

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20****B Check if applicable**

☐	Address change
☒	Name change
☐	Initial return
☐	Final return/terminated return
☐	Amended return
☐	Application pending

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

D Employer identification number 13-6193105	
E Telephone number (800) 932-2423	
G Gross receipts \$ 80,100,420	
H(a) Is this a group return for subordinates?	☐ Yes ☒ No
H(b) Are all subordinates included?	☐ Yes ☐ No
If "No," attach a list (see instructions)	

I Tax-exempt status	☒ 501(c)(3)	☐ 501(c) () (insert no)	☐ 4947(a)(1) or	☐ 527
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J Website: WWW.CROHNSCOLITISFOUNDATION.ORG

K Form of organization	☒ Corporation	☐ Trust	☐ Association	☐ Other ▶	L Year of formation 1967	M State of legal domicile NY
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF CHILDREN AND ADULTS AFFECTED BY THESE DISEASES	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	373
	6 Total number of volunteers (estimate if necessary)	6	5,066
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	295,805
b Net unrelated business taxable income from Form 990-T, line 34	7b	28,379	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	65,605,925.	68,702,957.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	457,281	747,505
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	303,867	531,740
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	955,617	795,743
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,322,690.	70,777,945.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	27,125,150.	29,281,589.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	23,859,390	25,011,149
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	295,706	264,647
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,172,963.	16,346,816
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,453,209.	70,904,201
	19 Revenue less expenses Subtract line 18 from line 12	-130,519.	-126,256
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	34,825,663.	40,336,506
Net Assets or Fund Balances	22 Net assets or fund balances Subtract line 21 from line 20	24,310,087.	29,800,511.
		10,515,576.	10,535,995

Part II Signature Block

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

Sign Here	Signature of officer	Date 11/14/2017
	Ronald Goldsman Vice President, Finance	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SCOTT THOMPSETT	Scott Thompson	11/13/2017		P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no 212-599-0100		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code:) (Expenses \$ 31,232,083 including grants of \$ 29,281,589) (Revenue \$ 0)

ATTACHMENT 2

4b (Code:) (Expenses \$ 26,637,659 including grants of \$ 0) (Revenue \$ 451,700)

ATTACHMENT 3

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 57,869,742JSA
6E1020 1 000

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 371		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 373		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b 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 in Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	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	
b Describe in 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 4

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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. ►

RONALD GOLDSMAN, VP FINANCE 733 THIRD AVENUE NEW YORK, NY 10017-8804

212 685 3440

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 dotted 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)	(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			
(1) MICHAEL OSSO (NON-VOTING) PRESIDENT/CEO	35 00 0.	X		X				386,710	0	34,850.
(2) ANDREW STERN SECRETARY	1.00 0.	X		X				0.	0	0
(3) BISHOP WALTER SCOTT THOMAS TRUSTEE	1 00 0	X						0	0	0
(4) CHRISTOPHER COLLETTE TRUSTEE	1 00 0	X						0.	0	0
(5) DAVID LEVENSON TRUSTEE	1 00 0	X						0.	0.	0
(6) DONALD BURKE TRUSTEE	1.00 0	X						0.	0.	0
(7) ERIC STONE TRUSTEE	1.00 0.	X						0.	0	0
(8) FRANCISCO SYLVESTER, MD TRUSTEE (THRU 3/2016)	1 00 0.	X						0.	0	0
(9) IRWIN ROSENTHAL TRUSTEE (THRU 2/2016)	1 00 0	X						0.	0	0
(10) JAMES LEWIS TRUSTEE	1 00 0.	X						0.	0.	0
(11) JEFFREY NEDELMAN TRUSTEE (THRU 3/2016)	1 00 0	X						0.	0.	0
(12) JENNIFER FEIKIN TRUSTEE (THRU 3/2016)	1 00 0	X						0.	0	0
(13) JENNIFER O'NEILL TRUSTEE	1.00 0.	X						0	0.	0
(14) JOHN CROSSON TRUSTEE	1 00 0	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 dotted 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)	(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			
(15) JOHN HASENAUER TRUSTEE	1.00 0.	X						0	0	0
(16) MARIA OLIVA-HEMKER, MD TRUSTEE	1.00 0.	X						0	0	0
(17) MATT LEAVITT TRUSTEE	1.00 0	X						0	0.	0
(18) PAUL SALERNO TREASURER	1.00 0.	X		X				0	0.	0
(19) PAUL TARTELL, MD TRUSTEE (THRU 3/2016)	1.00 0.	X						0	0	0
(20) PAULA HILBERT TRUSTEE	1.00 0.	X						0.	0.	0
(21) SCOTT SNAPPER, MD NSAC CHAIRMAN	1.00 0.	X		X				0.	0.	0
(22) SHELBY MODELL CO-FOUNDER/TRUSTEE	1.00 0.	X						0.	0	0
(23) VANCE GIBBS, ESQUIRE CHAIRMAN	1.00 0.	X		X				0	0	0
(24) MAURA BREEN TRUSTEE	1.00 0.	X						0	0	0
(25) BRENT POLK TRUSTEE	1.00 0.	X						0.	0.	0
1b Sub-total								386,710	0.	34,850
c Total from continuation sheets to Part VII, Section A								2,301,527.	0.	129,200
d Total (add lines 1b and 1c)								2,688,237.	0	164,050

