Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning and	ending	-	
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	CELIAC DISEASE FOUNDATION			
	Name	Doing business as		**-***08	30
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	20350 VENTURA BLVD	240	(818) 71	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,123,135.
	Amer	$1$ WOODLAND HILLS, CA $31304^{-}2403$		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: TEAN THIN GROUZABLE G	GELLER		······
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🔀 501(c)(3) 🛄 501(c) ( ) (insert no.) 🛄 4947(a)(1) c	or 🛄 527	4 <sup>′</sup>	list. See instructions
	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1990 N	State of legal domicile: CA
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE CONTROL DIAGNOSIS, TREATMENT AND A CURE THE		DISEASE FU	UNDATION
Governance					
veri	2	Check this box if the organization discontinued its operations or dispose		I	sets. 14
ĝ	3				14
8 8	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
itie	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			14
Activities &	-	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
۵.	8	Contributions and grants (Part VIII, line 1h)		1,689,169.	1,469,755.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,285,606.	1,600,725.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,044.	27,932.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,569.	20,214.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,008,388.	3,118,626.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		360,000.	75,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		916,228.	1,115,792.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 347,76	65.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		784,436.	986,800.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,060,664.	2,177,592.
	19	Revenue less expenses. Subtract line 18 from line 12		947,724.	941,034.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		4,098,155.	4,468,403.
et A:	21	Total liabilities (Part X, line 26)		915,780.	595,648.
_		Net assets or fund balances. Subtract line 21 from line 20		3,182,375.	3,872,755.
	art 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	Signature of officer			Date				
	MARILYN GRUNZWEIG GELLER,							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	SUSAN CARON	SUSAN CARON		self-employed P00163651				
Preparer		CPA'S		Firm's EIN **-**1603				
Use Only	Firm's address 650 SIERRA MADRE	VILLA #303						
	PASADENA, CA 9110		Phone no. (626) 792-9988					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2022) CELIAC DISEA	SE FOUNDATION	**_***	*0830 Pa
Par	t III Statement of Program Service A	complishments		
	Check if Schedule O contains a response or	note to any line in this Part III .		
	Briefly describe the organization's mission:			
	CELIAC DISEASE FOUNDATION			
	THROUGH RESEARCH, EDUCATI			FY OF
	LIFE FOR ALL PEOPLE AFFEC		ISEASE AND NON-CELIAC	
	WHEAT/GLUTEN SENSITIVITY.			
2	Did the organization undertake any significant pro	gram services during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X
	If "Yes," describe these new services on Schedule	e O.		
3	Did the organization cease conducting, or make s	gnificant changes in how it con	ducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service acco	nplishments for each of its three	e largest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are r	-		•
	revenue, if any, for each program service reported			. ,
	(Code: ) (Expenses \$ 1,642,0	58 . including grants of \$	75,000.) (Revenue \$]	L,600,72
	RESEARCH		, (Notona) (	
	A TWO-TIME PATIENT-CENTER	ED OUTCOMES INST	TITUTE (PCORI) AWARD W	VINNER.
	THE CELIAC DISEASE FOUNDA			
	COLLABORATING WITH RESEAR			
	OF AND TREATMENTS FOR CEL			
	ENGAGEMENT IN THE RESEARC			
	FUNDED MORE THAN \$1,000,0			
	CONFERENCE GRANTS TO ADVA			
	IMPACT. THE FOUNDATION SU			
	OF ITS WORLD-RENOWNED MED			
	BIOPHARMACEUTICAL COMPANI		-	
	PROMOTES CLINICAL TRIALS,			
4b	(Code:) (Expenses \$			
1c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
			) (10001000	
1d	Other program services (Describe on Schedule O.			,
	(Expenses \$ including gr		) (Revenue \$	)
4e	Total program service expenses	,642,058.		
				Form <b>990</b> (
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Form	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
0	If "Yes," complete Schedule A	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	f "Yes," complete Schedule D, Part IV			x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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	140		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<b>v</b>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (2	2022)	CELIAC	DISEASE	FOU
Part IV	Checklist of	of Required Sc	hedules (cont	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
_		ı I			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		11			
	filed for the calendar year ending with or within the year covered by this return	2a		~	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	x
				3a oh		<u></u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account or other financial		-	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accou	int) ?	<del>4</del> d		
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nte (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
ou	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices (	provided to the payor?	7a		Х
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:		I			
а	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:		I			
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	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.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand		l	44-		Х
				14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the exception subject to the exception 4060 tax on payment(c) of more than \$1,000,000 in remun		or	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?			15		х
	excess parachute payment(s) during the year?			15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	at inc-	mo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Ves." complete Form 4720. Schedule O			10		
17	If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any a	ctivitio	e			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990 (	
Part VI	Go۱

### CELIAC DISEASE FOUNDATION

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

\*\*-\*\*\*0830 Page 6

irt VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b	ıse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Χ

