Form 990

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. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at www.irs.gov/Form990

For Paperwork Reduction Act Notice, see the separate instructions.

Part I  Summary

1. Briefly describe the organization's mission or most significant activities

THE MISSION IS TO CURE CYSTIC FIBROSIS AND TO PROVIDE ALL PEOPLE WITH THE DISEASE THE OPPORTUNITY TO LEAD FULL, PRODUCTIVE LIVES.

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3. Number of voting members of the governing body (Part VI, line 1a) .............................................. 3 17

4. Number of independent voting members of the governing body (Part VI, line 1b) ............................... 4 16

5. Total number of individuals employed in calendar year 2013 (Part V, line 2a) .................................... 5 257

6. Total number of volunteers (estimate if necessary) ............................................................................. 6 250,000

7a. Total unrelated business revenue from Part VIII, column (C), line 12 .................................................. 7a 0

7b. Net unrelated business taxable income from Form 990-T, line 34 ...................................................... 7b 0

8. Contributions and grants (Part VIII, line 1h) ....................................................................................... 8 193,893,253 279,115,653

9. Program service revenue (Part VIII, line 2g) ....................................................................................... 9 30,108,699 2,168,133

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) ......................................................... 10 32,829,942 8,179,793

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ........................................... 11 3,987,082 8,226,904

12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) ............................ 12 260,818,976 297,690,483

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ....................................................... 13 25,842,486 27,334,715

14. Benefits paid to or for members (Part IX, column (A), line 4) ............................................................ 14 0 0

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ......................... 15 29,994,467 25,419,186

16a. Professional fundraising fees (Part IX, column (A), line 11e) ............................................................ 16a 0 0

17. Total fundraising expenses (Part IX, column (D), line 25) ............................................................... 17 4,996,682

18. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .......................................................... 18 23,451,961 22,293,820

19. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ...................................... 19 79,288,914 75,047,721

20. Revenue less expenses Subtract line 18 from line 12 ..................................................................... 20 181,530,062 222,642,762

21. Beginning of Current Year

22. End of Year

Part II  Signature Block

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

Date 2014-06-30

Signature of officer

ROBERT J BEALL PHD, PRESIDENT AND CEO

Type or print name and title

Jeffrey J Schnapp

Preparer's signature

Check if self-employed

PTIN

11282Y

Print/Type preparer's name

Firm's name  BDO USA LLP

Firm's EIN

Firm's address  8405 GREENSBORO DRIVE 7TH FLOOR

Phone no (703) 893-0600

MCLEAN, VA 22102

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission

THE MISSION OF THE CYSTIC FIBROSIS FOUNDATION IS TO CURE CYSTIC FIBROSIS AND TO PROVIDE ALL PEOPLE WITH THE DISEASE THE OPPORTUNITY TO LEAD FULL, PRODUCTIVE LIVES BY FUNDING RESEARCH AND DRUG DEVELOPMENT, PROMOTING INDIVIDUALIZED TREATMENT, AND ENSURING ACCESS TO HIGH QUALITY, SPECIALIZED CARE A LIFE-SHORTENING GENETIC DISEASE, CF AFFECTS THE LUNGS AND DIGESTIVE SYSTEMS OF NEARLY 30,000 CHILDREN AND YOUNG ADULTS IN THE U.S. CURRENTLY, THERE IS NO CURE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses $40,275,307 including grants of $25,464,382 ) (Revenue $2,168,132 )

Medical Programs - Since 1955, the Cystic Fibrosis Foundation has been dedicated to curing and controlling cystic fibrosis (CF). The Cystic Fibrosis Foundation is the world’s leader in the search for a cure for cystic fibrosis, a life-threatening genetic disease that affects 30,000 children and adults in the United States, and 70,000 people worldwide. The treatment and care protocols developed by the CF Foundation are helping tens of thousands of people with the disease live longer, healthier lives. To support its mission, the Foundation funds and accredits a nationwide network of 110 care centers. The care center network provides the best care for people with CF and has been recognized by the National Institutes of Health as a model of care for a chronic disease. 1) Through the Foundation’s efforts, the life expectancy of a child with CF has doubled in the last 30 years, and research to find a cure is more promising than ever before. 2) The Foundation provides much-needed support for patients and their families as they manage the difficult consequences of the disease - from supporting specialized, quality CF care to providing information and support to help people with CF access that care. 3) The Foundation’s patient registry collects information on the health status of approximately 28,100 CF patients, providing caregivers and researchers critical information to help identify new health trends and effective treatments and improve the quality of CF care. The patient registry is an internationally recognized model for other nonprofit health organizations, including CF advocacy groups. 4) Medical programs consist of approximately 305 grants and other costs to support scientific studies/investigations and cystic fibrosis centers. Approximately 162 grants totaling $14.4 million were awarded to cystic fibrosis care centers serving approximately 28,100 patients

4b (Code ) (Expenses $3,293,035 including grants of $1,870,333 ) (Revenue $0 )

The mission of the Cystic Fibrosis Patient Assistance Foundation (CFPAF) is to assist cystic fibrosis patients residing in the United States, regardless of their health insurance coverage or financial resources, with access to FDA-approved drugs (and paired devices) for the inhaled treatment of cystic fibrosis pulmonary disease and to medications for the treatment of pancreatic insufficiency. Furthermore, CFPAF is committed to maintaining the highest standards of customer service and operating efficiency, in order to maximize the support and assistance that it can provide to the CF community. Since its inception, Cystic Fibrosis Patient Assistance Foundation, LLC (CFPAF) has responded to 36,938 calls for assistance. In 2013, CFPAF provided $1,870,333 in patient assistance grants to 1,099 CF patients

4c (Code ) (Expenses $10,309,962 including grants of $0 ) (Revenue $0 )

Public and Professional Information and Education - To broaden its reach and to support its mission, the CF Foundation has programs designed to improve the knowledge of CF patients and their families, medical professionals and the general public regarding the disease. In 2013, there were 30 publications, 9 webcasts and 25 videos produced and made available for patients, families, medical professionals, and the general public. Year-round, meetings and conferences provide updates for CF researchers, physicians and allied health professionals and opportunities for collaboration on future CF research projects and treatment/care efforts. In 2013, over 2,713,824 unique visitors came to the CF Foundation’s website.

4d Other program services (Describe in Schedule O )

(Expenses $3,113,815 including grants of $0 ) (Revenue $0 )

4e Total program service expenses $56,992,119
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
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<td>20</td>
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</table>

#### Section 501(c)(3) organizations

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

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.

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

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.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

- 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.

- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

- 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.

- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

- Did the organization 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 XI.

- Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.

- 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.

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for foreign organizations? If "Yes," complete Schedule F, Parts II and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

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 11? If "Yes," complete Schedule G, Part I (see instructions).

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.

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.

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
**Part IV | Checklist of Required Schedules**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II.</td>
<td>Yes</td>
</tr>
<tr>
<td>22. Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td>Yes</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J.</td>
<td>Yes</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a.</td>
<td>No</td>
</tr>
<tr>
<td>24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
</tr>
<tr>
<td>24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
</tr>
<tr>
<td>24d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>25a. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>No</td>
</tr>
<tr>
<td>25b. 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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>No</td>
</tr>
<tr>
<td>26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.</td>
<td>No</td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td>No</td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>28a. A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>28b. A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>28c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>No</td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>No</td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td>No</td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td>No</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td>Yes</td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td>Yes</td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>Yes</td>
</tr>
<tr>
<td>35b. If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>Yes</td>
</tr>
<tr>
<td>36. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>No</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td>No</td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable...
1a 197

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable...
1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling winnings to prize winners...
1c Yes

2a Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return...
2a 257

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
2b Yes

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year...
3a No

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b provide an explanation in Schedule O...
3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)...
4a No

b If "Yes," enter the name of the foreign country...