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 **44**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 20		

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 dotted 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)	(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			
(26) DONALD KORTZ TRUSTEE	1.00 0.	X						0	0.	0
(27) MARK MURRAY TRUSTEE	1.00 0.	X						0	0.	0
(28) MARCY BETH NANUS TRUSTEE	1.00 0.	X						0	0.	0
(29) JOSEPH NEMMERS TRUSTEE	1.00 0.	X						0	0.	0
(30) ROBERT VAN PULLEY TRUSTEE	1.00 0	X						0	0	0
(31) ROBERT TERRITO CFO/COO	35.00 0.			X				245,673.	0.	12,288.
(32) CAREN HELLER CHIEF SCIENTIFIC OFFICER	35.00 0.				X			321,433.	0.	13,150.
(33) MICHAEL ELKOW EVP, CHAPTER GROWTH & DEVELOP.	35.00 0.				X			227,620.	0.	15,835.
(34) MARIE GRANIERI CHIEF OF STAFF	35.00 0.				X			226,697.	0	13,700.
(35) SHERI MARKUS-KENNEL SENIOR VP, BUSINESS DEVELOPMENT	35.00 0.				X			185,486.	0.	10,800.
(36) ALLISON COFFEY SENIOR VP, ADVANCEMENT	35.00 0.				X			159,418.	0.	9,042.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **44**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		

[illegible]**d Total (add lines 1b and 1c)** ▶

	Yes	No
3	X	
4	X	
5		X

(A) Name and business address	(B) Description of services	(C) Compensation

PAGE 11

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	1,636,800			
	b	Membership dues	1b				
	c	Fundraising events	1c	26,490,694			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	460,957			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	40,114,506			
	g	Noncash contributions included in lines 1a-1f \$		1,112,587			
	h	Total. Add lines 1a-1f		68,702,957			
Program Service Revenue				Business Code			
	2a	EDUCATION & CAMP REGISTRATION FEES	900099	451,700	451,700		
	b	CUSTOMIZED TRAINING SOLUTIONS	611430	295,805		295,805	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		747,505			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		214,388			214,388
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		504,368			504,368
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			2,842,515				
	b	Less cost or other basis and sales expenses		2,525,163			
	c	Gain or (loss)		317,352			
	d	Net gain or (loss)		317,352			317,352
	8a	Gross income from fundraising events (not including \$ 26,490,694 of contributions reported on line 1c) See Part IV, line 18	a	6,455,755			
	b	Less direct expenses	b	6,729,001			
	c	Net income or (loss) from fundraising events		-273,246			-273,246
	9a	Gross income from gaming activities See Part IV, line 19	a	341,557			
	b	Less direct expenses	b	68,311			
	c	Net income or (loss) from gaming activities		273,246			273,246
	10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	IBD JOURNAL STIPENDS/SCHOLARSHIPS	900099	236,000	236,000			
b	VEHICLE DONATION PROGRAM	900099	12,744			12,744	
c	CLUBS AND ORGANIZATIONS	900099	5,348			5,348	
d	All other revenue	900099	37,283			37,283	
e	Total. Add lines 11a-11d		291,375				
12	Total revenue. See instructions.		70,777,945	687,700	295,805	1,091,483	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	27,211,267.	27,211,267.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,070,322	2,070,322.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,862,701.	1,183,560	439,970	239,171.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	17,984,795.	11,427,539.	4,248,009.	2,309,247
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	695,277.	441,779.	164,224	89,274
9 Other employee benefits	2,923,677	1,857,704.	690,573	375,400.
10 Payroll taxes	1,544,699.	981,502.	364,858.	198,339
11 Fees for services (non-employees).	0.			
a Management	26,466.	21,601.	3,069.	1,796
b Legal	112,351.	91,697.	13,029.	7,625.
c Accounting	338,575.		338,575.	
d Lobbying	264,647.			264,647
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees	6,092,266.	4,972,313.	706,499	413,454
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	827,279.	675,199.	95,937	56,143
12 Advertising and promotion	1,964,384	1,603,267.	227,803	133,314
13 Office expenses	1,070,124.	873,401.	124,099.	72,624.
14 Information technology	0			
15 Royalties	1,671,180	1,363,964	193,801	113,415.
16 Occupancy	1,877,077	1,532,010.	217,678.	127,389
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	678,468.	678,468.		
19 Conferences, conventions, and meetings	0			
20 Interest	0.			
21 Payments to affiliates	721,123.	588,558.	83,626	48,939
22 Depreciation, depletion, and amortization	327,602.	267,378.	37,991	22,233
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GRANTS REFUNDED/RESCINDED	-1,160,481.	-1,160,481.		
b PUBLICATIONS	985,930.	804,685.	114,335	66,910
c LIST RENTAL FEES	63,921.	52,170.	7,413	4,338.
d MISCELLANEOUS	750,551.	331,839.	151,028	267,684.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	70,904,201.	57,869,742.	8,222,517.	4,811,942.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0.
	2 Savings and temporary cash investments	12,287,542.	2	9,924,371
	3 Pledges and grants receivable, net	5,145,241.	3	9,015,454
	4 Accounts receivable, net	0	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	519,703.	8	631,460
	9 Prepaid expenses and deferred charges	471,861.	9	1,242,529
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,849,761		
	b Less: accumulated depreciation	10b 3,452,110.	2,691,454	10c 2,397,651
	11 Investments - publicly traded securities	11,275,738.	11	14,772,899
	12 Investments - other securities. See Part IV, line 11	849,027	12	1,103,852
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0
	15 Other assets. See Part IV, line 11	1,585,097.	15	1,248,290.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,825,663.	16	40,336,506.	
Liabilities	17 Accounts payable and accrued expenses	2,815,809.	17	2,532,276
	18 Grants payable	20,559,402	18	26,077,074
	19 Deferred revenue	352,646	19	574,636.
	20 Tax-exempt bond liabilities	0	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	582,230	25	616,525
	26 Total liabilities. Add lines 17 through 25	24,310,087.	26	29,800,511.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-601,899.	27	-2,273,764.
	28 Temporarily restricted net assets	11,117,475.	28	12,809,759.
	29 Permanently restricted net assets	0.	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,515,576	33	10,535,995.
	34 Total liabilities and net assets/fund balances	34,825,663.	34	40,336,506.

