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Form 990-EZ

Short Form

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

	Α	For the 2	2009 cal	endar	year, or tax year be	ginning		, 2009, a	and end	ling	_		,		
	B_	Check if ap	plicable		C Name of organization	on					D Em	ployer i	dentification number		
		Address cha	ange -	Please use IRS	The Pediatric	: Inflammatory Bow	el Di	sease Co	nsor	tium. Inc.	2	6-33	50829		
		Name chan	ae II	abel or	Number and street	(or P O box, if mail is not deliver	ed to stre	et address)		n/suite	+	ephone			
	X	Initial return	ո (է	pnnt or ype.	_ /		l. 1	i- C+			Ī ,	 	557-9696		
		Termination See Specific City or town, state or country, and ZIP + 4										01/)	337-9090		
	\Box	Amended re		nstruc-	City of town, state t	or country, and zir + 4		MA	02				remption		
	Ш	Application	pending	Nu	mber										
		• 50	metho cify) ►	d [Cash X Accrual										
SCANNE	ı	Website:	: ► N/	/A	· · · · · · · · · · · · · · · · · · ·					H Check ► [required to	attach	if the organization is not tach Schedule B (Form 990,			
\$	J Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527												90-PF).		
Z	K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than														
m	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete ret														
D A	L	Add lines	s 5b, 6b	, and 7	b, to line 9 to deter	mine gross receipts, if \$5	00,000	or more, fi	le Forn	າ 990		► s	199,034.		
AUG						Changes in Net Ass	ets o	r Fund Ba	alanc	es (See the	ınstrı	iction			
0	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 1 199,030														
8				_	_		racts			•	ŀ	2			
2			 Program service revenue including government fees and contracts Membership dues and assessments 												
2010	1												4.		
8					om sale of assets ot	her than inventory		1	5 a		1	4			
					er basis and sales e	•			5 b			1			
	R				5 c										
	R E V E N					nventory (Subtract line 5b from able parts of Schedule G). If any		is from namin	n check	here ►	. 🗀 Ì				
					ot including \$		ntributi		ig, oncon	11010					
	Ü		oss reve	•		01 CO	minoun		6 a			1			
	-	•			nses other than fun	draicing evnences	•	· ·	6b			1			
						activities (Subtract line 6b from	line 6a\	<u> </u>	0.5			6 c			
					ventory, less return			1	7 a		ł				
			ss cost		• •	3 and anowances		F	7 b						
				_		nventory (Subtract line 7b	from le	ne 7a) ∟	· ~			7 c			
			er revenue					,			\ \	8			
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8									′ ▶	9	199,034.		
	$\overline{}$											10	199,034.		
					or for members	tach schedule)	i	RF	CFI	VED	! }	11			
	Ē		•			malayaa hanafita	1	(, 0		1	1	12			
	Ž P				ompensation, and e	ts to independent contrac	tors	ഥ	_	2010 SC-SS	ł	13	3,936.		
	E N				utilities, and maint		iois	E JUL	_ 06	2010 O	}	14	3,930.		
	Ē				ions, postage, and		Ī			3	}	15			
	S				ribe ► See Other Ex		·	~~~			\	16	52,290.		
			•	•	Add lines 10 throug	·		U (9	<u> 1골인</u>	1. (-)	·′ 🛌	17	56,226.		
						tract line 17 from line 9)				1-1-1-1-1	· ·	18	142,808.		
	А	i		-	•						ŀ	10	142,000.		
	N S E E	19 Ne	t assets	or tun	d balances at begin n prior year's return	nning of year (from line 27	/, colun	nn (A)) (mu	ist agre	e with end-of-	year	19			
	ŤĘ					balances (attach explana	tion)				ŀ	20			
	Ś	1		-		-		h 20			▶	21	142,808.		
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instructions for Part II) (A) Beginning of y							Lincton							
									. 22	(B) End of year 142,808.					
	23		savings, and build		Meatine 119				}		0	_	0.		
	24			-	na >		,		}		0		0.		
	25		Other assets (describe ►)									25	142,808.		
	26			c (deco	rihe ▶		١		ŀ		0		0.		
	27	Netas	sets or	fund h	alances (line 27 of	column (B) must agree w	/ /ith line	21)	 		<u>_</u>	27	142,808.		
			 -			· · · · · · · · · · · · · · · · · · ·									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Sei				1	Expenses					
				(Regi	ured for section					
What is the organization's primary exempt purpose? To	promote funding,	research and e	ducation	501(uired for section (3) and (4) (3) and section (a) (1) trusts, optional					
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo nersons benefited, or other re	ses. In a clear and cond levant information for e	cise manner, ach	orgar 4947	nizations and section (a)(1) trusts, optional					
program title				for ot	hers)					
28 The first symposium was l	neld with medical	professionals								
to review current status										
23.00.000.000.000.000.000.000										
(Grants \$ 0.) If th	s amount includes foreign gra	ants check here		28 a	56,225.					
· · · · · · · · · · · · · · · · · · ·	is amount includes loreign gra	ants, eneck here		202	30/223.					
29	 									
										