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year...
5a No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction...
5b No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T...
5c

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions...
6a No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible...
6b

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor...
7a No

b If "Yes," did the organization notify the donor of the value of the goods or services provided...
7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282...
7c No

d If "Yes," indicate the number of Forms 8282 filed during the year...
7d

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract...
7e No

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract...
7f No

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required...
7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C...
7h

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year...
8

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966...
9a

b Did the organization make a distribution to a donor, donor advisor, or related person...
9b

10 Section 501(c)(7) organizations. Enter...

10a Gross receipts, included on Form 990, Part VIII, line 12...
10b

11 Section 501(c)(12) organizations. Enter...

11a Gross income from members or shareholders...
11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041...
12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year...
12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
13a

Note: 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

c Enter the amount of reserves on hand...
13c

14a Did the organization receive any payments for indoor tanning services during the tax year...
14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O...
Part VI  Governance, Management, and Disclosure  
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 
Check if Schedule O contains a response or note to any line in this Part VI. 

Section A. Governing Body and Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year</td>
<td>17</td>
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<tr>
<td></td>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O</td>
<td></td>
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<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
<td>16</td>
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<tr>
<td>2</td>
<td>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
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<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
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<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
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<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
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<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td></td>
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<tr>
<td>7a</td>
<td>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
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<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
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<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following</td>
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<tr>
<td>a</td>
<td>The governing body?</td>
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<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
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<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If &quot;Yes,&quot; provide the names and addresses in Schedule O.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization's CEO, Executive Director, or top management official</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td></td>
</tr>
</tbody>
</table>

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024, if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply
- ( ) Own website
- ( ) Another website
- ( ) Upon request
- ( ) Other (explain in Schedule O)

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

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

ROBERT J BEALL PhD 6931 ARLINGTON ROAD STE 200 BETHESDA, MD 20814 (301) 951-4422
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 key employees, if any. See instructions for definition of "key employee."
- List the organization's five highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Michael L Beatty</td>
<td>3.0</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) J Taylor Crandall</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Richard L Dandurand</td>
<td>5.0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VICE CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Richard J Gray Esq</td>
<td>5.0</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>VICE CHAIRMAN</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Barry M Gump</td>
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<td>(6) Susan L Hook</td>
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<tr>
<td>(7) Catherine C McCloud</td>
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<tr>
<td>(8) Chad T Moore</td>
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<tr>
<td>(9) David A Mount</td>
<td>3.0</td>
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<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
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<tr>
<td>(10) Gray B Sabin</td>
<td>5.0</td>
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<td>0</td>
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<tr>
<td>(11) Christy L Shaffer PhD</td>
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<td>(13) Charles J Thayer</td>
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<tr>
<td>(14) Amy S Weingberg</td>
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<td>TRUSTEE</td>
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<tr>
<td>(15) Paul W Whetsell</td>
<td>5.0</td>
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<td>TRUSTEE</td>
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<tr>
<td>(16) KC Bryan White</td>
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<td>TRUSTEE</td>
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<tr>
<td>(17) Robert J Beall PhD</td>
<td>36.0</td>
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<td>737,313</td>
<td>364,564</td>
<td>261,787</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td>24.0</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) C Richard Mattingly</td>
<td>50.0</td>
<td>X</td>
<td>752,470</td>
<td>0</td>
<td>220,754</td>
</tr>
<tr>
<td>EXEC VP, COO &amp; SECRETARY</td>
<td>10.0</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) Preston W Campbell MD</td>
<td>36.0</td>
<td>X</td>
<td>796,908</td>
<td>394,239</td>
<td>202,014</td>
</tr>
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<td>EXEC VP FOR MEDICAL AFFAIRS</td>
<td>24.0</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) Vera H Twigg</td>
<td>50.0</td>
<td>X</td>
<td>486,851</td>
<td>0</td>
<td>91,349</td>
</tr>
<tr>
<td>SR VP &amp; CFO</td>
<td>10.0</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) Ann Palmer</td>
<td>50.0</td>
<td>X</td>
<td>198,883</td>
<td>0</td>
<td>41,477</td>
</tr>
<tr>
<td>SR VICE PRESIDENT OF FIELD MG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) DAVID MCLAUGHLIN</td>
<td>50.0</td>
<td>X</td>
<td>286,388</td>
<td>0</td>
<td>56,418</td>
</tr>
<tr>
<td>SR VICE PRESIDENT OF OPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) DANIEL KLEIN</td>
<td>50.0</td>
<td>X</td>
<td>243,807</td>
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<td>32,095</td>
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<td>SR VP, PATIENT ACCESS PROGS</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) GLEN GOLDMARK</td>
<td>50.0</td>
<td>X</td>
<td>230,699</td>
<td>0</td>
<td>45,754</td>
</tr>
<tr>
<td>VP OF HUMAN RESOURCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) GREGORY AUGUST</td>
<td>50.0</td>
<td>X</td>
<td>229,682</td>
<td>0</td>
<td>51,655</td>
</tr>
<tr>
<td>CHIEF INFORMATION OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) AMY DEMARIA</td>
<td>50.0</td>
<td>X</td>
<td>227,400</td>
<td>0</td>
<td>35,445</td>
</tr>
<tr>
<td>SR VP OF COMMUNICATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1b Sub-Total                             |                                                                                     |                                                                                                 |                                                                |                                                                  |                                                                                  |
| c Total from continuation sheets to Part VII, Section A |                                                                                     |                                                                                                 |                                                                |                                                                  |                                                                                  |
| d Total (add lines 1b and 1c)            |                                                                                     |                                                                                                 | 4,190,671                                                      | 758,803                                                         | 1,039,648                                                                         |

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**68**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODUCTION SOLUTIONS, 1953 GALLows RD SUITE 699 VIENNA VA 22182</td>
<td>PRINTING</td>
<td>1,395,284</td>
</tr>
<tr>
<td>ITS RESOURCE LLC, 7 HARVARD COURT ROCKVILLE MD 20850</td>
<td>IT SERVICES</td>
<td>890,607</td>
</tr>
<tr>
<td>SUFFIAN FASMANIANO, 712 MAIN STREET SUITE 2130 HOUSTON TX 77002</td>
<td>LEGAL INFO HOTLINE</td>
<td>746,764</td>
</tr>
<tr>
<td>GRANTMAIL DIRECT LTD, A01-02 15F WORLD TRADE CENTER NEW YORK</td>
<td>PRINTING</td>
<td>628,688</td>
</tr>
<tr>
<td>UTAH FOOD SERVICES INC, 100 S WEST TEMPLE SALT LAKE CITY UT 84110</td>
<td>CONFERENCE CATERING</td>
<td>357,576</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization**40**

<table>
<thead>
<tr>
<th>2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization<strong>40</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization<strong>40</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## Part VIII
### Statement of Revenue

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Fundraising events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Related organizations</td>
<td>261,572,625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td>17,543,028</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td><strong>Total. Add lines 1a-1f</strong></td>
<td>279,115,653</td>
<td></td>
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</tr>
</tbody>
</table>