Form **990** (2016)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,777,945
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,904,201.
3	Revenue less expenses. Subtract line 2 from line 1	3	-126,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,515,576.
5	Net unrealized gains (losses) on investments	5	147,408
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-733.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,535,995

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Employer identification number

13-6193105

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	49,808,240	52,916,365	60,902,280	65,605,925	68,702,957	297,935,767
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	49,808,240	52,916,365	60,902,280	65,605,925	68,702,957	297,935,767
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),						45,334,083
6 Public support. Subtract line 5 from line 4						252,601,684

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	49,808,240	52,916,365	60,902,280	65,605,925	68,702,957	297,935,767
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	780,816	723,526	625,821	650,124	718,756	3,499,043
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	48,092	0	295,805	343,897
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	7,552,953	7,753,879	7,775,390	6,910,304	7,088,687	37,081,213
11 Total support. Add lines 7 through 10						338,859,920
12 Gross receipts from related activities, etc. (see instructions)					12	1,821,269
13 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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	74 54 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	75 69 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
GROSS INCOME FROM FUNDRAISING	6,987,971	7,048,651	7,218,499	6,136,123	6,455,755	33,846,999
GROSS INCOME FROM GAMING ACTIV	330,074	371,873	292,741	323,928	341,557	1,660,173
MISCELLANEOUS	58,866	38,355		71,795	37,283	206,299
SETTLEMENT PROCEEDS	176,042	70,000		40,000		286,042
IBD JOURNAL STIPENDS/SPONSORSH		225,000	229,000	233,000	236,000	923,000
VEHICLE DONATION PROGRAM			35,150	17,304	12,744	65,198
REIMBURSEMENTS				88,154		88,154
CLUBS AND ORGANIZATIONS					5,348	5,348
TOTALS	<u>7,552,953</u>	<u>7,753,879</u>	<u>7,775,390</u>	<u>6,910,304</u>	<u>7,088,687</u>	<u>37,081,213</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

**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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		255,287
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		83,288
j Total. Add lines 1c through 1i			338,575
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1(I)

THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") PAYS THE HEALTH AND MEDICINE COUNSEL OF WASHINGTON D C. TO KEEP THE ORGANIZATION UP-TO-DATE ON WHAT IS TRANSPIRING WITH LEGISLATION ON CAPITOL HILL CONCERNING HEALTH AND MEDICINE. IT SHOULD BE NOTED THAT THE HEALTH AND MEDICINE COUNSEL OF WASHINGTON IS A HEALTHCARE ADVOCACY GROUP THAT MAY LOBBY ON BEHALF OF HEALTHCARE ORGANIZATIONS; HOWEVER, IT IS NOT PAID TO DIRECTLY UNDERTAKE ANY LOBBYING ACTIVITIES ON BEHALF OF THE FOUNDATION. TOTAL AMOUNT PAID IN 2016 WAS \$83,288. THE FOUNDATION HOLDS A "DAY ON THE HILL" EVENT EVERY YEAR, IN WHICH PATIENTS SUFFERING WITH CROHN'S DISEASE VOLUNTEER TO TRAVEL TO WASHINGTON D C. TO DISCUSS PROPOSED HEALTHCARE BILLS WITH LEGISLATORS THE "DAY ON THE HILL" EVENT WAS CONDUCTED DURING THE CALENDAR YEAR 2016, FOR WHICH EXPENSES INCURRED WERE APPROXIMATELY \$75,360.