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14	1		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the	•			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		┝
6	Did the organization have members or stockholders?		6		┝
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•	_		
	more members of the governing body?		7a		┝
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		_		
_	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			v	
	The governing body?		8a	X	┞
-	Each committee with authority to act on behalf of the governing body?		8b		┞
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		_		
<u>}ec</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		L
	tion B. Policies (This Section B requests information about policies not required by the Internal Re			Yes	Г
10-2	Did the organization have local chapters, branches, or affiliates?		10a	185	┞
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		104		ł
b	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	x	ł
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		114		┢
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	ľ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12a	X	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		120	<u></u>	┢
C	on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	X	t
14	Did the organization have a written document retention and destruction policy?		14	x	t
15	Did the process for determining compensation of the following persons include a review and approva				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	x	ſ
	Other officers or key employees of the organization		15b	x	t
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		l
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	• •			
	exempt status with respect to such arrangements?		16b		ſ
ec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990-T (section 501(c)(	3)s only	) avail	a
	for public inspection. Indicate how you made these available. Check all that apply.		. ,		
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	nd fina	ncial	
	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 bo	oks and records			
	THE ORGANIZATION - (818) 716-1513				
	20350 VENTURA BLVD, 240, WOODLAND HILLS, CA 91364	-2469			_
32000	5 12-13-22		Form	1 <b>990</b>	(2
	6				
40	427 793269 4686 2022.03030 CELIAC DISEASE	FOUNDATION	468	36	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List all of the organization's current key employees, if any. See the instructions for deminition of key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D) (E)		(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per			compensation	compensation	amount of				
	week		cer an	a a a	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual t	nstitutional trustee	_	Key employee	Highest compensated employee	5	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			0
(1) MARILYN GRUNZWEIG GELLER	40.00									
CEO					х			251,095.	0.	17,625.
(2) DEBORAH CEIZLER	40.00									
CDO					х			169,338.	0.	12,654.
(3) BRADLEY HERREMA	2.00									
EXECUTIVE; GOVERNANCE		Х		Х				0.	0.	0.
(4) JOHN WAGNER	2.00									
EXECUTIVE; GOVERNMENT & ADVOCACY		Х		Х				0.	0.	0.
(5) JORDAN RAMER	2.00									
EXECUTIVE; FINANCE		Х		Х				0.	0.	0.
(6) ADRIENNE BENDER	2.00									
EXECUTIVE (CHAIR); DEVELOPMNET		Х		Х				0.	0.	0.
(7) LEE JONES	2.00									
EXECUTIIVE; DEVELOPMENT		Х						0.	0.	0.
(8) JAMIE RESIN	2.00									
MEMBER; DEVELOPMENT		Х						0.	0.	0.
(9) WARREN SAFT	2.00									
MEMBER; DEVELOPMENT		Х						0.	0.	0.
(10) JIM WATSON	2.00									
FINANCE; DEVELOPMNET		Х						0.	0.	0.
(11) RHONDA RESNICK	2.00									
MEMBER; DEVELOPMENT		Х						0.	0.	0.
(12) LINDA SOLOMON	2.00									
FINANCE; DEVELOPMNET		Х						0.	0.	0.
(13) KRISTIN YAREMA	2.00									_
GOVERMENT & ADVOCACY		Х						0.	0.	0.
(14) YASITH WEERASURIYA	2.00									_
GOVERMENT & ADVOCACY		Х						0.	0.	0.
(15) CASEY GUBER	2.00									_
MEMBER; DEVELOPMENT		Х						0.	0.	0.
(16) WILLIAM THURSTON	2.00								_	-
MEMBER		Х						0.	0.	0.
										- 000 (2222)

232007 12-13-22

Form **990** (2022)

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2022.03030 CELIAC DISEASE FOUNDATION

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Form 990 (2022) CELIAC DISEASE FOUNDATION **=***08	30 Pag	je <b>8</b>
Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)           (A)         (B)         (C)         (D)         (E)	(F)	
hours for $\begin{bmatrix} \frac{3}{2} \\ related \\ \frac{3}{2} \\ 3$	Estimated amount of other compensatio from the organization and related	on n d
organizations     understanding     unde	organization	15
1b Subtotal 420,433. 0.	30,27	0
1b Subtotal       420,433.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.         d Total (add lines 1b and 1c)       420,433.       0.		
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		2
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>		No X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> Section B. Independent Contractors	5	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization. Report compensation for the calendar year ending with or within the organization's tax year.	ion from	
(A) (B)	(C) npensation	
Total number of independent contractors (including but not limited to those listed above) who received more than     \$100,000 of compensation from the organization     D	orm <b>990</b> (20	)22)

232008 12-13-22

Forn	n 99	0 (2	2022) CEL	JIA	C DISE	EAS	E FOUNDA	TION		**-***0	830	Page 9
	rt \		/									
			Check if Schedule O a				or poto to any lir	an in this Part VIII				
				conta	ins a respo	Inse	or note to any in	(A)	(B)	(C)	(D	
								Total revenue	Related or exempt	Unrelated	Revenuè e	xcluded
								rotarrovende	function revenue		from tax	under
									sections 5	12 - 514		
nts its	1	а	Federated campaigns		1a							
Z ar		b Membership dues 1b										
۵Ĕ			Fundraising events									
Contributions, Gifts, Grants and Other Similar Amounts								4				
٥Ë					····· + +			4				
Sin			Government grants (contr					4				
erio		f	All other contributions, gifts,	grants	s, and							
ĔĔ			similar amounts not included	labove	9 <b>1f</b>	1,	469,755.					
50		g	Noncash contributions included in	n lines 1	a-1f <b>1g</b>	\$	92,184.					
Se		h	Total. Add lines 1a-1f					1,469,755.				
							Business Code					
a)		а	PROGRAM INCOM	(F				1,227,517.	1 227 517			
jč	<sup>2</sup>		SPONSORSHIPS				900099	373,208.	373,208.			
ne		b	SFONSOKSHIFS				900099	575,200.	575,200.			
Program Service Revenue		С										
₹ar ev		d										
<u>в</u> о п		е										
۲,		f	All other program service	reven	iue							
		a	Total. Add lines 2a-2f					1,600,725.				
	3	3	Investment income (includ									
	ľ			-				27,932.			27	932.
			,					2775520				
	4		Income from investment o			•						
	5		Royalties	· · · · ·								
					(i) Rea		(ii) Personal	4				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		с	Rental income or (loss)	6c								
		d	Net rental income or (loss)	s)								
	7	а	Gross amount from sales of	ÍΠ	(i) Securit	ties	(ii) Other					
			assets other than inventory	7a				1				
		h	Less: cost or other basis	<u>–</u>								
Ð		D		76								
evenue			and sales expenses	7b				4				
eve			Gain or (loss)	7c								
Ĕ			Net gain or (loss)									
Other R	8	а	Gross income from fundraising	ng eve	nts (not							
δ			including \$		of							
			contributions reported on	line 1	lc). See							
			Part IV, line 18			8a	27,418.					
		b	Less: direct expenses			8b	4,509.	1				
			Net income or (loss) from			0.0		22,909.			22	909.
								2275051				
	9	a	Gross income from gamin									
			Part IV, line 19			9a	ļ					
			Less: direct expenses			9b						
			Net income or (loss) from	-	-	s						
	10	а	Gross sales of inventory, I	less re	eturns							
			and allowances			10a						
		b	Less: cost of goods sold			10b						
			Net income or (loss) from				1					
		U		Sales	JIIIVEIILU	''y	Business Code					
sn		_	PARTNERSHIP L	.000	z		900099	-2,695.			_ 2	695.
ue o	11		LAVINGVOUIL T	1025	ر ا		900099	-4,093.			-4,	090.
en		b										
ev el		С										
Miscellaneous Revenue		d	All other revenue									
_		е	Total. Add lines 11a-11d	<u></u>	<u></u>	<u></u>		-2,695.				
	12		Total revenue. See instruction					3,118,626.	1,600,725.	0.	48,	146.
23200	9 12	2-13	-22								Form <b>99</b>	0 (2022)