### Program Service Revenue

|   | Business Code |  |  |  |
|---|---------------|  |  |  |
| 2a | SCIENTIFIC CONFERENCE  | 611600 | 1,778,138 | 1,778,138 |
| b | TRANSITION SERVICES  | 541610 | 176,119 | 176,119 |
| c | REFUNDED OR CANCELLED GRANTS  | 900099 | 213,876 | 213,876 |
| d |  |  |  |  |
| e |  |  |  |  |
| f | All other program service revenue  |  |  |  |
| g | **Total. Add lines 2a-2f**  | 2,168,132 |  |  |

### Other Revenue

<table>
<thead>
<tr>
<th></th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td>9,276,579</td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td>7,777,853</td>
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### Real or Rental Income

<table>
<thead>
<tr>
<th></th>
<th>(i) Securities</th>
<th>(ii) Other</th>
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</thead>
<tbody>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td>315,514,951</td>
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<tr>
<td>b</td>
<td>Less rental expenses</td>
<td>317,269,255</td>
</tr>
<tr>
<td>c</td>
<td>Rental income or (loss)</td>
<td>-1,754,304</td>
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<tr>
<td>d</td>
<td><strong>Net rental income or (loss)</strong></td>
<td>-1,096,786</td>
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### Other Income

<table>
<thead>
<tr>
<th></th>
<th>(i) Securities</th>
<th>(ii) Other</th>
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</thead>
<tbody>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td><strong>Net gain or (loss)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

|   | Business Code |  |  |  |
|---|---------------|  |  |  |
| 11a | LIST RENTAL  | 533110 | 449,051 | 449,051 |
| b |  |  |  |  |
| c |  |  |  |  |
| d | All other revenue  |  |  |  |
| e | **Total. Add lines 11a-11d**  | 449,051 |  |  |
| 12 | **Total revenue. See Instructions**  | 297,690,483 | 2,168,133 | 16,406,607 |

Form 990 (2013)
<table>
<thead>
<tr>
<th>(A)</th>
<th>Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>25,179,825</td>
<td>25,179,825</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>1,900,474</td>
<td>1,900,474</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>254,146</td>
<td>254,146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>3,669,026</td>
<td>2,410,182</td>
<td>738,698</td>
<td>520,146</td>
</tr>
<tr>
<td>6.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>17,429,853</td>
<td>11,449,665</td>
<td>3,509,214</td>
<td>2,470,974</td>
</tr>
<tr>
<td>8.</td>
<td>1,227,827</td>
<td>806,559</td>
<td>247,203</td>
<td>174,065</td>
</tr>
<tr>
<td>9.</td>
<td>1,707,375</td>
<td>1,121,574</td>
<td>343,752</td>
<td>242,049</td>
</tr>
<tr>
<td>10.</td>
<td>1,385,105</td>
<td>908,657</td>
<td>268,261</td>
<td>208,187</td>
</tr>
<tr>
<td>11.</td>
<td>288,197</td>
<td>245,278</td>
<td>42,919</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>328,320</td>
<td>50,885</td>
<td>277,435</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>266,173</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>111,438</td>
<td>0</td>
<td>111,438</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>3,051,626</td>
<td>2,270,776</td>
<td>37,542</td>
<td>743,308</td>
</tr>
<tr>
<td>16.</td>
<td>41,948</td>
<td>25,588</td>
<td>6,712</td>
<td>9,648</td>
</tr>
<tr>
<td>17.</td>
<td>962,756</td>
<td>874,107</td>
<td>12,708</td>
<td>75,941</td>
</tr>
<tr>
<td>18.</td>
<td>3,544,741</td>
<td>2,511,662</td>
<td>488,715</td>
<td>544,364</td>
</tr>
<tr>
<td>19.</td>
<td>678,266</td>
<td>587,043</td>
<td>31,571</td>
<td>59,652</td>
</tr>
<tr>
<td>20.</td>
<td>2,243,664</td>
<td>2,126,777</td>
<td>48,299</td>
<td>68,588</td>
</tr>
<tr>
<td>21.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>366,183</td>
<td>254,942</td>
<td>64,952</td>
<td>46,289</td>
</tr>
<tr>
<td>23.</td>
<td>449,388</td>
<td>322,588</td>
<td>61,668</td>
<td>65,132</td>
</tr>
</tbody>
</table>

Other expenses: Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)

- **a** DIRECT MAIL PRINTING
  - 2,899,191
  - 865,118
  - 0
  - 2,034,073

- **b** DIRECT MAIL POSTAGE
  - 2,423,838
  - 723,274
  - 0
  - 1,700,564

- **c** PROVISION FOR DOUBTFUL ACCOUNT
  - 1,875,308
  - 1,875,308
  - 0
  - 0

- **d** TRAINING
  - 376,641
  - 239,170
  - 63,173
  - 74,298

- **e** All other expenses
  - 1,119,681
  - 803,416
  - 13,594
  - 302,671

**Total functional expenses.** Add lines 1 through 24e

- 75,047,721
- 56,992,119
- 8,558,920
- 9,496,682

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [x] if following SOP 98-2 (ASC 958-720)

- 7,782,306
- 2,322,240
- 0
- 5,460,066
<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>85,991,958</td>
<td>53,791,914</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>18,589,070</td>
<td>12,026,413</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>3,897,769</td>
<td>3,855,668</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees</td>
<td>Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (see instructions)</td>
<td>Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>341,763</td>
<td>229,641</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>1,169,069</td>
<td>1,307,422</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>7,812,202</td>
<td>4,498,812</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis</td>
<td>Complete Part VI of Schedule D</td>
<td>2,500,207</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>7,360,554</td>
<td>7,043,457</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>231,212,469</td>
<td>484,322,357</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td>84,037,853</td>
<td>126,808,444</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>7,360,554</td>
<td>7,043,457</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>435,100,702</td>
<td>692,698,706</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>19,779,258</td>
<td>16,483,836</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>23,616,669</td>
<td>23,236,620</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>3,851,863</td>
<td>4,992,667</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)</td>
<td>Complete Part X of Schedule D</td>
<td>37,223,029</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>84,470,819</td>
<td>94,932,860</td>
</tr>
</tbody>
</table>

**Liabilities**

**Organizations that follow SFAS 117 (ASC 958), check here ▶ ✔ and complete lines 27 through 29, and lines 33 and 34.**

| 27    | Unrestricted net assets | 330,610,330 | 574,947,148 |
| 28    | Temporarily restricted net assets | 16,291,346 | 18,850,884 |
| 29    | Permanently restricted net assets | 3,728,207 | 3,967,814 |

**Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.**

| 30    | Capital stock or trust principal, or current funds | 350,629,883 | 597,765,846 |
| 31    | Paid-in or capital surplus, or land, building or equipment fund | 350,629,883 | 597,765,846 |
| 32    | Retained earnings, endowment, accumulated income, or other funds | 350,629,883 | 597,765,846 |
| 33    | Total net assets or fund balances | 350,629,883 | 597,765,846 |
| 34    | Total liabilities and net assets/fund balances | 350,629,883 | 597,765,846 |
### Part XI  Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990</td>
<td>Cash</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</td>
<td>Separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</td>
<td>Separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>No</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

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

- **Attach to Form 990 or 990-EZ.**
- **See separate instructions.**
- **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

### Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state.
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8. A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   - a) Type I
   - b) Type II
   - c) Type III - Functionally integrated
   - d) Type III - Non-functionally integrated

