGISLATION ON CAPITOL HILL CONCERNING HEALTH AND MEDICINE. DURING THE YEAR ENDED 2024, EXPENSES INCURRED TOTALLED \$101,800.

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 2024 WERE \$89,910.



**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

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

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

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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.	480,633.	223,949.
d Equipment		1,843,122.	1,738,951.	104,171.
e Other		10,306,663.	5,808,482.	4,498,181.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,826,301.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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	7,699,200.
(2) REINSURANCE CONTRACTS	179,995.
(3) CHARITABLE REMAINDER TRUST	87,107.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,966,302.

**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	7,705,586.
(3) REINSURANCE CONTRACTS	179,995.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,885,581.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	91,601,746.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-789,127.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	7,180,862.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	27,663.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	6,419,398.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	85,182,348.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	85,182,348.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	90,334,887.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	7,180,862.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-350,798.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	6,830,064.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	83,504,823.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	83,504,823.

**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 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 XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN CHARITABLE REMAINDER TRUSTS VALUATION 27,663.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES 658,713.

REFUNDED/RESCINDED GRANTS -1,009,511.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -350,798.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	72,991.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	33,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	1410345.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	198,946.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	47,093.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	175,174.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	300,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	250,000.	BANK WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 15

3 Enter total number of other organizations or entities ..... 0

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	93,750.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	246,795.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	109,914.	BANK WIRE	0.		
		NORTH AMERICA	RESEARCH	16,048.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	99,982.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	206,668.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	188,665.	BANK WIRE	0.		



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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

Schedule F (Form 990) (Rev. 12-2024)

**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.



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TAKE STEPS	TEAM CHALLENGE	71		
		(event type)	(event type)	(total number)		
1	Gross receipts .....	9,879,469.	1,370,216.	21,877,251.	33,126,936.	
2	Less: Contributions .....	8,793,467.	1,183,518.	16,998,631.	26,975,616.	
3	Gross income (line 1 minus line 2) .....	1,086,002.	186,698.	4,878,620.	6,151,320.	
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....	591,707.	6,981.	3,653,883.	4,252,571.
	7	Food and beverages .....				
	8	Entertainment .....	43,525.	325.	243,529.	287,379.
	9	Other direct expenses .....	450,771.	179,392.	1,291,661.	1,921,824.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				6,461,774.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				-310,454.

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
1	Gross revenue .....			623,279.	623,279.	
Direct Expenses	2	Cash prizes .....				
	3	Noncash prizes .....		94,086.	94,086.	
	4	Rent/facility costs .....				
	5	Other direct expenses .....			218,739.	218,739.
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....				312,825.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				310,454.

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 the 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: NNE MARKETING
- (I) ADDRESS OF FUNDRAISER: 1666 MASSACHUSETTS AVE, LEXINGTON, MA 02420
- (I) NAME OF FUNDRAISER: CHAPMAN CUBINE & HUSSEY, INC
- (I) ADDRESS OF FUNDRAISER: 2000 15TH ST, STE 550, ARLINGTON, VA 22201

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

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

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

**Part IV** Supplemental Information *(continued)*

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. 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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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	9,750.	0.			RESEARCH
AETION, INC. 5 PENN PLAZA 7TH FLOOR NEW YORK, NY 10001	46-1291862	501(C)3	315,500.	0.			RESEARCH
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - NEW YORK, NY 10461	83-0621846	501(C)3	57,915.	0.			RESEARCH
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202	501(C)3	90,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)3	12,100.	0.			RESEARCH
BAYLOR SCOTT & WHITE RESEARCH INSTITUTE - 3434 LIVE OAK STREET - DALLAS, TX 75204	75-1921898	501(C)3	269,345.	0.			RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 62.
- 3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) (Rev. 12-2024)