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CELIAC DISEASE FOUNDATION 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).

De	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	75,000.	75,000.		
4	Benefits paid to or for members	-	-		
5	Compensation of current officers, directors,				
	trustees, and key employees	420,433.	222,477.	86,334.	111,622
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	510,064.	418,320.		91,744
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,937.	18,587.	2,424.	5,926 19,646
9	Other employee benefits	89,300.	61,617.	8,037.	19,646
10	Payroll taxes	69,058.	47,650.	6,215.	15,193
11	Fees for services (nonemployees):				
а	Management				
	Legal	20.	20.		
	Accounting	50,943.		50,943.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,593.		11,593.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	21,306.	19,418.	1,044.	844
14	Information technology	36,871.	36,871.		
15	Royalties				
16	Occupancy	53,129.	48,879.	2,125.	2,125
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	79,624.	66,794.	12,830.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,225.	29,647.	1,289.	1,289
23	Insurance	11,254.	5,966.	3,940.	1,348
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLINICAL TRIALS	331,394.	331,394.		
b	EDUCATION AND RESEARCH	99,682.	95,719.	995.	2,968
с	FUNDRAISING CAMPAIGNS	95,060.			95,060
d	ADVOCACY	76,002.	76,002.		
е	All other expenses	87,697.	87,697.		
25	Total functional expenses. Add lines 1 through 24e	2,177,592.	1,642,058.	187,769.	347,765
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

232010 12-13-22

Check here [

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if following SOP 98-2 (ASC 958-720)

10 2022.03030 CELIAC DISEASE FOUNDATION Form **990** (2022)

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CELIAC DISEASE FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,025,005. 1,784,847. Cash - non-interest-bearing 1 1 244,122. 224,220. 2 2 Savings and temporary cash investments 113,068. 149,399. Pledges and grants receivable, net 3 3 134,000. 337,896. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 54,580. 4,363. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 114,401. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 77,160. 35,841. 37,241. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 1,631,575. 1,440,044. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 28,219. 61,436. 14 14 Intangible assets 88,903. 171,799. Other assets. See Part IV, line 11 15 15 4,098,155. 4,468,403. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 112,931. 118,186. 17 Accounts payable and accrued expenses 17 519,390. 223,025. 18 Grants payable 18 283,459. 19 168,582. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 85,855. 0. 25 of Schedule D 915,780. 595,648. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,862,755. 3,182,375. Net assets without donor restrictions 27 27 10,000. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,182,375. 3,872,755. Total net assets or fund balances 32 32 4,098,155. 4,468,403. 33 33 Total liabilities and net assets/fund balances ...

\*\*-\*\*\*0830 \_\_\_\_\_\_Page 11

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) CELIAC DISEASE FOUNDATION	**.	-***0830	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,118		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,17	7,5	92.
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,182	2,3	75.
5	Net unrealized gains (losses) on investments	5	-250	),6	54.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,872	2,7	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	6,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

I	OMB No. 1545-0047
	2022
	Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	e of t	he organization							identification number *-***0830				
De	41			FOUNDATION					^_^^0830				
Pa		Reason for Public (			-		see instruction	IS.					
	organi	ization is not a private found											
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
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	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (	unit describ	bed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	Х	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from				
		activities related to its exen											
		income and unrelated busir											
		See section 509(a)(2). (Cor					2	•					
11		An organization organized a		ively to test for public sa	ifety. See	section 50	)9(a)(4).						
12		An organization organized a	-	•	•			arry out the	e purposes of one or				
		more publicly supported or		•	-			-					
		lines 12a through 12d that											
а		<b>Type I.</b> A supporting orga				-		-	giving				
		the supported organization	-	-	•								
		organization. You must c		• • • •									
b		<b>Type II.</b> A supporting org	-		tion with it	s supporte	ed organizatio	on(s), by ha	ving				
		control or management o	-				-		-				
		organization(s). You mus						5 1	•				
с		] Type III functionally inte			in connec	tion with. a	and functiona	llv integrate	ed with.				
-		its supported organization							,				
d		Type III non-functionally						rted organi	zation(s)				
		that is not functionally int						-					
		requirement (see instruct			-		-	a an actoric					
е		Check this box if the orga						II Type III					
Ū		functionally integrated, or					. , , , , , , , , , , , , , , , , , , ,	n, 19pe n					
f	Ente	r the number of supported of			0 0	Lation							
a		ride the following information	•										
3		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
Tota													
ruta									1				