   By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f. If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

g. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
   - (ii) A family member of a person described in (i) above?
   - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h. Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>94,548,345</td>
<td>106,799,244</td>
<td>101,016,043</td>
<td>193,893,253</td>
<td>279,115,653</td>
<td>775,372,538</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total.</strong></td>
<td>94,548,345</td>
<td>106,799,244</td>
<td>101,016,043</td>
<td>193,893,253</td>
<td>279,115,653</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support.</strong></td>
<td>Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td>775,372,538</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>94,548,345</td>
<td>106,799,244</td>
<td>101,016,043</td>
<td>193,893,253</td>
<td>279,115,653</td>
<td>775,372,538</td>
</tr>
<tr>
<td>8</td>
<td>2,946,628</td>
<td>2,848,122</td>
<td>4,888,930</td>
<td>14,145,772</td>
<td>17,054,431</td>
<td>41,883,883</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support (Add lines 7 through 10)</strong></td>
<td>94,548,345</td>
<td>106,799,244</td>
<td>101,016,043</td>
<td>193,893,253</td>
<td>279,115,653</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.</td>
<td>12</td>
<td>96,959,578</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>94,573 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td>94,817 %</td>
</tr>
</tbody>
</table>

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
### Part III  Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received  (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8  Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Total support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
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<tr>
<td>13 Total support (Add lines 9, 10c, 11, and 12)</td>
<td></td>
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</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 |

#### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 |

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

| 19b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Facts And Circumstances Test

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, SCHEDULE A, LINE 12</td>
<td>The foundation fosters collaboration within the scientific community by hosting a large scientific conference providing a forum for researchers and caregivers to share their practices and investigate results with one another. Fees for attendance at this conference are reported on line 12. Transition services amount represents fees earned in connection with temporary information technology, telecommunications, and transition-related services provided by the foundation in connection with the change in the pharmacy's ownership.</td>
</tr>
</tbody>
</table>
## SCHEDULE C
(For Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

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

- Complete if the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
  - Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
  - Section 501(c)(other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
  - Section 527 organizations: Complete Part I-A only

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III

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

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV
2. Political expenditures
   - $ ______________
3. Volunteer hours

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

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

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

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
   - $ ______________
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
   - $ ______________
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
   - $ ______________
4. Did the filing organization file Form 1120-POL for this year?
   - □ Yes □ No

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

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
### Part II-A
Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

#### Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>125,445</td>
<td>125,445</td>
</tr>
<tr>
<td>435,800</td>
<td>435,800</td>
</tr>
<tr>
<td>561,245</td>
<td>561,245</td>
</tr>
<tr>
<td>74,486,476</td>
<td>74,486,476</td>
</tr>
<tr>
<td>75,047,721</td>
<td>75,047,721</td>
</tr>
<tr>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

**If the amount on line 1e, column (a) or (b) is:**
- **Not over $500,000**: 20% of the amount on line 1e
- **Over $500,000 but not over $1,000,000**: $100,000 plus 15% of the excess over $500,000
- **Over $1,000,000 but not over $1,500,000**: $175,000 plus 10% of the excess over $1,000,000
- **Over $1,500,000 but not over $17,000,000**: $225,000 plus 5% of the excess over $1,500,000
- **Over $17,000,000**: $1,000,000

<table>
<thead>
<tr>
<th>(a)</th>
<th>1,000,000</th>
<th>1,000,000</th>
<th>1,000,000</th>
<th>1,000,000</th>
<th>4,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>6,000,000</td>
</tr>
<tr>
<td>(c)</td>
<td>257,023</td>
<td>572,513</td>
<td>688,016</td>
<td>561,245</td>
<td>2,078,797</td>
</tr>
<tr>
<td>(d)</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>(e)</td>
<td>1,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**g** Grassroots nontaxable amount (enter 25% of line 1f)

<table>
<thead>
<tr>
<th>(a)</th>
<th>250,000</th>
<th>250,000</th>
</tr>
</thead>
</table>

**h** Subtract line 1g from line 1a. If zero or less, enter -0-

**i** Subtract line 1f from line 1c. If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  
- Yes  
- No

---

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

#### Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a  Lobbying nontaxable amount</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>b  Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td>6,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Total lobbying expenditures</td>
<td>257,023</td>
<td>572,513</td>
<td>688,016</td>
<td>561,245</td>
<td>2,078,797</td>
</tr>
<tr>
<td>d  Grassroots nontaxable amount</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>e  Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td>1,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f  Grassroots lobbying expenditures</td>
<td>11,250</td>
<td>91,903</td>
<td>186,450</td>
<td>125,445</td>
<td>415,048</td>
</tr>
</tbody>
</table>
**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
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<td>d</td>
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<tr>
<td>g</td>
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</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV** Supplemental Information

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

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2013
### Part IV  Supplemental Information (continued)

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
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<tbody>
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</tbody>
</table>
Supplemental Financial Statements

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: Cystic Fibrosis Foundation - Headquarters

Employer identification number: 13-1930701

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

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

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

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Number of states where property subject to conservation easement is located □__________

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year □__________

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year □ $ ____________

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? □ Yes □ No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

   (i) Revenues included in Form 990, Part VIII, line 1 □ $ ____________

   (ii) Assets included in Form 990, Part X □ $ ____________

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

   a. Revenues included in Form 990, Part VIII, line 1 □ $ ____________

   b. Assets included in Form 990, Part X □ $ ____________
**Part III**  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
   - a. Public exhibition
   - b. Scholarly research
   - c. Preservation for future generations
   - d. Loan or exchange programs
   - e. Other

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

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

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

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21?
   - Yes
   - No

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

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

1a. Beginning of year balance
   - (a) Current year
   - (b) Prior year
   - (c) Two years back
   - (d) Three years back
   - (e) Four years back

b. Contributions

1c. Net investment earnings, gains, and losses

d. Grants or scholarships

e. Other expenditures for facilities and programs

f. Administrative expenses

g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
   - a. Board designated or quasi-endowment
   - b. Permanent endowment
   - c. Temporarily restricted endowment

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

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   - (i) unrelated organizations
   - (ii) related organizations

   - Yes
   - No

3a(i)

3a(ii)

b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
   - Yes
   - No

3b

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

**Part VI** Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td>1,343,167</td>
<td>404,656</td>
<td>938,511</td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>6,469,035</td>
<td>4,094,156</td>
<td>2,374,879</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

3,313,390
### Part VII  Investments—Other Securities

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) INFLATION HEDGE MUTUAL FUNDS</td>
<td>18,221,543</td>
<td>F</td>
</tr>
<tr>
<td>(B) LONG/SHORT EQUITY FUND</td>
<td>40,144,451</td>
<td>F</td>
</tr>
<tr>
<td>(C) ABSOLUTE VALUE FUND</td>
<td>64,474,636</td>
<td>F</td>
</tr>
<tr>
<td>(D) PERPETUAL TRUSTS</td>
<td>3,967,814</td>
<td>F</td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col (b) line 12.)**

126,808,444

### Part VII  Investments—Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col (b) line 13.)**

### Part IX  Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col (b) line 15.)**

### Part X  Other Liabilities

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

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td>0</td>
</tr>
<tr>
<td>INTERCOMPANY PAYABLE</td>
<td>50,219,837</td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col (b) line 25.)**