**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
BENAROYA RESEARCH INSTITUTE OF VIRGINIA - 1201 NINTH AVENUE - SEATTLE, WA 98101	91-0653422	501(C)3	32,485.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET SUITE 6401 - MADISON, WI 53715	39-6006492	501(C)3	115,709.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - MEDICAL COLLEGE - 750 HIGHLAND AVENUE - MADISON, WI 53726	39-0806261	115	156,454.	0.			RESEARCH
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 535 CHESTNUT ROAD RM 300 - EAST LANSING, MI 48824	38-6005984	115	17,500.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	270,909.	0.			RESEARCH
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501(C)3	63,250.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)3	288,165.	0.			RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD., ATTN: FINANCE D LOS ANGELES, CA 90048	95-1644600	501(C)3	426,341.	0.			RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)3	195,000.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)3	375,023.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	257,471.	0.			RESEARCH
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501(C)3	91,151.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)3	30,511.	0.			RESEARCH
ENLISENSE LLC 1813 AUDUBON POND WAY ALLEN, TX 75013	47-2651765	501(C)3	225,000.	0.			RESEARCH
GASTROENTEROLOGY ASSOCIATES 44 WEST RIVER STREET PROVIDENCE, RI 02904	05-0368760	501(C)3	6,600.	0.			RESEARCH
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION, INC. - 58 EDGEWOOD AVENUE NE., 3RD FLOOR - ATLANTA, GA 30303	58-1845423	501(C)3	6,750.	0.			RESEARCH
GLYCOMINDS, LLC 4685 RUNAWAY ST. SUITE J SIMI VALLEY, CA 93063	37-1762895		126,000.	0.			RESEARCH
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE, 2ND FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	269,495.	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
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501(C)3	407,003.	0.			RESEARCH
INFINITY BIOLOGIX LLC 30 KNIGHTSBRIGDE RD , BUILDING 3 PISCATAWAY, NJ 08854	84-5054901		661,903.	0.			RESEARCH
INTEROPERABILITY BIDCO INC. 100 HIGH STREET, SUITE 1560 BOSTON, MA 02110	32-0574278	501(C)3	117,659.	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	362,986.	0.			RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)3	73,750.	0.			RESEARCH
MAYO CLINIC COLLEGE OF MEDICINE MAY CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)3	248,369.	0.			RESEARCH
MEDSTAR-GEORGETOWN MEDICAL CENTER, INC. - 3800 RESERVOIR RD. NW - WASHINGTON, DC 20007	52-2218584	501(C)3	13,200.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065-6007	13-1924236	501(C)3	57,915.	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
MOBIUS CARE, INC. 1000 CEDAR AVENUE GCIC-10 CLEVELAND, OH 44106	88-3418504		500,000.	0.			RESEARCH
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)3	89,244.	0.			RESEARCH
NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - 633 CLARK STREET - EVANSTON, IL 60208	36-2167817	501(C)3	301,544.	0.			RESEARCH
OGB8, INC. 201 EAST 5TH ST., STE 2505 CINCINNATI, OH 45202	92-2533039		250,000.	0.			RESEARCH
PALO ALTO MEDICAL FOUNDATION RESEARCH INSTITUTE - 795 EL CAMINO REAL - PALO ALTO, CA 94301	94-1156581	501(C)3	13,300.	0.			RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NJ, RUTGERS BIOMEDICAL & HEALTH SCIENCE - STANLEY S BERGEN BUILDING ,65 BERGEN ST. - NEWARK,	22-6001086	115	316,168.	0.			RESEARCH
SCRIPPS HEALTH RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)3	55,000.	0.			RESEARCH
SERES THERAPEUTICS INC 200 SIDNEY STREET CAMBRIDGE, MA 02139	27-4326290	501(C)3	200,000.	0.			RESEARCH
SSM HEALTH ST. ANTHONY HOSPITAL - OKLAHOMA CITY - 601 NW 11TH ST - OKLAHOMA CITY, OK 73103	73-6104300	501(C)3	14,300.	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
ST. PAUL PLACE SPECIALISTS, INC. 301 ST PAUL PLACE BALTIMORE, MD 21202	52-1495113	501(C)3	84,511.	0.			RESEARCH
STANFORD UNIVERSITY 485 BROADWAY, MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)3	120,406.	0.			RESEARCH
TEXAS DIGESTIVE CONSULTANTS PLLC 620 E. SOUTHLAND LAKE BLVD. SOUTHLAKE, TX 76092	75-2005254		55,121.	0.			RESEARCH
THE BRIGHAM AND WOMEN'S HOSPITAL, INC. - 75 FRANCIS ST - BOSTON, MA 02115	04-2312909	501(C)3	94,939.	0.			RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, MA 19104	23-1352166	501(C)3	75,674.	0.			RESEARCH
THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)3	101,684.	0.			RESEARCH
THE PENNSYLVANIA STATE UNIVERSITY UNIVERSITY DRIVE 500 HERSHEY, PA 17033	24-6000376	115	17,413.	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	171,024.	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	274,333.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	115,830.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET, SUITE 600 - AURORA, CA 80203	84-6000555	501(C)3	274,064.	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	561,992.	0.			RESEARCH
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)3	32,407.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P.O. BOX 785541 - PHILADELPHIA, MI 19178-5541	23-1352685	501(C)3	388,114.	0.			RESEARCH
THE UNIVERSITY OF ARIZONA PO BOX 41867 TUCSON, PA 85717	74-2652689	501(C)3	92,648.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, AZ 60637	36-2177139	501(C)3	259,430.	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	384,631.	0.			RESEARCH
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER (UT SOUTHWESTERN) - 5323 HARRY HINES BLVD, MC 9029 - DALLAS, TX	75-6002868	501(C)3	134,628.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, RM 411 SALT LAKE CITY, TX 84112	87-6000525	501(C)3	12,200.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE SOUTH, ROOM 251 - BIRMINGHAM, NH 35233	63-6005396	501(C)3	69,574.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, AL 92093-0967	95-6006144	501(C)3	88,585.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER AMC BLDG. 500, 13001 E 17TH PL, RM AURORA, CO 80045-2571	84-6000555	501(C)3	210,476.	0.			RESEARCH
UNIVERSITY OF DELAWARE 83 E MAIN ST FL 3 NEWARK, DE 19716	51-6000297	501(C)3	15,913.	0.			RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113201, STE 1250 EAST CAMPUS OFFICE BLDG - GAINESVILLE, FL 32611-3201	59-6002052	501(C)3	130,000.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 220 N. ARCH ST BALTIMORE, MD 21201	52-6002033	501(C)3	179,201.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL - 333 SOUTH ST STE 290 - SHREWBURY, MA 01545	04-3108190	501(C)3	32,100.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION - PO BOX 640458 - PITTSBURGH, PA 15264-0458	25-0965591	501(C)3	194,335.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627	16-0743209	501(C)3	12,100.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-2586219	501(C)3	75,000.	0.			RESEARCH
UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	501(C)3	6,750.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVENUE SOUTH, D-3300 MEDICAL CENTER NORTH - NASHVILLE, TN 37232-5445	35-2528741	501(C)3	212,166.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS (WASHINGTON UNIVERSITY) - 700 ROSEDALE AVE CB 1034 - ST. LOUIS, MO 63112	43-0653611	501(C)3	267,385.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)3	534,898.	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 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