#### Schedule A (Form 990) 2022

#### CELIAC DISEASE FOUNDATION

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,064,481.	1,000,765.	1,093,597.	1,708,692.	1,497,173.	6,364,708.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	1,064,481.	1,000,765.	1,093,597.	1,708,692.	1,497,173.	6,364,708.
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)						
	Public support. Subtract line 5 from line 4.						6,364,708.
	ction B. Total Support					( )	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,064,481.	1,000,765.	1,093,597.	1,708,692.	1,497,173.	6,364,708.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	137.	112.	63.	23,919.	27,932.	52 162
	and income from similar sources	137.	112.	03.	23,919.	21,952.	52,163.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						6 116 971
	Total support. Add lines 7 through 10					12 5	<sup>6,416,871.</sup> ,033,705.
	Gross receipts from related activities,	,	,				,055,705.
13	First 5 years. If the Form 990 is for the	-					
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2022 (I			column (f))		14	99.19 %
	Public support percentage for 2022 (i Public support percentage from 2021					15	99.56 %
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2021. If the c						
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
a	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances tes	-		• • • •			
~	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio		-				
			,	, , .,	,		(Form 990) 2022

232022 12-09-22

#### CELIAC DISEASE FOUNDATION

#### 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.)

Calendar year (or fiscal year beginnin		<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, a	- ,					
membership fees received. (I						
include any "unusual grants."						
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt pu	ons, s per- in the					
<b>3</b> Gross receipts from activities						
are not an unrelated trade or						
iness under section 513						
4 Tax revenues levied for the o						
ization's benefit and either pa	°					
or expended on its behalf						
5 The value of services or facilit						
furnished by a governmental						
the organization without char						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1,						
3 received from disqualified p						
<b>b</b> Amounts included on lines 2 and 3 rece						
from other than disqualified persons the exceed the greater of \$5,000 or 1% of t amount on line 13 for the year	at the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from						
Section B. Total Support						
Calendar year (or fiscal year beginnin	ng in) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6			(0) 2020	(4) 2021	(0) 2022	(i) i otal
<b>10a</b> Gross income from interest, dividends, payments received securities loans, rents, royalti and income from similar source	d on ies.					
<b>b</b> Unrelated business taxable incom	ne					
(less section 511 taxes) from bus acquired after June 30, 1975	sinesses					
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated bu activities not included on line whether or not the business i regularly carried on	usiness 10b, is					
12 Other income. Do not include or loss from the sale of capita	e gain al					
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11,						
14 First 5 years. If the Form 990		rst second third	fourth or fifth tax	vear as a section <sup>1</sup>	1 501(c)(3) organi	zation
check this box and stop here	-			•		
Section C. Computation of	of Public Support Pe	rcentage				······ ـــــــــــــــــــــــــــــــ
15 Public support percentage fo			column (f))		15	%
16 Public support percentage fro Section D. Computation of					16	%
•					47	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
17 Investment income percentag					17	%
18 Investment income percentag						%
19a 33 1/3% support tests - 202						ne 17 is not
more than 33 1/3%, check th b 33 1/3% support tests - 202	21. If the organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/39	
line 18 is not more than 33 1/						
20 Private foundation. If the org	ganization did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins		
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#### CELIAC DISEASE FOUNDATION

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

232024 12-09-22

16 2022.03030 CELIAC DISEASE FOUNDATION

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#### Schedule A (Form 990) 2022 CELIAC DISEASE FOUNDATION

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2a

2b

За

Yes No

No

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the perior to regularly upperint or elect a hajonty of the organization of eneore,
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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,

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

	1

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

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

#### Section E. Type III Functionally Integrated Supporting Organizations

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

232025 12-09-22

3b | | Schedule A (Form 990) 2022

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2022.03030 CELIAC DISEASE FOUNDATION 4686\_\_\_1

17

Check here if the organization satisfied the Integral Part Test as a			Part VI). See instructio
All other Type III non-functionally integrated supporting organizati	ons 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 instruction	s) <b>6</b>		
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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater am	ount.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
<ul> <li>7 Recoveries of prior-year distributions</li> </ul>	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current vear is the organization's first as a non-f		d Type III supporting or	

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) 2022

232026 12-09-22

Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrik	putions to attentive supported organizations to which the	ne organization is responsive	е		
	(provi	de details in Part VI). See instructions.	-		8	
9	Distrik	putable amount for 2022 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distrik	outable amount for 2022 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2022 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2022				
a	From	2017				
b	From	2018				
c	From	2019				
d	From	2020				
е	From	2021				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2022 distributable amount				
i	Carry	over from 2017 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2022 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2022 distributable amount				
с	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2022, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2022. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	I. See instructions.				
7	Exce	ss distributions carryover to 2023. Add lines 3j				
	and 4					
8		down of line 7:				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				
		s from 2022				

Schedule A (Form 990) 2022

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(See instructions.)		r any additional informa	
			le A (Form 990)

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 9	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Employer identification number