50,219,837

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2a</th>
<th>2b</th>
<th>2c</th>
<th>2d</th>
<th>2e</th>
<th>3</th>
<th>4a</th>
<th>4b</th>
<th>4c</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
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<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
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<tr>
<td></td>
<td>a. Net unrealized gains on investments</td>
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<td></td>
<td>b. Donated services and use of facilities</td>
<td></td>
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<td>c. Recoveries of prior year grants</td>
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<td>d. Other (Describe in Part XIII )</td>
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<td>e. Add lines 2a through 2d</td>
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<td>Subtract line 2e from line 1</td>
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<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
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<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
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<td>b. Other (Describe in Part XIII )</td>
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<td>c. Add lines 4a and 4b</td>
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<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
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</tbody>
</table>

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2a</th>
<th>2b</th>
<th>2c</th>
<th>2d</th>
<th>2e</th>
<th>3</th>
<th>4a</th>
<th>4b</th>
<th>4c</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
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<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
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<td></td>
<td>a. Donated services and use of facilities</td>
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<td></td>
<td>b. Prior year adjustments</td>
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<td>c. Other losses</td>
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<td></td>
<td>d. Other (Describe in Part XIII )</td>
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<td>e. Add lines 2a through 2d</td>
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<td>3</td>
<td>Subtract line 2e from line 1</td>
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<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
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<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
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<td>b. Other (Describe in Part XIII )</td>
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<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
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<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
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</tbody>
</table>

### Part XIII  Supplemental Information

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

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
## Part XIII  Supplemental Information (continued)

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990. See separate instructions.
Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Cystic Fibrosis Foundation - Headquarters

Employer identification number
13-1930701

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

1. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✔ Yes □ No

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of offices in the region</th>
<th>Number of employees, agents, and independent contractors in region</th>
<th>Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>Total expenditures for the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Europe (Including Iceland and Greenland)</td>
<td></td>
<td>Grantmaking</td>
<td>NONE</td>
<td></td>
<td>157,216</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td></td>
<td>Grantmaking</td>
<td>NONE</td>
<td></td>
<td>97,200</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Sub-total: 254,416
Total from continuation sheets to Part I: 254,416
Total (add lines 3a and 3b): 254,416

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II: Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" to 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Europe (Including Iceland and Greenland)</td>
<td>RESEARCH</td>
<td>114,016</td>
<td>WIRE</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Europe (Including Iceland and Greenland)</td>
<td>PILOT STUDY</td>
<td>43,200</td>
<td>WIRE</td>
<td></td>
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<td>Middle East and North Africa</td>
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<td>97,200</td>
<td>WIRE</td>
<td></td>
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</tbody>
</table>

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

3. Enter total number of other organizations or entities.
### Part III  Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
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</tbody>
</table>
## Part IV Foreign Forms

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

   ![Yes](Yes) ![No](No)

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)

   ![No](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)

   ![No](No)

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)

   ![No](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)

   ![No](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 file Form 5713, International Boycott Report. (see Instructions for Form 5713).
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).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule F, Part I, Line 2
THE ORGANIZATION HAS PROCEDURES IN PLACE TO MONITOR THE SCIENTIFIC PROGRESS AND FINANCIAL ASPECTS OF GRANTS AWARDED TO ENTITIES OUTSIDE OF THE UNITED STATES. THE ORGANIZATION FOLLOWS THE U.S. DEPARTMENT OF TREASURY ANTI-TERRORIST FINANCING VOLUNTARY BEST PRACTICES, THE ORGANIZATION COLLECTS AND REVIEWS INFORMATION ABOUT THE PROSPECTIVE GRANTEES AND CONDUCTS A VETTING PROCESS TO ENSURE THEY ARE NOT SUSPECTED OF ACTIVITIES RELATED TO TERRORISM ONCE A GRANT IS APPROVED, A WRITTEN AGREEMENT IS SIGNED BY BOTH THE ORGANIZATION AND THE GRANTEE. FUNDING IS INCREMENTAL AND SPONSORED INSTITUTIONS ARE REQUIRED TO SUBMIT ANNUAL REPORTS OF EXPENDITURES AS WELL AS SCIENTIFIC PROGRESS REPORTS. SCIENTIFIC REPORTS ARE REVIEWED BY THE ORGANIZATION’S SCIENTIFIC STAFF TO DETERMINE PROGRESS. THE FINAL GRANT PAYMENT IS CONTINGENT UPON RECEIPT AND APPROVAL OF THE REPORT OF EXPENDITURES. REPORTS OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE. THE CF FOUNDATION'S INTERNAL AUDITORS CONDUCT AUDITS ON SAMPLES OF GRANT EXPENDITURE REPORTS BY EXAMINING SUPPORTING RECORDS FROM THE SPONSORED INSTITUTIONS. THE GRANT IN THE MIDDLE EAST/NORTH AFRICA REGION WAS MADE TO HEBREW UNIVERSITY OF JERUSALEM, A UNIVERSITY IN ISRAEL.

FORM 990, SCHEDULE F, PART IV, LINES 1 AND 3
The activities referenced in Schedule F Part IV are limited to the Foundation’s investment in two funds of funds.
Schedule I
(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

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

CYSTIC FIBROSIS FOUNDATION - HEADQUARTERS

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes □ No □

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table □ 174

3 Enter total number of other organizations listed in the line 1 table □ 6
### Part III  Grants and Other Assistance to Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
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<td>1099</td>
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<tr>
<td>(2) FELLOWSHIPS</td>
<td>5</td>
<td>30,141</td>
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</tbody>
</table>