THE FOUNDATION ENGAGES IN STATE-BASED ADVOCACY CAMPAIGNS ENSURING THE NEEDS OF PATIENTS ARE BEING ADDRESSED THROUGH LEGISLATION THAT TARGETS THE COST OF HEALTH CARE AND ACCESS AND ENSURES ACCESS TO CARE AND TREATMENT WITH THE ULTIMATE GOAL OF IMPROVING THE QUALITY OF LIFE FOR OUR PATIENTS. TOTAL PAYMENTS MADE IN CALENDAR YEAR 2016 WERE \$179,927.

EXPENDITURES OF \$75,360 FOR THE DAY ON THE HILL EVENT HAVE BEEN REPORTED ON SCHEDULE C, PART II-B, 1(G). INCLUDED WITHIN THE \$75,360 ARE EXPENSES INCURRED FOR MAILINGS MADE TO MEMBERS, LEGISLATORS OR THE PUBLIC (LINE 1(D)), ACCORDINGLY THE FOUNDATION HAS MARKED BOX 1(D) YES, BUT NOT REPORTED AN EXPENSE ON THAT LINE (TO AVOID DOUBLE-COUNTING).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-6193105

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (e.g., 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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items.	
a Revenue included in 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) 2016

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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 are a 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 programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Temporarily restricted endowment _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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		471,769.	157,886.	313,883.
d Equipment		2,125,824	1,631,542.	494,282.
e Other		3,252,170	1,662,684.	1,589,486
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,397,651

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REINSURANCE CONTRACTS	249,735.
(3) DEFERRED RENT	366,790.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	
	616,525.

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	76,524,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	147,408.
b	Donated services and use of facilities	2b	5,599,510.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-733
e	Add lines 2a through 2d	2e	5,746,185
3	Subtract line 2e from line 1	3	70,777,945.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	70,777,945

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

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

1	Total expenses and losses per audited financial statements	1	76,503,711
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,599,510.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	5,599,510
3	Subtract line 2e from line 1	3	70,904,201
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	70,904,201

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE

PART XI, LINE 2D

CHANGES IN CHARITABLE REMAINDER TRUSTS. \$(733)

INCOME TAXES

PART X

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 ADOPTION OF THIS GUIDANCE DID NOT HAVE AN IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS AS MANAGEMENT BELIEVES THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE			GRANTMAKING	RESEARCH	1,604,994
(2) NORTH AMERICA			GRANTMAKING	RESEARCH	256,996
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH	208,332
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,					2,070,322
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,070,322

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH	115,830	BANK WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	143,880	BANK WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	89,408	BANK WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	119,999	BANK WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	63,645	BANK WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	107,788	BANK WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	95,702	BANK WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	130,000	BANK WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	123,200	BANK WIRE			
(10)			EAST ASIA/PACIFIC	RESEARCH	64,826	BANK WIRE			
(11)			NORTH AMERICA	RESEARCH	141,166	BANK WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	167,657	BANK WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	109,992	BANK WIRE			
(14)			EAST ASIA/PACIFIC	RESEARCH	108,306	BANK WIRE			
(15)			EAST ASIA/PACIFIC	RESEARCH	35,200	BANK WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	115,764	BANK WIRE			

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

3 Enter total number of other organizations or entities.

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)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	106,616	BANK WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	115,530	BANK WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	115,812	BANK WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. 19.

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2016

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).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 SANKY COMMUNICATION	DIRECT MAIL		X	4,222,502.	264,647.	3,957,855
2 INFOCISION MANAGEMENT CORP	TELE-MARKETING		X	7,424		7,424.
3						
4						
5						
6						
7						
8						
9						
10						
Total				4,229,926	264,647	3,965,279.

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 TAKE STEPS (event type)	(b) Event #2 TEAM CHALLENGE (event type)	(c) Other events 77 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10,603,514	6,173,359.	16,169,574.	32,946,447
	2 Less Contributions	9,235,626.	4,690,161.	12,564,905.	26,490,692.
	3 Gross income (line 1 minus line 2).	1,367,888.	1,483,198.	3,604,669	6,455,755
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	554,670	262,638	2,740,684.	3,557,992.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	813,218.	1,220,560.	1,137,231.	3,171,009.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,729,001.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-273,246.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			341,557.	341,557.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			68,311.	68,311
	6 Volunteer labor	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				68,311
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				273,246

9 Enter the state(s) in which the organization conducts gaming activities: SEE SUPPLEMENTAL PAGE

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

b If "No," explain: _____

10 a 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 0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► RONALD GOLDSMAN

Address ► 733 THIRD AVENUE, SUITE 510 NEW YORK, NY 10017

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information:

Name ► SEE PART IV

Gaming manager compensation ► \$ _____

Description of services provided ► NONE

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanation 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 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 SPECIAL EVENT ACTIVITIES AND, AS SUCH, THE ORGANIZATION DOES NOT HAVE ONE PERSON WHO OVERSEES ALL GAMING ACTIVITIES FOR PURPOSES OF SCHEDULE G, PART III, LINES 14 & 16. RAFFLES ARE

Schedule G (Form 990 or 990-EZ) 2016

- 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 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ 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 explanation 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).