**Part IV Supplemental Information**

ARE ACHIEVED AND IF THE APPLICANT SUBMITS A PROPOSAL FOR ADDITIONAL FUNDING.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>CROHN'S &amp; COLITIS FOUNDATION, INC.</b>	Employer identification number <b>13-6193105</b>
---	---

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL OSSO PRESIDENT/CEO(NON-VOTING)	(i)	479,255.	0.	125,000.	129,750.	28,193.	762,198.	125,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN MOSS CHIEF SCIENTIFIC OFFICER	(i)	450,466.	0.	0.	10,125.	3,733.	464,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROHIT SURI CHIEF TECHNOLOGY OFFICER	(i)	304,578.	0.	0.	18,885.	59,682.	383,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON LUNGRIN CHIEF OP. OFF./CHIEF FIN.	(i)	267,379.	0.	0.	9,663.	61,070.	338,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARISA MAYER CHIEF LEGAL OFFICER	(i)	259,396.	0.	0.	18,909.	57,926.	336,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALLISON COFFEY CHIEF DEVELOPMENT OFFICER	(i)	273,205.	0.	0.	19,058.	3,746.	296,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTY DESANTIS CHIEF MKTNG. & COMM. OFFCR.	(i)	256,701.	0.	0.	5,200.	21,714.	283,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANGELA DOBES VICE PRESIDENT, IBP PLEXUS	(i)	259,396.	0.	0.	13,796.	3,679.	276,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAURA WINGATE CHIEF EDU. SUPP. & ADVOC. OFFICER	(i)	219,544.	0.	0.	15,866.	28,014.	263,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LEANA PATEL VP, PEOPLE & CULTURE	(i)	202,086.	0.	0.	6,126.	20,674.	228,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SARAH WEAVER VP, CLINICAL QUALITY & INNOVATION	(i)	206,702.	0.	0.	12,736.	3,679.	223,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JACK MATARASSO SVP, DIGITAL MARKETING	(i)	202,684.	0.	0.	12,087.	3,854.	218,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHRIS FIDYK EVP, BUSINESS DEVELOPMENT	(i)	213,952.	0.	0.	2,138.	1,945.	218,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

IN CALENDAR YEAR 2024, 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.

PRESIDENT OSSO'S PARTICIPATION IN THE SECTION 457(F) PLAN TERMINATED WITH THE FINAL PAYOUT IN 2024.

**SCHEDULE L**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization <b>CROHN'S &amp; COLITIS FOUNDATION, INC.</b>	Employer identification number <b>13-6193105</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DANIEL STONE	BOARD TR	SHORT TE	X		1,000,000.	600,000.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$ 600,000.						