### Part IV  Supplemental Information

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

**Return Reference** | **Explanation**
--- | ---
PART I, LINE 2 | THE ORGANIZATION HAS PROCEDURES IN PLACE TO MONITOR THE SCIENTIFIC PROGRESS AND FINANCIAL ASPECTS OF GRANT FUNDS AWARDED TO ENTITIES INSIDE OF THE US SPONSORED INSTITUTIONS ARE REQUIRED TO SUBMIT ANNUAL REPORTS OF EXPENDITURES AS WELL AS SCIENTIFIC PROGRESS REPORTS. SCIENTIFIC REPORTS ARE REVIEWED BY THE ORGANIZATION'S SCIENTIFIC STAFF TO ENSURE PROGRESS HAS BEEN ATTAINED. THE FINAL GRANT PAYMENT IS CONTINGENT UPON RECEIPT AND APPROVAL OF THE REPORT OF EXPENDITURES. REPORTS OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE. THE CF FOUNDATION'S INTERNAL AUDITORS CONDUCT AUDITS ON SAMPLES OF GRANT EXPENDITURE REPORTS BY EXAMINING SUPPORTING RECORDS FROM THE SPONSORED INSTITUTIONS.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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</tr>
<tr>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>Arkansas Children's Hospital Research Institute I 800 Marshall Street Slot 512-17 Little Rock, AR 72202</td>
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<td>56-1913043</td>
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<td>74-1613878</td>
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<td>Baystate Medical Center (95-196) 759 Chestnut Street Springfield, MA 01199</td>
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<td>Beth Israel Medical Center Office of Grants Contracts New York, NY 10038</td>
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<td>501c(3)</td>
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<td>Beth Israel Medical Center Office of Grants Contracts 160 Water Street 24th Floor New York, NY 10038</td>
<td>13-5564934</td>
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<td>13,160</td>
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<td>Billings Clinic 2800 10th Avenue North 160 Water Street 24th Floor Billings, MT 59107</td>
<td>81-0231784</td>
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<td>85,139</td>
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<tr>
<td>Board of Regents of the University of Wisconsin Sy 750 University Avenue Madison, WI 53706</td>
<td>39-6006492</td>
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<td>39-6006492</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>Board of Trustees of Southern Illinois University Division of Pulmonary Medicine Springfield, IL 62794</td>
<td>37-6005961</td>
<td>501(c)(3)</td>
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<tr>
<td>Board of Trustees of the Leland Stanford Junior Un Stanford University PO Box 19636 Stanford, CA 943056215</td>
<td>94-1156365</td>
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<td>167,590</td>
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<tr>
<td>Board of Trustees of the Leland Stanford Junior Un Stanford University 651 Serra Street Suite 220 Stanford, CA 943056215</td>
<td>94-1156365</td>
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<td>97,200</td>
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<td>04-2312909</td>
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<td>CAMC Health Education and Research Institute PO Box 765 Charleston, WV 25323</td>
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8780 W Gold  
Niles,IL 60714 | 36-4393617 | 501c(3) | 8,000 |  | CF CARE CENTER |  |  |
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500 NE Multnomah Street  
Suite 102  
Portland,OR 97232 | 93-0698548 | CORP | 27,000 |  | ADULT CARE |  |  |
| Northwestern Medical Faculty Foundation  
Financial Services  
Suite 100  
Chicago, IL 60611 | 36-3097297 | 501c(3) | 8,000 |  | CF CARE CENTER |  |  |
| Northwestern University  
750 N Lake Shore Drive  
680 N Lake Shore Dr Suite 1118  
Chicago, IL 606113008 | 36-2167817 | 501c(3) | 27,000 |  | ADULT CARE |  |  |
| Oregon Health & Science University  
Sponsored Projects Administration O  
Rubloff 7th Floor  
Portland, OR 97239 | 23-7083114 | 501c(3) | 169,075 |  | CF CARE CENTER |  |  |
| Oregon Health & Science University  
Sponsored Projects Administration O  
0690 SW Bancroft Street  
Portland, OR 97239 | 23-7083114 | 501c(3) | 43,200 |  | PILOT STUDY |  |  |
| Oregon Health & Science University  
Sponsored Projects Administration O  
0690 SW Bancroft Street  
Portland, OR 97239 | 23-7083114 | 501c(3) | 13,160 |  | QUALITY IMPROVEMENT |  |  |
| Orlando Health Foundation  
3160 Southgate Commerce Blvd  
0690 SW Bancroft Street  
Orlando, FL 32806 | 59-2244943 | 501c(3) | 35,630 |  | CF CARE CENTER |  |  |
| Pennsylvania State University  
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Suite 50  
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<td>60,480</td>
<td></td>
<td></td>
<td>CF CARE CENTER</td>
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<tr>
<td>Wake Forest University Health Sciences Medical Center Blvd WinstonSalem, NC 271571064</td>
<td>22-3849199</td>
<td>501c(3)</td>
<td>13,160</td>
<td></td>
<td></td>
<td>QUALITY IMPROVEMENT</td>
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</tr>
<tr>
<td>Washington University Campus Box 1034 St Louis, MO 631121408</td>
<td>43-0653611</td>
<td>501c(3)</td>
<td>228,032</td>
<td></td>
<td></td>
<td>CF CARE CENTER</td>
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<tr>
<td>Washington University Campus Box 1034 700 Rosedale Avenue St Louis, MO 631121408</td>
<td>43-0653611</td>
<td>501c(3)</td>
<td>20,683</td>
<td></td>
<td></td>
<td>QUALITY IMPROVEMENT</td>
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<tr>
<td>Wayne State University Grants Contracts Office III 700 Rosedale Avenue Detroit, MI 48201</td>
<td>38-6028425</td>
<td>501c(3)</td>
<td>48,160</td>
<td></td>
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<td>CF CARE CENTER</td>
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<tr>
<td>West Virginia University Research Corporation West Virginia University Research and Sponsored Programs Morgantown, WV 265066001</td>
<td>55-0665758</td>
<td>501c(3)</td>
<td>72,880</td>
<td></td>
<td></td>
<td>CF CARE CENTER</td>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>West Virginia University Research Corporation West Virginia University PO Box 6001 Morgantown, WV 265066001</td>
<td>55-0665758</td>
<td>501c(3)</td>
<td>13,160</td>
<td></td>
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<td>QUALITY IMPROVEMENT</td>
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</tr>
<tr>
<td>Yale University 47 College Street Suite 203 PO Box 6001 New Haven, CT 065208047</td>
<td>06-0646973</td>
<td>501c(3)</td>
<td>69,190</td>
<td></td>
<td></td>
<td>CF CARE CENTER</td>
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</tr>
<tr>
<td>Yale University 47 College Street Suite 203 New Haven, CT 065208047</td>
<td>06-0646973</td>
<td>501c(3)</td>
<td>26,320</td>
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<td>QUALITY IMPROVEMENT</td>
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<tr>
<td>THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL NORTH CAROLINA STATE TREASURER OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350</td>
<td>56-6001393</td>
<td>501c(3)</td>
<td>43,600</td>
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<td></td>
<td>RESEARCH STUDY</td>
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<tr>
<td>THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL NORTH CAROLINA STATE TREASURER OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350</td>
<td>56-6001393</td>
<td>501c(3)</td>
<td>460,000</td>
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<td>RESEARCH CENTER</td>
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</table>
# Compensation Information (Form 990)

**Schedule J**

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

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- Attach to Form 990. See separate instructions.
- Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal services (e.g., maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain.</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Did you receive a severance payment or change-of-control payment?</td>
<td>4a</td>
<td>No</td>
</tr>
<tr>
<td>4b. Did you participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>4b</td>
<td>Yes</td>
</tr>
<tr>
<td>4c. Did you participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>4c</td>
<td>No</td>
</tr>
<tr>
<td>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of the organization?</td>
<td>5a</td>
<td>No</td>
</tr>
<tr>
<td>5b. Did you participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>5b</td>
<td>No</td>
</tr>
<tr>
<td>6. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of the organization?</td>
<td>6a</td>
<td>No</td>
</tr>
<tr>
<td>6b. Did you participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>6b</td>
<td>No</td>
</tr>
<tr>
<td>7. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If &quot;Yes,&quot; describe in Part III.</td>
<td>7</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III.</td>
<td>8</td>
<td>No</td>
</tr>
<tr>
<td>9. If &quot;Yes&quot; to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(I) Base compensation</td>
<td>(II) Bonus &amp; incentive compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(III) Other reportable compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Additional Data Table</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
Certain persons listed in Form 990, Part VII, Section A participate in a nonqualified deferred compensation plan, under which interests are forfeited by the participant if the participant voluntarily terminates employment prior to the designated vesting date. Further information about the nonqualified deferred compensation plan in which those persons participate is provided in the additional information for Schedule J, Part II, below. Several individuals listed in Form 990, Part VII, Section A, line 1, (who are identified in Part II, below) participated in the Foundation's Incentive Compensation Plan, from which non-fixed payments not described in lines 5 and 6 were paid. The Incentive Compensation Plan pays non-fixed payments subject to, and based on, the achievement of annual performance objectives established in advance by the Compensation Committee of the Board of Trustees. In addition, the Incentive Compensation Plan pays non-fixed payments that relate to a three-year performance period, subject to, and based on, the achievement of long-term performance objectives established in advance by the Compensation Committee of the Board. Any financial performance objectives established under the Incentive Compensation Plan do not include royalty-related revenues (such as royalty streams, lump-sum royalty payments and sales proceeds of royalty-related rights) related to CF drugs.

### PART II


(Cystic Fibrosis Foundation - Nebraska) (A) Name: P. Campbell, M.D., (B)(i) Base Compensation: $127,890, (B)(ii) Bonus & Incentive Compensation: $15,982, (C) Deferred Compensation: $1,500, (D) Other Reportable Compensation: $1,126, (E) Nontaxable Benefits: $2,376.


(Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167) (A) Name: S. Pink, (B)(i) Base Compensation: $274,678, (B)(ii) Bonus & Incentive Compensation: $17,683, (C) Deferred Compensation: $1,500, (D) Other Reportable Compensation: $1,126, (E) Nontaxable Benefits: $2,376.


(Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167) (A) Name: S. Pink, (B)(i) Base Compensation: $274,678, (B)(ii) Bonus & Incentive Compensation: $17,683, (C) Deferred Compensation: $1,500, (D) Other Reportable Compensation: $1,126, (E) Nontaxable Benefits: $2,376.


(Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167) (A) Name: S. Pink, (B)(i) Base Compensation: $274,678, (B)(ii) Bonus & Incentive Compensation: $17,683, (C) Deferred Compensation: $1,500, (D) Other Reportable Compensation: $1,126, (E) Nontaxable Benefits: $2,376.


(Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167) (A) Name: W. Pink, (B)(i) Base Compensation: $274,678, (B)(ii) Bonus & Incentive Compensation: $17,683, (C) Deferred Compensation: $1,500, (D) Other Reportable Compensation: $1,126, (E) Nontaxable Benefits: $2,376.


(Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167) (A) Name: W. Pink, (B)(i) Base Compensation: $274,678, (B)(ii) Bonus & Incentive Compensation: $17,683, (C) Deferred Compensation: $1,500, (D) Other Reportable Compensation: $1,126, (E) Nontaxable Benefits: $2,376.
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name</th>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(i) Base Compensation (ii) Bonus &amp; incentive compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Robert J Beall PhD</td>
<td>PRESIDENT &amp; CEO</td>
<td>380,301</td>
<td>336,101</td>
<td>20,911</td>
<td>171,595</td>
<td>18,506</td>
</tr>
<tr>
<td>C Richard Mattingly</td>
<td>EXEC VP, COO &amp; SECRETARY</td>
<td>387,406</td>
<td>341,899</td>
<td>23,165</td>
<td>203,248</td>
<td>17,506</td>
</tr>
<tr>
<td>Preston W Campbell MD</td>
<td>EXEC VP FOR MEDICAL AFFAIRS</td>
<td>254,125</td>
<td>223,848</td>
<td>318,935</td>
<td>127,555</td>
<td>25,365</td>
</tr>
<tr>
<td>Vera H Twigg SR VP &amp; CFO</td>
<td></td>
<td>292,024</td>
<td>174,583</td>
<td>20,244</td>
<td>66,034</td>
<td>25,315</td>
</tr>
<tr>
<td>Ann Palmer SR VICE PRESIDENT OF FIELD MG</td>
<td></td>
<td>156,039</td>
<td>41,308</td>
<td>1,536</td>
<td>21,547</td>
<td>19,930</td>
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<tr>
<td>DAVID MCLAUGHLIN</td>
<td>SR VICE PRESIDENT OF OPS</td>
<td>245,504</td>
<td>39,643</td>
<td>1,241</td>
<td>31,052</td>
<td>25,366</td>
</tr>
<tr>
<td>DANIEL KLEIN SR VP, PATIENT ACCESS PROGS</td>
<td></td>
<td>207,204</td>
<td>33,158</td>
<td>3,445</td>
<td>29,595</td>
<td>2,500</td>
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<tr>
<td>GLEN GOLDSHARK VP OF HUMAN RESOURCES</td>
<td></td>
<td>190,152</td>
<td>38,111</td>
<td>2,706</td>
<td>28,548</td>
<td>17,206</td>
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<tr>
<td>GREGORY AUGUST CHIEF INFORMATION OFFICER</td>
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<td>195,767</td>
<td>33,489</td>
<td>426</td>
<td>28,789</td>
<td>22,866</td>
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<tr>
<td>AMY DEMARIA SR VP OF COMMUNICATIONS</td>
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<td>191,555</td>
<td>35,243</td>
<td>602</td>
<td>27,823</td>
<td>7,622</td>
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</tbody>
</table>
## Supplemental Information to Form 990 or 990-EZ

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

- Attach to Form 990 or 990-EZ.