OMB No. 1545-0047

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Nam	e of the organization	NDAUTON	Em	ployer identificatio * * - * * * 0	on number
Pa	CELIAC DISEASE FOU			-	
Fa	organization answered "Yes" on Form 990, Part IV, lir			JILS.Complete if t	ine
		(a) Donor advised funds	(b) Fur	nds and other acco	unte
	Tabel south as at an disformer		(6) 1 01		
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		a al funada		
5	Did the organization inform all donors and donor advisors in	-			
~	are the organization's property, subject to the organization's			Yes	└── No
6	Did the organization inform all grantees, donors, and donor a		-		
	for charitable purposes and not for the benefit of the donor of		•	Vec	
Pa		agnization answard "Yes" on Form 000 E		Yes	└── No
		-	antiv, inte i	<u>·</u>	
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	a biotoriaallı	important land are	
	Preservation of land for public use (for example, recrea		-	/ important land are	ea
	Protection of natural habitat	Preservation of	a certified h	storic structure	
•	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	fied conservation contribution in the form of	of a conserv	Held at the End of t	
_			0-		
a	Total number of conservation easements			1	
b	Total acreage restricted by conservation easements			1	
с	Number of conservation easements on a certified historic str		2c	1	
d	Number of conservation easements included in (c) acquired				
•	historic structure listed in the National Register			<u> </u>	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organizatio	n during the tax	
	year				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				
•	violations, and enforcement of the conservation easements				└── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and emorcing cons	servation eas	sements during the	year
7	Amount of expenses insurred in menitering inspecting here	dling of violations, and onforcing concervat	tion occomo	nto during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and emorcing conservat	lion easeme	his during the year	
8	Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of eastion 170	(h)(4)(D)(i)		
0				Yes	No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	ion accomenta in its revenue and evpance			
9		-			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's infancial stateme	ents that de	scribes the	
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or O	ther Simi	lar Assets	
	Complete if the organization answered "Yes" on Form				
10	If the organization elected, as permitted under FASB ASC 95		nd balanco	shoot works	
Ia	of art, historical treasures, or other similar assets held for pu	•			
	service, provide in Part XIII the text of the footnote to its fina	, ,		public	
h				ot worke of	
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	ierance of p	ublic service,	
	provide the following amounts relating to these items:			<b>^</b>	
	(i) Revenue included on Form 990, Part VIII, line 1				
~				\$	
2	If the organization received or held works of art, historical tree		i gain, provid	e	
	the following amounts required to be reported under FASB A	-		•	
a	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X			<u>\$</u>	. 000) 0000
	For Paperwork Reduction Act Notice, see the Instruction	IS TOR FORM 990.		Schedule D (Forn	n 990) 2022
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		<b>4</b> J			

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2022.03030 CELIAC DISEASE FOUNDATION

Sche	dule D (Form 990) 2022 CELIAC	DISEASE FO	UNDA	TION				**_**	*083	0 Pa	age <b>2</b>
Par	t III Organizations Maintaining (	Collections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	я 🛄	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	in how tł	ney further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arrar		ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custoo								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			·				
									Amount	:	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								1		1
	Did the organization include an amount on F						• • • • • • • • • •	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	(a) Current year		rior year	(c) Two year			ears hack		Veare	hack
4.		(a) Current year		noi yeai		3 Dack			(e) i oui	ycars	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the cu		l na (lina 1	a column (	)) hold as:						
	Board designated or quasi-endowment	-	%	g, column (a	a)) Heiu as.						
h	Permanent endowment	%									
c	Term endowment	%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that	at are held a	nd administe	ered for t	he				
•••	organization by:	eeelen er me erganni							Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organize										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investi			or other (other)	• •	ccumulate preciation	ed	(d) Bool	< valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			11	4,401.		77,1	60.	3'	7,2	41.
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				3'	7,2	41.

Schedule D (Form 990) 2022

232052 09-01-22

chedule D (Form 990) 2022 CELIAC DISEASE FOUNDATIO
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#### 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) MONEY MARKET FUNDS	23,026.	END-OF-YEAR MARKET VALUE
(B) EQUITIES	69,230.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	4,286.	END-OF-YEAR MARKET VALUE
(D) EXCHANGE TRADED PRODUCTS	1,343,502.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,440,044.	

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (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)	LEASE LIABILITY	85,855.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	85,855.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 CELIAC DISEASE FOUNDATION			**_	***0830 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Witl	n Revenue per R	eturr	<u>.</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,224,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-250,654.		
b	Donated services and use of facilities	2b	368,054.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	117,400.
3	Subtract line 2e from line 1			3	3,107,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	11,593.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	11,593.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,118,626.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit			
Pa	t XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	th Expenses per		rn.
Pa 1	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit a.	th Expenses per		
	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	th Expenses per	Retu	rn.
1	t XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	th Expenses per	Retu	rn.
1 2	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 	th Expenses per	Retu	rn.
1 2 a	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit	th Expenses per	Retu	rn.
1 2 a b c	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	th Expenses per	Retu	rn. 2,534,053.
1 2 a b c d	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	th Expenses per 368,054.	Retu	rn. 2,534,053. 368,054.
1 2 a b c d	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per 368,054.	1	rn. 2,534,053.
1 2 b c d e	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per 368,054.	1 2e	rn. 2,534,053. 368,054.
1 2 b c d 3	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	th Expenses per 368,054.	1 2e	rn. 2,534,053. 368,054.
1 2 a b c d e 3 4 a	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	th Expenses per 368,054.	1 2e	rn. 2,534,053. 368,054. 2,165,999.
1 2 3 4 3 4 b	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2d	th Expenses per 368,054. 11,593.	1 2e	rn. 2,534,053. 368,054. 2,165,999. 11,593.
1 2 a b c d e 3 4 a b c 5	t XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	th Expenses per 368,054. 11,593.	1 2e 3	rn. 2,534,053. 368,054. 2,165,999.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
PROVIDES GUIDANCE ON HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED,
MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. EXAMPLES OF
TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE FOUNDATION AND VARIOUS
POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE
INCOME (UBIT). THE FOUNDATION BELIEVES THAT IT HAS NO UNCERTAIN TAX
POSITIONS THAT IMPACT ITS FINANCIAL STATEMENTS.