CONDUCTED AS PART OF SPECIAL EVENTS AND NOT AS SEPARATE FUNDRAISING

ACTIVITIES CHAPTERS ARE RESPONSIBLE FOR SECURING APPLICABLE LICENSES

AND COMPLYING WITH REPORTING REQUIREMENTS. FOR THE PERIOD COVERED BY THIS

RETURN, ONLY TWENTY-NINE CHAPTERS HELD RAFFLES IN NINETEEN STATES:

ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, MASSACHUSETTS, FLORIDA,

GEORGIA, ILLINOIS, INDIANA, MICHIGAN, MISSOURI, NORTH CAROLINA, NEW

JERSEY, NEW YORK, OHIO, PENNSYLVANIA, TENNESSEE, TEXAS AND WASHINGTON.

- 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 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ 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 explanation 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 III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

CA, CO, CT, FL, GA, MA, MO, NV, NY, NC, OH, OR, PA, TX, WA,

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY SCHOOL OF MEDICINE 300 CEDAR ST BOX 208057	06-0646973	501 (C) (3)	58,250				RESEARCH
(2) DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CTR DRIVE LEBANON, NH 03756	22-2715483	501 (C) (3)	126,306				RESEARCH
(3) DUKE UNIVERSITY MEDICAL CENTER 2200 W MAIN ST, STE 820 DURHAM, NC 27705	56-0532129	501 (C) (3)	90,000				RESEARCH
(4) EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501 (C) (3)	1,843,939				RESEARCH
(5) FASEB 9650 ROCKVILLE PIKE BETHESDA, MA 20814	52-0700497	501 (C) (3)	10,000				RESEARCH
(6) FED CLIN IMMUNOLOGY SOC W13410 LEON RD MENOMONEE FALLS, WI 53051	76-0715404	501 (C) (3)	10,000				RESEARCH
(7) GEORGIA INSTITUTE OF TECHNOLOGY 901 ATLANTIC DRIVE ATLANTA, GA 30332	58-6002023	501 (C) (3)	106,700				RESEARCH
(8) GEORGIA STATE UNIVERSITY 38 PEACHTREE CTR AVE ATLANTA, GA 30302	586002050	501 (C) (3)	58,250				RESEARCH
(9) GEORGIA STATE UNIVERSITY RESEARCH FDTN P O BOX 3999 ATLANTA, GA 30302-3999	581845423	501 (C) (3)	206,500				RESEARCH
(10) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C) (3)	701,219				RESEARCH
(11) JOHNS HOPKINS UNIVERSITY-SCHOOL OF MED 12529 COLLECTIONS CTR DRV CHICAGO, IL 60693	586002050	501 (C) (3)	52,755				RESEARCH
(12) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE STE 300 BOSTON, MA 02199	04-2697983	501 (C) (3)	1,705,829				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

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SCHEDULE I
(Form 990)

**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.

OMB No 1545-0047

2016

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number
13-6193105

CROHN'S & COLITIS FOUNDATION, INC.

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. ☒ Yes ☐ No

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MA INST OF TECH 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-210-3594	501(C)(3)	46,544				RESEARCH
(2) MA INST OF TECH - KOCH INST FOR INT CANCER 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-210-3594	501(C)(3)	30,820				RESEARCH
(3) MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905-0001	41-6011702	501(C)(3)	226,954				RESEARCH
(4) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-192-4236	501(C)(3)	115,830				RESEARCH
(5) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501(C)(3)	115,830				RESEARCH
(6) RESEARCH INST CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	1316056230A	501(C)(3)	295,760				RESEARCH
(7) RUTGERS, THE STATE UNIVERSITY 249 UNIVERSITY AVE NEWARK, NJ 07102	22-6001086	501(C)(3)	90,000				RESEARCH
(8) SANFORD BURNHAM PREBY'S MED DISCVRY INST 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	58,250				RESEARCH
(9) SOCIETY FOR MUCOSAL IMMUNOLOGY INC W13410 LEON RD MEMONOE FALLS, WI 53051	54-1419447	501(C)(3)	10,000				RESEARCH
(10) STANFORD UNIVERSITY 3172 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	194,435				RESEARCH
(11) SUNY UPSTATE MEDICAL UNIVERSITY 750 E ADAMS STREET SYRACUSE, NY 13210	14-1368361	501(C)(3)	58,250				RESEARCH
(12) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	195,400				RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2016)

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SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

**Open to Public
Inspection**

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE PENNSYLVANIA STATE UNIVERSITY 110 TECH CTR UNIVERSITY PARK, PA 16802	24-6000376	501 (C) (3)	56,120				RESEARCH
(2) THE UNIVERSITY OF VIRGINIA POB 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 (C) (3)	115,830				RESEARCH
(3) THE RGNTS OF UC 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501 (C) (3)	401,660				RESEARCH
(4) THE RGNTS OF UC, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	1956006144A	501 (C) (3)	231,660				RESEARCH
(5) THE RGNTS OF UC, LOS ANGELES 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	2,297,300				RESEARCH
(6) THE RGNTS OF UC, RIVERSIDE 245 UNI OFFICE BLDG RIVERSIDE, CA 92521	956006142W	501 (C) (3)	115,830				RESEARCH
(7) THE RGNTS OF UC, SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501 (C) (3)	115,830				RESEARCH
(8) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	525,301				RESEARCH
(9) THE ROCKEFELLER UNIVERSITY 1230 YORK AVE BOX 82 NEW YORK, NY 10065	13-1624158	501 (C) (3)	205,830				RESEARCH
(10) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501 (C) (3)	100,000				RESEARCH
(11) THE SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY JUPITER, FL 33458	33-0435954	501 (C) (3)	174,080				RESEARCH
(12) THE TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	640,383				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