										
(Grants \$) If th	is amount includes foreign gra	ants, check here	<u> </u>	29 a						
30										
(Grants \$) If th	30 a									
31 Other program services (attach schedule			I I							
· =	, is amount includes foreign gra	ants, check here	▶ □	31 a						
32 Total program service expenses (add lin			<u> </u>	32	56,225.					
Part IV List of Officers, Directors		nlovees List each on	e even if not com	·						
Part IV List of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account					
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances					
(a) Halling and addition	to position	,	deferred compensa	ation						
Scott Tucker										
100 Franklin St	Pres, Trea, Clerk									
Boston MA 02110	2.00	0.		0.						
Dora Lewin	2.00	-		<u> </u>						
	Dimestan		ļ							
877 Beacon St	Director	^		_						
Newton Ctr MA 02459	2.00	0.		0.						
<u>Joel Shapiro</u>										
5324 Long Island Dr	Director									
Atlanta GA 30327	2.00	0.		0.						
Eric Zuckerman, DO										
4200 Carey Lane	Director		ļ							
Bloomfield MI 48301	2.00	٥.		0.						
Brianne Walker										
9427 Alto Dr	Director									
	2.00	0.		0.						
	2.00			<u> </u>						
Rodney Vaughn										
1038 Boseman Dr	Director			_						
Lithia Springs GA 30122	2.00	0.		0.						
Shari Mae Wyner Narva										
240 Mt Vernon St	Director									
W Newton MA 02465	2.00	0.		0.						
Jonathan Berns										
3733 Park East Drive	Director		1							
Cleveland OH 44122	2.00	0.		0.						
0101020110			-							
			}							
			-							
			1							
			<u> </u>							
	1									
	1		1							
ВАА	TEEA0812 0	1/30/10	1		Form 990-EZ (2009)					
	ILLAUGIZ (()					

ria	Other information (Note the statement requirements in the matis for Fact V.)		V	N				
		<u> </u>	Yes	No				
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		х				
34	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		_					
;	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?	e, 35 a		х				
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х				
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a b Did the organization file Form 1120-POL for this year?	0. 37b		x				
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		x				
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b							
30	Section 501(c)(7) organizations Enter:	_		i				
	a Initiation fees and capital contributions included on line 9							
	b Gross receipts, included on line 9, for public use of club facilities . 39b							
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	—		١				
40			ĺ					
section 4911 ►, section 4912 ►, section 4955 ►								
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I								
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	405		X				
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization							
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T								
41								
••	List the states with which a sopy of this following							
42	a The organization's							
	books are in care of F Scott Tucker Telephone no F (61		<u>-969</u>	96				
	Located at ► 100 Franklin St Boston MA ZIP + 4 ► 021	10						
		ſ	Yes	No				
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	163	X				
	· ·	42.0						
	If 'Yes,' enter the name of the foreign country: ►	-		,				
				:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.							
	c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42 c		<u> X</u>				
	If 'Yes,' enter the name of the foreign country							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ 🗌					
and enter the amount of tax-exempt interest received or accrued during the tax year								
			Yes	No				
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х				
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'								
	Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	<u> </u>				