232054 09-01-22

	LIAC DISEASE					**-***083	-
Pa			Activities Ou	tside the United States. Comple	te if the orgar	ization answered "	Yes" on
1	Form 990, Part IV		a maintain raaar	ds to substantiate the amount of its gra	nto and other	aggiatanag	
'				the selection criteria used to award the			Yes X No
	the grantees engionity r	or the grante or			granto or doo		
	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
	United States.						
				an be duplicated if additional space is n			1
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
		offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
		In the region	independent contractors	recipients located in the region)		(s) in the region	investments
			in the region				in the region
_	Subtotal	0					0
	Subtotal		1				
J	sheets to Part I		, in the second se				0
~	Totals (add lines 3a		<u> </u>				
č	and 3b)	0					0.

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

232071 10-17-22

SCHEDULE F

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

## 08540427 793269 4686

## **Statement of Activities Outside the United States**

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

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

OMB No. 1545-0047

Employer identification number

Schedule F (Form 990) 2022

#### Schedule F (Form 990) 2022

CELIAC DISEASE FOUNDATION

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			UKRAINIAN REFUGEE DONATION	75,000.		٥.		FMV
			recognized as charities by the					1
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sec			<b>&gt;</b>		1

Schedule F (Form 990) 2022

Page 2

\*\*-\*\*\*0830

Page 3

 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.
 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
 (g) Description of noncash assistance

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	CELIAC	DISEASE	FOUNDATION	
Part IV Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

#### 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	Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022		
	Attach to Form 990 or Form 990-EZ.							Open to Public		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization								entification number		
		DISEASE FOUNDATION					**_**(			
	complete this part	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not		
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 solici		g Special		-	-					
d 🗌 In-person so	licitations			Ũ						
		or oral agreement with any individual								
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			•					
compensated at le	-			agree				De		
	finalisiaksal		(iii)	Did			Amount paid	(vi) Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	ustody trol of		or retained by) fundraiser	to (or retained by) organization			
				utions?		lis	ted in col. (i)	organization		
			Yes	No						
Total										
		n is registered or licensed to solicit			s or has been notified	d it is	exempt from r	egistration		

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

Schedule G (Form 990) 2022

232081 10-27-22

CELIAC DISEASE FOUNDATION

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			· · · ·	ots greater than \$5,000.
			(a) Event #1 VIRTUAL EVENT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	27,418.			27,418.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	27,418.			27,418.
	4	Cash prizes				
ses	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,509.			4,509.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			4,509.
		Net income summary. Subtract line 10 from li				22,909.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	-
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	<u> </u>			
		he organization licensed to conduct gaming a No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
000-		2.27.00			0-1	
23208	oz 1(	J-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	CELIAC	DISEASE	FOUNDATION	**-**0830 Page3
				ers? a member of a partnership or other entity f	Yes No
	to administer charitable gaming?			,	
	Indicate the percentage of gamin				<b>13</b> a %
				anization's gaming/special events books a	
	Name				
	Address				
15a	Does the organization have a con	tract with a thir	d party from wh	nom the organization receives gaming reve	nue? Yes No
b	If "Yes," enter the amount of gam	ning revenue rec	ceived by the or	ganization \$ and	d the amount
	of gaming revenue retained by the				
c	If "Yes," enter name and address	of the third par	ty:		
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	5 5 1				
	Description of services provided				
	Director/officer	Employee	e [	Independent contractor	
	•• • • • • • •				
	Mandatory distributions:	r state law to m	ake charitable o	listributions from the gaming proceeds to	
					Yes No
b	Enter the amount of distributions	required under	state law to be	distributed to other exempt organizations	
Da	organization's own exempt activit rt IV Supplemental Infor			tions required by Part I, line 2b, columns (ii	i) and (ii); and Part III, lines 0, 0h, 10h
Га				Idditional information. See instructions.	i) and (v), and Part III, lines 9, 90, 100,
	,,,,				
2320	83 10-27-22				Schedule G (Form 990) 2022
				36	. ,

08540427 793269 4686 2022.03030 CELIAC DISEASE FOUNDATION 4686\_\_\_1

232084 04-01-22	Schedule G (Form 990)

sc	CHEDULE J Compensat	ion Information		OMB No.	1545-00	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2022	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					•
Depa	epartment of the Treasury Attach		Open to		ic	
Interr	ternal Revenue Service Go to www.irs.gov/Form990 for		Inspection			
Nan	ame of the organization		Employer iden **_**			mber
	CELIAC DISEASE FOUND	ATION	~ ~ _ ~ ~	*083	0	
Pa	Part I Questions Regarding Compensation					
4-		a fallouing to sufer a gauge listed on Four	000		Yes	No
1a			1990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevan	Housing allowance or residence for perso	naluca			
	Travel for companions	$\Box$ Payments for business use of personal re-				
	Tax indemnification and gross-up payments	$\Box$ Health or social club dues or initiation fees				
	Discretionary spending account	$\Box$ Personal services (such as maid, chauffel				
			ar, criei)			
h	<b>b</b> If any of the boxes on line 1a are checked, did the organization follo	w a written policy regarding payment or				
D	reimbursement or provision of all of the expenses described above			1b		
2						
2	trustees, and officers, including the CEO/Executive Director, regard			2	х	
				-		
3	3 Indicate which, if any, of the following the organization used to esta	blish the compensation of the organization's	5			
-	CEO/Executive Director. Check all that apply. Do not check any bo					
	establish compensation of the CEO/Executive Director, but explain	, ,				
	Image: Stabilish Compensation committee       Image: Stabilish Compensation Committee         Image: Stabilish Compensation committee       Image: Stabilish Compensation Committee					
	Independent compensation consultant IX Compensation survey or study					
	Independent compensation consultant       Image: Sompensation survey of study         Image: Sompensation compensation committee         Image: Sompensation committee					
4	During the year, did any person listed on Form 990, Part VII, Sectio	n A. line 1a. with respect to the filing				
	organization or a related organization:	, , 1 5				
а				4a		X
b						Х
с	c Participate in or receive payment from an equity-based compensati					Х
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 m	ust complete lines 5-9.				
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the		on			
	contingent on the revenues of:					
а	a The organization?			5a		Х
b	b Any related organization?			5b		Х
	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	on			
	contingent on the net earnings of:					
а	a The organization?			6a		X
b	b Any related organization?			6b		X
	If "Yes" on line 6a or 6b, describe in Part III.					
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed payments	6			
	not described on lines 5 and 6? If "Yes," describe in Part III $_{\dots\dots\dots\dots}$			7		X
8						
	initial contract exception described in Regulations section 53.4958	4(a)(3)? If "Yes," describe in Part III		8		X
9	J If "Yes" on line 8, did the organization also follow the rebuttable pre	sumption procedure described in				
	Regulations section 53.4958-6(c)?		<u></u>	9		
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for		Schedule	e J (Forr	n 990)	) 2022