OMB No 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 35294-0111	1636005396A	501(C)(3)	205,830				RESEARCH
(2) THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	116,500				RESEARCH
(3) UNC AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	1,277,807				RESEARCH
(4) THOMAS JEFFERSON UNIVERSITY 125 S 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	90,000				RESEARCH
(5) TULANE UNIVERSITY SCHOOL OF MEDICINE 1430 TULANE AVE NEW ORLEANS, LA 70112	72-6034234	501(C)(3)	49,766				RESEARCH
(6) UC, SAN DIEGO - HEALTH SCIENCES 9500 GILMAN DRIVE LA JOLLA, CA 92093-0041	95-6006-144	501(C)(3)	231,399				RESEARCH
(7) UNIVERSITY OF CO DENVER, AMC AND DC 13001 E 17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	368,601				RESEARCH
(8) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	49,339				RESEARCH
(9) UNIVERSITY OF MARYLAND 100 NORTH GREENE ST BALTIMORE, MD 21201	52-1125663	501(C)(3)	126,997				RESEARCH
(10) UNIVERSITY OF MA, MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 01655	04-3167352	501(C)(3)	205,810				RESEARCH
(11) UNIVERSITY OF NEW MEXICO HSC HSC MSC09 5220 1 ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	90,000				RESEARCH
(12) UNIVERSITY OF PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224	25-0965591	501(C)(3)	90,000				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

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SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF SOUTHERN CALIFORNIA 1985 ZONAL AVENUE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	110,000				RESEARCH
(2) UNIVERSITY OF UTAH 75 S 2000 E RM 111 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	73,985				RESEARCH
(3) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	1756002868A	501(C)(3)	108,399				RESEARCH
(4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE NASHVILLE, TN 37203	1620476822A	501(C)(3)	229,889				RESEARCH
(5) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298-0568	54-6001758	501(C)(3)	66,848				RESEARCH
(6) WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DRV ST LOUIS, MO 63130-4862	43-0653611	501(C)(3)	2,599,289				RESEARCH
(7) YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501(C)(3)	231,659				RESEARCH
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **67**
- 3 Enter total number of other organizations listed in the line 1 table **67**

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

Schedule I (Form 990) (2016)

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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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTS

PART I, LINE 1

THE CROHN'S & COLITIS FOUNDATION ("THE FOUNDATION") IS A NON-PROFIT ORGANIZATION DEDICATED TO FINDING THE 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 PERIODICALLY AS THE PROJECT IS BEING COMPLETED MOST AWARDS ARE GIFTED FOR A PERIOD OF 3 YEARS WITH AN ANNUAL PROGRESS REPORT PRESENTED TO THE CHIEF SCIENTIFIC OFFICER AND THE NATIONAL SCIENTIFIC

Schedule I (Form 990) (2016)

Page 2

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

ADVISORY COMMITTEE FOR REVIEW AND APPROVAL. IF THE PROGRESS REPORTS DO

NOT SHOW SIGNIFICANT STRIDES IN THE RESEARCH, THE GRANT WILL NOT BE

APPROVED FOR ADDITIONAL FUNDING AND WILL BE TERMINATED

Schedule I (Form 990) (2016)

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Employer identification number

13-6193105

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax indemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
☒ Compensation committee		
☒ Independent compensation consultant		
☒ Form 990 of other organizations		
☐ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

Page 2

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 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 (NON-VOTIN PRESIDENT/CEO)	359,210.	27,500	0	31,250.	3,600	421,560	0.
2 ROBERT TERRITO (CFO/COO)	239,673	6,000.	0	12,008	280.	257,961	0.
3 CAREN HELLER (CHIEF SCIENTIFIC OFFICER)	315,433	6,000.	0	10,600.	2,550.	334,583.	0.
4 MICHAEL ELKOW (VP, CHAPTER GROWTH & DEVELOP)	221,620.	6,000.	0	6,891.	8,944.	243,455.	0.
5 MARIE GRANIERI (CHIEF OF STAFF)	224,197	2,500.	0	13,420.	280.	240,397	0.
6 SHERI MARKUS-KENNEL (SENIOR VP, BUSINESS DEVELOPMENT)	180,486	5,000	0	10,800	0	196,286.	0
7 KIMBERLY FREDERICK-SNAP (AREA EXEC DIR., NEW ENGLAND)	170,663.	3,000	0	10,233.	0	183,896	0
8 CRAIG COMINS (VICE PRESIDENT, TEAM CHALLENGE)	156,935.	1,000.	0	9,809.	6,638.	174,382	0.
9 KRISTIN KAPLAN (VICE PRESIDENT, SPECIAL EVENTS)	152,777.	5,000	0	9,532.	6,638.	173,947.	0.
10 RICHARD GESWELL (PRESIDENT/CEO (THRU 8/2015))	0	0	0	0	0	0	0
11 ALLISON COFFEY (SENIOR VP, ADVANCEMENT)	155,418	4,000	0	9,042	0	168,460	0.
12 JENNIFER FAGERSTROM (VP, CHAPTER GROWTH & DEVELOP)	170,431	2,500	0	3,149.	7,208.	183,288	0.
13 JACK MATARASSO (VP, DIGITAL MARKETING)	157,120.	1,500.	0	1,178.	0	159,798	0.
14	0	0	0	0	0	0	0.
15							
16							