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DANIEL STONE

(B) RELATIONSHIP WITH ORGANIZATION: BOARD TRUSTEE

(C) PURPOSE OF LOAN: SHORT TERM CASH FLOW

SCHEDULE L, PART II:

IN CALENDAR YEAR 2024, MR. STONE FORGAVE \$400,000 OF THE LOAN TO THE FOUNDATION; THE FORGIVEN AMOUNT WAS RECORDED AS A CONTRIBUTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I 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	117	1,435,765.	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 on 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**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, PART I, 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

**REASON FOR AMENDMENT:**

THE FOUNDATION IS AMENDING THIS FORM 990 TO REFLECT THE ACCURATE ALLOCATION OF FUNCTIONAL EXPENSES IN FORM 990, PART IX, THAT ALIGNS WITH ITS AUDITED FINANCIAL STATEMENTS. THE ADJUSTMENT TO EXPENSES IN PART IX REQUIRE A MODIFICATION IN THE PROGRAMMATIC EXPENDITURES REPORTED IN FORM 990, PART III AS WELL. THESE REPRESENT THE ONLY MODIFICATIONS TO THE ORIGINALLY FILED FORM 990.

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

OUR GOAL IS TO IMPROVE THE QUALITY OF LIFE OF CHILDREN AND ADULTS AFFECTED BY THESE DISEASES.

THE FOUNDATION SPONSORS BASIC AND CLINICAL RESEARCH OF THE HIGHEST QUALITY. WE ALSO OFFER A WIDE RANGE OF EDUCATIONAL PROGRAMS FOR PATIENTS AND HEALTHCARE PROFESSIONALS, WHILE PROVIDING SUPPORTIVE SERVICES TO HELP PEOPLE COPE WITH THESE CHRONIC INTESTINAL DISEASES. THESE PROGRAMS ARE SUPPORTED SOLELY THROUGH OUR DONORS, GRANTS, FUNDRAISING EFFORTS, AND SPONSORS.

**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 30,000 PATIENTS, INCLUDING 250,000 BIOSAMPLES (BLOOD, STOOL, AND INTESTINAL TISSUE).

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization CROHN'S & COLITIS FOUNDATION, INC. REDUCE THE STIGMA FOR THOSE INDIVIDUALS WITH IBD.	Employer identification number 13-6193105
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## FORM 990, PART VI, SECTION B, LINE 11B:

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

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

ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES OF THE CROHN'S & COLITIS FOUNDATION ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE FOUNDATION. THE FOUNDATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.

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

THE CROHN'S & COLITIS FOUNDATION IS DEPENDENT ON EXPERIENCED AND QUALIFIED LEADERSHIP TO ACHIEVE ITS GOALS. FACTORS SUCH AS ANNUAL GROSS REVENUES, MISSION EXPENDITURES, GEOGRAPHIC LOCATION, TENURE, AND INDIVIDUAL 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.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, HI, KS, LA, ME, MD, MA, MI, MN, MS, NH, NM, NY, OK, PA, TN, UT  
VA, WA, WV, WI, DE

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

THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE AT WWW.CROHNSCOLITISFOUNDATION.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED UPON REQUEST AT MANAGEMENT'S DISCRETION.

## PART VIII - DONATED SERVICES

THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") HAS UTILIZED THE SERVICES OF CAR PROGRAM, INC., AN ORGANIZATION THAT RECEIVES DONATED VEHICLES, SELLS THEM AND REMITS THE NET PROCEEDS TO SEVERAL CHARITABLE ORGANIZATIONS. THE VEHICLES ARE NOT DONATED DIRECTLY TO THE FOUNDATION NOR DOES THE FOUNDATION HAVE OWNERSHIP RIGHTS TO THEM. IN 2024, THE FOUNDATION RECEIVED \$19,788 IN REVENUES FROM THIS PROGRAM.

ADDITIONALLY, THE FOUNDATION RECEIVES CONSIDERABLE IN-KIND CONTRIBUTIONS IN THE FORM OF DONATED PUBLIC SERVICE ANNOUNCEMENTS ON

Name of the organization CROHN'S & COLITIS FOUNDATION, INC.	Employer identification number 13-6193105
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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, 2024, CONTRIBUTED SERVICES AND AIRTIME AMOUNTED TO \$7,180,862.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGES IN GIFT ANNUITIES	27,663.
REFUNDED/RESCINDED GRANTS	1,009,511.
UNCOLLECTIBLE PLEDGES	-658,713.
TOTAL TO FORM 990, PART XI, LINE 9	378,461.