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**)22** 

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\*\*-\*\*\*0830

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

Open to Public Inspection Employer identification number

Name of the organization

## CELIAC DISEASE FOUNDATION

Pa	rt I Types of Property				_			
		<b>(a)</b> 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 de noncash contribu		•	:S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		60,895.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х		31,289.	FMV			
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 00	Other ()							
26 07	Other ()							
27 28	Other () Other ()							
20	Number of Forms 8283 received by the organiz	zation durin	l a the tax year for c					
ZJ	for which the organization completed Form 828							
		50, i ait v, E					Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rei	ported in Part L lines 1 throu	ah 28, that it		100	
					-			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30					30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contrib	utions?	31		Х
	Does the organization hire or use third parties of							
-			-			32a		x
b	contributions? 32a X 1 If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.		-					

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

Schedule M (Form 990) 2022

232141 09-09-22

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.

232142 09-09-22			Schedule	M (Form 990) 2022
		42		
540427 793269 4686	2022.03030	CELIAC DISEASE	FOUNDATION	4686 1

SCHEDULE O (Form 990)

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



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CELIAC DISEASE FOUNDATION

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

AND EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CELIAC PATIENT COMMUNITY FOR SCIENTIFIC INFORMATION. THROUGH OUR RESEARCH GRANT AWARD PROGRAM, WE FUND RESEARCH AND PROGRAMS AT LEADING ACADEMIC MEDICAL CENTERS NATIONWIDE TO ADVANCE KNOWLEDGE OF THE CAUSES, PROGRESSION, AND CONSEQUENCES OF CELIAC DISEASE. WE CONTINUE TO EXPAND OUR PATIENT REGISTRY, ICURECELIAC, THAT PROVIDES RESEARCHERS WORLDWIDE WITH DATA TO ACCELERATE RESEARCH TO BETTER UNDERSTAND, AND ULTIMATELY CURE, CELIAC DISEASE. OUR IQUALIFYCELIAC PLATFORM IS THE ONLY PATIENT-DRIVEN CLINICAL TRIAL SCREENING PROGRAM FOR CELIAC DISEASE, LOWERING THE COST OF PATIENT RECRUITMENT AND SPEEDING ELIGIBLE PATIENTS INTO TRIALS AND STUDIES TO ACCELERATE TREATMENTS AND A CURE.

ADVOCACY

FOR 33 YEARS, THE CELIAC DISEASE FOUNDATION AND OUR NATIONAL NETWORK OF ACTIVISTS HAVE WORKED DILIGENTLY FOR FEDERAL RECOGNITION OF CELIAC DISEASE AS ONE OF THE WORLD'S MOST PREVALENT, AND LEAST DIAGNOSED, GENETIC AUTOIMMUNE DISEASES. IN 2021, NIH ISSUED ITS FIRST-EVER NOTICE OF SPECIAL INTEREST TO FUND CELIAC DISEASE RESEARCH. THIS MOMENTOUS STEP WAS THE RESULT OF A FOCUSED ADVOCACY EFFORT THAT BEGAN IN APRIL OF 2019, WHEN CEO MARILYN G. GELLER TESTIFIED BEFORE THE HOUSE APPROPRIATIONS SUBCOMMITTEE, WHICH, IN TURN, HELPED SECURE FY2020 APPROPRIATIONS REPORT LANGUAGE DIRECTING THE NIH TO DEVOTE SUFFICIENT, FOCUSED RESEARCH TO THE STUDY OF CELIAC DISEASE FOR THE FIRST TIME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22 43