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

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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.

COMPENSATION

SCHEDULE J, 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, GEOGRAPHIC LOCATIONS, TENURE, MISSION EXPENSES AND INDIVIDUAL PERFORMANCE HELP DETERMINE SENIOR LEADERSHIP COMPENSATION. THE PRESIDENT'S COMPENSATION IS DETERMINED ON AN ANNUAL BASIS BY THE CHAIRMAN OF THE BOARD AND COMPENSATION AND BENEFITS COMMITTEE USING GUIDELINES AND COMPARABLE DATA PROVIDED IN NATIONAL COMPENSATION STUDIES OF CHIEF STAFF 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 BENCHMARKING SURVEYS 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 LAST COMMISSIONED A STUDY IN 2015 AND ANTICIPATES CONDUCTING ANOTHER ONE IN 2018

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Schedule J (Form 990) 2016

Page 3

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.

INCENTIVE PROGRAM

SCHEDULE J, PART I, LINE 7

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

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

IN CALENDAR YEAR 2016, FORMER PRESIDENT, RICHARD GESWELL, RECEIVED A PAYOUT OF A BONUS THAT WAS APPROVED BY THE BOARD OF DIRECTORS AND REPRESENTS THE FINAL PIECE OF COMPENSATION DUE TO MR GESWELL

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open To Public
Inspection**

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	102.	1,112,587	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 IV, Donee Acknowledgement

29

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

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

Schedule M (Form 990) (2016)

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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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

CROHN'S & COLITIS FOUNDATION, INC.

13-6193105

RELATIONSHIPS

PART VI, SECTION A, LINE 2

BOARD MEMBER SCOTT SNAPPER AND HIGHLY COMPENSATED EMPLOYEE KIMBERLY

FREDERICK-SNAPPER HAVE A FAMILY RELATIONSHIP

PROCESS USED TO REVIEW FORM 990

PART VI, SECTION B, LINE 11

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 CHAIR OF THE AUDIT AND FINANCE
COMMITTEE MEMBERS FOR DISCUSSION AND COMMENT A COPY OF THE 990 IS
DISTRIBUTED TO ALL BOARD OF TRUSTEES PRIOR TO FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

PART VI, SECTION B, LINE 12

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.

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Employer identification number

13-6193105

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINES 15 A & B

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

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

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 FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.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.

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Employer identification number

13-6193105

CONTRIBUTIONS

PART VIII, LINE 1G, NONCASH CONTRIBUTIONS

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 2016, THE FOUNDATION RECEIVED \$12,744 IN REVENUES FROM THIS PROGRAM.

ADDITIONALLY, THE FOUNDATION RECEIVES CONSIDERABLE IN-KIND CONTRIBUTIONS IN THE FORM OF DONATED PUBLIC SERVICE ANNOUNCEMENTS ON TELEVISION AND RADIO STATEMENTS AND SERVICES RECEIVED FROM PHYSICIANS AND HEALTH PROFESSIONALS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME IN FURTHERANCE OF THE FOUNDATION'S MISSION. THE FAIR VALUE OF SUCH IN-KIND CONTRIBUTIONS IS REFLECTED IN THE STATEMENT OF ACTIVITIES AS CONTRIBUTED SERVICES AND AIRTIME REVENUE AND HEALTH PROFESSIONAL EDUCATION AND PUBLIC INFORMATION PROGRAM SERVICE EXPENSE. SINCE DONATED SERVICES ARE NOT REPORTED ON THE FORM 990, THE FOUNDATION HAS NOT REPORTED THE CONTRIBUTED SERVICES AND AIRTIME ON SCHEDULE M OR PART VIII, LINE 1(G). FOR THE YEAR ENDING DECEMBER 31, 2016, CONTRIBUTED SERVICES AND AIRTIME AMOUNTED TO \$5,599,510

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

CHANGES IN CHARITABLE REMAINDER TRUSTS: \$(733)

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Employer identification number

13-6193105

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOR ALMOST 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. 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").