				Inflammatory						Page 4
Part VI	Sectio	n 50	1(c)(3) organ	nizations and se	ction 49	47(a)(1) no	onexempt chari	table t	trusts only. All so	ection
							t charitable trus	sts mu	st answer question	วทร
	46-49h	and	complete th	ne tables for line	s 50 and	d 51.				

Yes No

							Yes	No			
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I											
47 Did t	47		X								
	48		X								
	e organization a school as described in se		•			49 a		X			
	he organization make any transfers to an	·	elateu organizat	,10117		49 a	_				
וו מ	es,' was the related organization a section	527 organization? .	•			450					
50 Com empl	plete this table for the organization's five loyees) who each received more than \$10	nighest compensated en 0,000 of compensation f	nployees (other tom the organization	ation If there	<u>e is none, enter 'N</u>	lone '					
	A Name and address of each amplayee paid	(b) Title and average hours per week	(c) Compensa	tion (d) C	ontributions to employe benefit plans and	e (e) Ex	pense nt and				
(a	 Name and address of each employee paid more than \$100,000 	devoted to position		de	eferred compensation		owance	š			
None_											
f Tota	I number of other employees paid over \$1	00,000	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
											
51 Com comp	plete this table for the organization's five loensation from the organization of there is	nighest compensated inc none, enter 'None.'	dependent contra	actors who e	ach received more	e than \$100,0	000 of				
	(a) Name and address of each independent cont	ractor paid more than \$100,000	<u>_</u>	(b) T	ype of service	(c) Com	ensatio	n			
None		- -		•							
											
											
d Total	number of other independent contractors	each receiving over \$10	00.000	>							
u rota	Thamber of other macpendent contractors	cach receiving over with	,0,000								
	Under penalties of perjury, I declare that I have exam	nined this return, including acco	mpanying schedules	and statements,	and to the best of my l	knowledge and be	lief, it is				
	true, correct, and complete Declaration of preparer	(other than officer) is based on	all information of which								
	Seat Le			1	6/20/	10					
Sign	Signature of office				6/30/	,,,					
Here		Open on		•	, and the same of						
	J. Tolcer	- PRESIDER									
	Type or print name and title				1	December 1 death	Super Alice				
Paid	Preparer's		Date			Preparer's Identi (See instructions	ying Nui)	mber			
Pre-	sidnature		06/2	29/10	employed > X						
parer's	Firm's name (or Julia F. Tierna yours/if self.		-		_						
Jse	employed), address, and Park a	Road			EIN ►						
Only	ZIF +4 / Peabody			960	Phone no ► (9	78) <u>5</u> 35-	<u>8232</u>	<u>!</u>			
	RS discuss this return with the preparer sh	own above? See instruc	tions .			► Yes		No			
BAA						Form 99	O-EZ ((2009)			
	\smile										