Schedule O (Form 990) 2022	Page <b>2</b>			
Name of the organization CELIAC DISEASE FOUNDATION	Employer identification number **-**0830			
EVER. EVERY NIH APPROPRIATIONS BILL SINCE FY2020 HAS INCL	UDED LANGUAGE			
SPECIFIC TO CELIAC DISEASE. THROUGH OUR STATE ADVOCACY AM	BASSADOR			
PROGRAM, THE FOUNDATION RECRUITS AND TRAINS A NATIONAL NE	TWORK OF			
PATIENT ADVOCATES TO ENGAGE AS CIVIC PARTNERS IN THE RESE	ARCH PROCESS			
AND TO SPEAK TO MEMBERS OF CONGRESS ON BEHALF OF THE THRE	E MILLION			
AMERICANS SUFFERING FROM CELIAC DISEASE. THE CONGRESSIONA	L CELIAC			
CAUCUS, CHAIRED BY REP. BETTY MCCOLLUM, WAS CREATED AND L	AUNCHED IN			
2021 THANKS TO THE WORK OF THE FOUNDATION. THE CELIAC DIS	EASE			
FOUNDATION WAS A FOUNDING MEMBER OF THE AMERICAN CELIAC D	ISEASE			
ALLIANCE (ACDA), WHICH ACHIEVED THE 2014 FDA GLUTEN-FREE LABELING RULE,				
AND IS ACTIVELY INVOLVED WITH THE NATIONAL INSTITUTES OF	HEALTH (NIH)			
AND THE FOOD & DRUG ADMINISTRATION (FDA) TO ELEVATE THE V	OICE OF THE			
CELIAC PATIENT COMMUNITY. IN ADDITION TO INCREASING THE L	EVEL OF NIH			
FUNDING FOR THE STUDY OF CELIAC DISEASE, OUR POLICY PRIOR	ITIES INCLUDE:			
ESTABLISH A NATIONAL CELIAC DISEASE PATIENT REGISTRY AT T	HE CENTERS FOR			
DISEASE CONTROL AND PREVENTION (CDC), INCREASE ACCESS TO	CARE BY			
PROTECTING CHRONIC DISEASE PATIENTS FROM DISCRIMINATION,	EXTEND			
MEDICARE AND MEDICAID COVERAGE FOR MEDICAL NUTRITION THER	APY TO			
BENEFICIARIES WITH CELIAC DISEASE, AND CONTINUED FDA FUND	ING FOR			
ENFORCEMENT OF THE GLUTEN-FREE LABELING RULE. INTERNATIONALLY, THE				
FOUNDATION IS AN AFFILIATE MEMBER OF THE ASSOCIATION OF E	UROPEAN			
COELIAC SOCIETIES (AOECS), REPRESENTING NORTH AMERICAN INTERESTS				
THROUGH WORLDWIDE COLLABORATION ON CELIAC DISEASE ADVOCAC	Y INITIATIVES.			

#### EDUCATION

THE CELIAC DISEASE FOUNDATION PROVIDES THE PUBLIC WITH INNOVATIVE TOOLS

AND TECHNOLOGIES IN THE PROMOTION OF CELIAC DISEASE EDUCATION AS

APPROVED BY OUR INTERNATIONALLY RENOWNED MEDICAL ADVISORY BOARD. 232212 10-28-22 44 08540427 793269 4686 2022.03030 CELIAC DISEASE FOUNDATION 4686\_1

Schedule O (Form 990) 2022	Page <b>2</b>					
Name of the organization CELIAC DISEASE FOUNDATION	Employer identification number * * - * * * 0 8 3 0					
THROUGH CELIAC.ORG, THE WORLD'S MOST TRAFFICKED WEBSITE FOR CELIAC						
DISEASE, WE ASSIST PATIENTS AND FAMILY MEMBERS THROUGH IN	ITIATIVES LIKE					
THE SYMPTOMS ASSESSMENT TOOL, DESIGNED TO FACILITATE COMMUNICATION						
BETWEEN PATIENTS AND THEIR HEALTHCARE PRACTITIONERS; EAT!	GLUTEN-FREE,					
A GLUTEN-FREE RECIPE HUB WITH TAILORED MEAL PLANS TO HELP	THE NEWLY					
DIAGNOSED AND THEIR FAMILIES EASE THE TRANSITION TO A GLU	TEN-FREE DIET;					
CELIAC DISEASE MANAGEMENT PLAN FOR SCHOOL TRAINING PROGRA	M; AND A					
NATIONWIDE DIRECTORY OF PRACTITIONERS SPECIALIZING IN CEL	IAC DISEASE.					
OUR PEER-TO-PEER FUNDRAISING PROGRAM, TEAM GLUTEN-FREE (T	GF), RAISES					
AWARENESS AND FUNDS FOR CELIAC DISEASE RESEARCH, ADVOCACY	, AND					
EDUCATION INITIATIVES. WITHIN TGF IS OUR STUDENT AMBASSAD	OR PROGRAM					
WHICH EMPOWERS STUDENTS TO BECOME YOUNG LEADERS IN THE CE	LIAC COMMUNITY					
AND EDUCATE THEIR PEERS ABOUT CELIAC DISEASE. OUR EDUCATI	ON AND					
FUNDRAISING PROGRAMS EMPOWER OUR COMMUNITY TO CREATE POSI	TIVE CHANGE AT					
A GRASSROOTS LEVEL, ENSURING FUTURE GENERATIONS ARE MORE	AWARE OF THE					
SERIOUSNESS OF CELIAC DISEASE. THE FOUNDATION HAS A ROBUS	T, GLOBAL					
REACH THROUGH CELIAC.ORG, SOCIAL MEDIA CHANNELS, THE EAT! GLUTEN-FREE						
APP, AND OUR MONTHLY E-NEWSLETTER. THE FOUNDATION ALSO PROVIDES ROBUST						
TOOLS AND PROGRAMMING FOR HEALTHCARE PROFESSIONALS, INCLUDING THE						
ONLINE NASPGHAN CLINICAL GUIDE FOR PEDIATRIC CELIAC						

DISEASE AND THE CELIAC DISEASE AND PSYCHOLOGICAL HEALTH TRAINING PROGRAM. THROUGH OUR PARTNERSHIP WITH THE USC KECK SCHOOL OF MEDICINE, THE FOUNDATION SUPPORTS RESIDENT EDUCATION AT THE NATION'S LARGESTINTERNAL MEDICINE TRAINING PROGRAM TO DEVELOP FRONT-LINE PHYSICIANS WHO CAN QUICKLY AND ACCURATELY DIAGNOSE CELIAC DISEASE.

232212 10-28-22

Name of the organization

#### CELIAC DISEASE FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE CEO AND THE FINANCE COMMITTEE BEFORE FILING.

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

THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. BOARD AND STAFF

MEMBERS SIGN A CONFLICT OF INTEREST POLICY AFFIRMATION AND COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE.

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

THE BOARD OF DIRECTORS REVIEWS COMPENSATION FOR THE CEO ANNUALLY TO

DETERMINE THAT THE COMPENSATION IS REASONABLE.

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

THE 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER BEFORE FILING AND THE

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

232212 10-28-22