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SINCE ITS INCEPTION, THE FOUNDATION HAS BEEN AT THE FOREFRONT OF MEDICAL RESEARCH IN CROHN'S DISEASE AND ULCERATIVE COLITIS

- COLLECTIVELY KNOWN AS INFLAMMATORY BOWEL DISEASE (IBD). BASIC RESEARCH EXPLORES THE SCIENTIFIC FOUNDATIONS OF THE DISEASES. IT ANSWERS SUCH QUESTIONS AS: WHAT ARE THE UNDERLYING CAUSES OF CROHN'S AND COLITIS? WHICH GENES ARE INVOLVED IN THESE DISEASES? THESE FINDINGS WILL ULTIMATELY LEAD TO THE CURE FOR IBD. CLINICAL RESEARCH HELPS DETERMINE THE MEDICAL AND SURGICAL OPTIONS THAT WORK BEST FOR PATIENTS.

- WITH MORE THAN 1,000 GRANTS AWARDED, THE FOUNDATION HAS PLAYED A SIGNIFICANT ROLE IN MANY MAJOR SCIENTIFIC BREAKTHROUGHS IN IBD, FROM GENERATING DATA THAT LEADS TO NEW THERAPIES TO THE DISCOVERY

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

ATTACHMENT 2 (CONT'D)

OF THE FIRST GENE FOR CROHN'S.

- THE FOUNDATION INVESTS IN HUMAN RESOURCES IT TAKES 10 YEARS TO "BUILD" A FULL-FLEDGED, SENIOR INVESTIGATOR TO MAKE SURE THAT THE MOST TALENTED RESEARCHERS ENTER AND REMAIN IN THE FIELD OF IBD, THE FOUNDATION PROVIDES RESEARCH TRAINING AWARDS TO DEVELOP THE NEXT GENERATION OF INVESTIGATORS. MANY OF TODAY'S MOST PROMINENT RESEARCHERS RECEIVED TRAINING AWARDS FROM THE FOUNDATION EARLY IN THEIR CAREERS

- THE FOUNDATION SETS THE RESEARCH AGENDA. THE FOUNDATION BRINGS TOGETHER THE FINEST MINDS IN THE INTERNATIONAL SCIENTIFIC COMMUNITY (BOTH BASIC AND CLINICAL) AND DEVELOPS AND IDENTIFIES THE PRIORITIES AND RESOURCES THAT ARE ESSENTIAL TO MOVING RESEARCH FROM THE LABORATORY BENCH TO THE PATIENT'S BEDSIDE.

- THE FOUNDATION SUPPORTS INNOVATIVE AND ESSENTIAL RESEARCH IN THE FIELD OF IBD SINCE ITS INCEPTION IN 1967, THE FOUNDATION HAS INVESTED OVER \$298 MILLION IN RESEARCH, RESULTING IN \$4.2 BILLION IN FOLLOW-UP FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH

ATTACHMENT 3

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC.

Employer identification number

13-6193105

ATTACHMENT 3 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE FOUNDATION PROVIDES INFORMATION AND EDUCATION IN AN EFFORT TO REACH THE MORE THAN 1 6 MILLION IBD PATIENTS AND THEIR FAMILIES THROUGH A VARIETY OF PERIODICALS, BOOKS, AWARENESS CAMPAIGNS, LOCAL CHAPTERS, ITS WEBCASTS, AND THROUGH ITS WEBSITE. THE FOUNDATION ALSO REACHES ITS MANY MEMBERS WITH EXCLUSIVE MAILINGS. THE FOUNDATION ALSO OFFERS PROFESSIONAL EDUCATION ON INFLAMMATORY BOWEL DISEASES, ITS IBD JOURNAL, AND HEALTH PROFESSIONAL WORKSHOPS. THE FOUNDATION SUPPORT SERVICES ARE DELIVERED THROUGH ITS CHAPTERS NATIONWIDE WHICH OFFER MORE THAN 300 SUPPORT GROUPS ANNUALLY, SUMMER CAMPS FOR CHILDREN WITH IBD, AND A RANGE OF EDUCATIONAL AND TRAINING PROGRAMS FOR LOCAL COMMUNITIES IN 2016, OVER 804,000 INDIVIDUALS PARTICIPATED IN OUR PROGRAMS. READ MORE ABOUT THE FOUNDATION'S CHAPTERS ON ITS WEBSITE, WWW.CROHNSCOLITISFOUNDATION.ORG/

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 5

Name of the organization

CROHN'S & COLITIS FOUNDATION, INC

Employer identification number

13-6193105

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DELOITTE CONSULTING LLP 4022 BELLE DRIVE HERMINTAGE, TN 37076	PATIENT D BASE IMPL.	4,152,548.
BLACKBAUD P O BOX 930256 ATLANTA, GA 31193-0256	CNSTNT. D BASE	1,440,582.
ROBERT MICHAEL EDUCATIONAL INSTITUTE 101 LAUREL ROAD, SUITE 200 VOORHEES, NJ 08043-2368	EDUCATIONAL SERVICES	1,021,623
SANKY COMMUNICATION, INC. 599 11TH AVENUE, 6TH FLOOR NEW YORK, NY 10036	DIRECT RESPONSE	479,999
BARKLEY REI P.O. BOX 876270 KANSAS CITY, MO 64187-6270	MARKETING	341,256