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047 2009

2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

		eorganization								Employe	ridentilicat	ION Number		
'he	Pe		ammatory Bowe								350829			
Parl			olic Charity Statu							See II	nstructi	ons		
he o	rga	nization is not a priva	ate foundation becaus	e it is: (For line:	s 1 throug	gh 11, ch	eck only	y one bo	x.)					
1	\Box		n of churches or asso											
2	П	A school described	ın <mark>section 170(b)(1)(A</mark>)(ii). (Attach Sc	hedule E)								
3	Ħ		rative hospital service				170(b)	(1)(A)(iii).					
4	Ħ		organization operated							b)(1)(A)	(iii) Ente	r the hospi	tal's	
•	ш	name, city, and stat	= '	,		•			,					
5		An organization ope 170(b)(1)(A)(iv). (Co	erated for the benefit o omplete Part II)							nental u	nit descr	ibed in sec	tion	
6	Ш	A federal, state, or I	local government or go	overnmental uni	t describe	ed in sec	ction 17	0(b)(1)(<i>A</i>	()(v)					
7	M	An organization that in section 170(b)(1)	t normally receives a s (A)(vi). (Complete Pa	substantial part irt II)	of its sup	port fror	n a gove	ernment	ai unit c	or from t	ne gener	ai public de	escribe	:a
8														
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
		a Type I	b Type II	c [ed		d 🗀	Type III-	Other	
e	a Type I b Type II c Type III — Functionally integrated d Type III — Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).													
f		If the organization recheck this box	eceived a written dete	rmination from	the IRS th	nat is a T	Гуре I, Т	ype II o	r Type I	II suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion accepted an	y gift or	contribut	tion fron	n any of	the follo	owing p	ersons?		Yes	No
		below, the gov	directly or indirectly c verning body of the su	pported organız	ation?	gether v	vith pers	sons des	cribed i	ın (ıı) an	d (III)	11 g (i)	163	
		(ii) a family memi	ber of a person descr	ribed in (i) above	92							11 g (ii)		
		(iii) a 35% control	led entity of a person	described in (i)	or (II) abo	ove?						11 g (iii)		
h		Provide the followin	g information about th	e supported org	anization	s.								
	(1	i) Name of Supported Organization	(ii) EIN	(iii) Type of orga (described on li above or IRC (see instructi	nes 1-9 section	organizat	in your	(v) Did y the organ col your su	ization in	organizat	is the ion in col zed in the S ?	(vii) Amount of Support		port
						Yes	No	Yes	No	Yes	No			
								ļ						
	_													
						-		ļ						
							1		1					

Schedule A (Form 990 or 990-EZ) 2009 The Pediatric Inflammatory Bowel Disease Consortium, Inc. 26-3350829

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)						
Sec	tion A. Public Support	,		 						
begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					199,0	30.	199,030.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-through 3					199,0	30.	199,030.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	, g** ,			\$ '			178,057.		
6	Public support. Subtract line 5 from line 4							20,973.		
Sec	tion B. Total Support					,				
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
7	Amounts from line 4				:	199,0	30.	199,030.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			:			4.	4.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					!				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10							199,034.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)	•		Į	12	0.		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 50	(c)(3)	► X		
	tion C. Computation of Pu						I			
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)	•		14	<u>%</u> %		
	33-1/3 support test — 2009. If the	•	•	on line 13 and t	he line 14 is 33-1	! /3 % or more				
	and stop here. The organization	qualifies as a pub	licly supported or	ganization				▶ [_		
	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	ganization.	and line 15 is 33	-1/3% or moi	e, cne	► CK this box		
17 :	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
18	Private toundation. If the organiz	zation did not ched	x a box on line,	13, 108, 100, 1/8,				uctions 1		

The Pediatric Inflammatory Bowel Disease Consortium, Inc. 26-3350829 Schedule A (Form 990 or 990-EZ) 2009 Rart III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 **(e)** 2009 Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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

Schedule A	(Form 990 or 990	-EZ) 2009	The F	ediatric	: Inflam	matory	Bowel Di	sease (Consortium	m, Inc.	26-	3350829	Page 4
Part IV	(Form 990 or 990 Supplementa Part II, line 17	I Informati	on.	Complete	e this p	part to	provide	the e	xplanation	ons rec	quired	by Part I	I, line 10;
	Part II, line 17	/a or 1/b;	and i	Part III,	line 12	2. Prov	ide any	otner	addition	ai into	rmatio	n. See in	Structions.
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The Pediatric Inflammatory Bowel Disease Consortium, Inc.	26-3350829	1
Form 990-EZ, Part I, Line 16 Other Expenses Statement		
Other expenses (describe)	-	
Meeting Expenses	31,021.	
Website Design	21,204.	
Taxes - Other	65.	
Total	52,290.	