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

<table>
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<tr>
<th>Return Reference</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>PART III, LINE 4D</td>
<td>Community Services - The Cystic Fibrosis Foundation provides year-round efforts to educate, inform and empower individuals with CF and their families about the latest developments in treatment and care. The programs are designed to help the general public in the detection of the disease by providing a referral service and handling inquiries concerning cystic fibrosis. Approximately 28,100 people with CF were served in 2013, including approximately 959 individuals who were newly diagnosed.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PART VI, SECTION B, LINE 11B (PAGE 6 CORE FORM)</td>
<td>The Cystic Fibrosis Foundation Board of Trustees receives a draft of the Form 990 prior to its being filed, with sufficient time for review and comment allowed. The Compensation Committee of the Board of Trustees and the Foundation's ERISA attorneys review the executive compensation sections of the Form 990. The Audit Committee of the Board of Trustees also reviews the Form 990 as part of its chartered responsibilities. In all cases, the Cystic Fibrosis Foundation Board of Trustees receives a complete copy of the final Form 990 before it is filed.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PART VI, SECTION B, LINE 12C (PAGE 6 CORE FORM)</td>
<td>A conflict of interest disclosure statement is completed annually by each Board member and officer. Disclosures provided are reported to the Nominating and Governance Committee, the Audit Committee and the Board of Trustees. As required within the bylaws, any potential conflicts of interest must be reported to the Board as they arise. When any matter is deemed a potential conflict of interest and requires action by the Board of Trustees, the interested trustee or officer is required to retire from the room in which the Board or its committee is meeting, may not participate in the final deliberation of the matter, and may not vote on the matter. The Organization enforced the policy during 2013 and had no conflicts of interest as defined by the policy.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PART VI, SECTION B, LINE 15A AND 15B (PAGE 6 CORE FORM)</td>
<td>- The total compensation of executives at the Cystic Fibrosis Foundation is specifically designed to attract and retain the highest qualified executive and medical talent to fulfill the critically important mission of curing cystic fibrosis and providing all people with the disease the opportunity to lead full, productive lives. The independent Compensation Committee of the CF Foundation's Board of Trustees follows the process described in the IRS intermediate sanctions rules when determining compensation. Specifically, the Committee (1) is composed entirely of non-employee volunteer directors who have no familial, business or significant personal relationships with the CF Foundation or its executives. (2) Assesses the short-term and long-term contribution and performance of each executive in meeting very definitive and quantifiable objectives focused on the CF Foundation's mission success. (3) Engages an independent compensation consulting firm to compile appropriate comparability data (including compensation market information for peers with whom the CF Foundation competes for executive talent) for Committee reliance. The Committee meets with representatives of the consulting firm to review this data in detail. (4) Reviews all elements of each executive's total compensation, including but not limited to base salary, bonuses, perquisites, fringe benefits, and incentive and deferred compensation arrangements. Upon the executive's hire, and at each point in time thereafter at which a new or revised compensation arrangement is under consideration with respect to the executive, the Committee meets with its independent compensation consulting firm before the arrangement is implemented to evaluate the reasonableness of the arrangement by comparing both the arrangement itself and the executive's entire compensation package to compensation packages paid by similarly situated organizations for functionally comparable positions. (5) Documents, concurrently with its determination, the basis for its determination in the minutes of its meeting. These minutes are reviewed, revised if necessary and approved at the following meeting of the Committee. (6) Obtains a written legal opinion concerning the Committee's compliance with the IRS intermediate sanctions rules. The process described above was used to establish compensation for the following officers and positions: President &amp; CEO, Executive Vice President &amp; COO, Executive Vice President for Medical Affairs, Executive Vice President &amp; CFO, Senior VP, Patient Access Programs. The process was last undertaken in 2012 (and again in 2014).</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| FORM 990, PART VII, SECTION A | NAME AND TITLE MICHAEL L. BEATTY, TRUSTEE AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE J TAYLOR CRANDALL, TRUSTEE AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE RICHARD L DANDURAND, VICE CHAIRMAN AVG HRS WORKED 5 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE BARRY M GUMP, TRUSTEE AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE SUSAN L HOOK, TRUSTEE AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE CATHERINE C MOLDOUL, CHAIR AVG HRS WORKED 8 HRS AVG HRS WORKED - RELATED 6 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE CHAD T MOORE, TRUSTEE AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE CHRISTY L SHAFFER PHD, TRUSTEE AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 8 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE GARY B SABIN, VICE CHAIRMAN AVG HRS WORKED 5 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE THAYER, TREASURER AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE CHARLES J THAYER, TREASURER AVG HRS WORKED 3 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE AMY S WEINBERG, TRUSTEE AVG HRS WORKED 5 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE PAUL W WHETSELL, VICE CHAIRMAN AVG HRS WORKED 5 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE K C BRYAN WHITE, TRUSTEE AVG HRS WORKED 5 HRS AVG HRS WORKED - RELATED 3 HRS POSITION INDIVIDUAL TRUSTEE REPORTABLE COMP FROM REL ATED ORG NONE REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM THE ORG NONE NAME AND TITLE ROBERT J BEALL, PHD, PRES/CEO AVG HRS WORKED 36 HRS AVG HRS WORKED - RELATED 24 HRS POSITION INDIVIDUAL TRUSTEE AND OFFICER REPORTABLE COMP FROM REL ATED ORG 737, 313 REPORTABLE COMP FROM REL ATED ORG 364, 564 EST AMT OF OTHER COMP FROM THE ORG 261, 787 NAME AND TITLE RICHARD MATTLINGLY, EXEC VP, COO & SEC RETARY AVG HRS WORKED 50 HRS AVG HRS WORKED - RELATED 10 HRS POSITION OFFICER REPORTABLE COMP FROM REL ATED ORG 752, 470 REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM REL ATED ORG 220, 754 NAME AND TITLE PRESTON CAMPBELL, MD, EXEC VP OF MEDICAL AFFAIRS AVG HRS WORKED 36 HRS AVG HRS WORKED - RELATED 24 HRS POSITION OFFICER REPORTABLE COMP FROM REL ATED ORG 796, 908 REPORTABLE COMP FROM REL ATED ORG 394, 239 EST AMT OF OTHER COMP FROM REL ATED ORG 20 2, 914 NAME AND TITLE VERA H TWIGG, SR VP & CFO AVG HRS WORKED 50 HRS AVG HRS WORKED - RELATED 10 HRS POSITION OFFICER REPORTABLE COMP FROM REL ATED ORG 486, 851 REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM REL ATED ORG 91, 349 NAME AND TITLE ANN PALMER, SR VP OF FIELD MGMT AVG HRS WORKED 50 HRS POSITION KEY EMPLOYEE REPORTABLE COMP FROM REL ATED ORG 19 8, 883 REPORTABLE COMP FROM REL ATED ORG NONE EST AMT OF OTHER COMP FROM REL ATED ORG 46, 476 NAME AND TITLE DAVID MCLoughLIN, SR VP OF OPS AVG HRS
<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, PART VII, SECTION A</td>
<td>WORKED 50 HRS POSITION HIGHEST COMP. EMPLOYEE REPORTABLE COMP FROM THE ORG 286,388 REPORTABLE COMP FROM RELATED ORG NONE EST. AMT OF OTHER COMP FROM THE ORG 56,418 NAME AND TITLE DANIEL KLEIN, SR VP, PATIENT ACCESS OF PROGRAMS AVG HRS WORKED 50 HRS POSITION KEY EMPLOYEE REPORTABLE COMP FROM THE ORG 243,807 REPORTABLE COMP FROM RELATED ORG NONE EST. AMT OF OTHER COMP FROM THE ORG 32,095 NAME AND TITLE GLEN GOLDMARK, VP OF HUMAN RES AVG HRS WORKED 50 HRS POSITION HIGHEST COMP. EMPLOYEE REPORTABLE COMP FROM THE ORG 230,969 REPORTABLE COMP FROM RELATED ORG NONE EST. AMT OF OTHER COMP FROM THE ORG 45,755 NAME AND TITLE GREGOR Y AUGUST, CIO AVG HRS WORKED 50 HRS POSITION HIGHEST COMP. EMPLOYEE REPORTABLE COMP FROM THE ORG 229,682 REPORTABLE COMP FROM RELATED ORG NONE EST. AMT OF OTHER COMP FROM THE ORG 51,655 NAME AND TITLE AMY DEMARIA, SR VP OF COMMUNIC AVG HRS WORKED 50 HRS POSITION HIGHEST COMP. EMPLOYEE REPORTABLE COMP FROM THE ORG 227,400 REPORTABLE COMP FROM RELATED ORG NONE EST. AMT OF OTHER COMP FROM THE ORG 35,445 TOTAL REPORTABLE COMP FROM THE ORG 4,190,671 TOTAL REPORTABLE COMP FROM RELATED ORG 758,803 TOTAL EST. AMT OF OTHER COMP FROM THE ORG 1,044,648</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
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<td>------------------</td>
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</tr>
<tr>
<td>FORM 990, PART X, LINE 27</td>
<td>The Foundation's unrestricted net assets total $574,947,148 as of December 31, 2013. Of this amount, the Foundation's Board of Trustees has designated $239,000,000 to be used for drug discovery and development programs.</td>
</tr>
</tbody>
</table>
## SCHEDULE R (Form 990)

### Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Attach to Form 990.
- See separate instructions.
- Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

### Part I  Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) cystic fibrosis patient assistance fdn</td>
<td>patient asst</td>
<td>DE</td>
<td>2,900,000</td>
<td>4,555,120</td>
<td>na</td>
</tr>
<tr>
<td>6931 arlington rd bethesda, MD 20814 90-0350985</td>
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</tbody>
</table>

### Part II  Identification of Related Tax-Exempt Organizations
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) cystic fibrosis foundation therapeutics</td>
<td>research</td>
<td>MD</td>
<td>501(c)(3)</td>
<td>11a</td>
<td>CFF-HQ</td>
<td>Yes</td>
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<tr>
<td>6931 ARLINGTON RD BETHESDA, MD 20814 91-2059167</td>
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<tr>
<td>(2) CYSTIC FIBROSIS FOUNDATION GROUP</td>
<td>education</td>
<td>DE</td>
<td>501(c)(3)</td>
<td>7</td>
<td>cff-hq</td>
<td>Yes</td>
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<td>6931 ARLINGTON RD BETHESDA, MD 20814 13-6161105</td>
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</tbody>
</table>
### Part III  Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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</thead>
<tbody>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512 (b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
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<td>Yes</td>
<td>No</td>
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</tbody>
</table>

Schedule R (Form 990) 2013
**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - (a) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
   - (b) Gift, grant, or capital contribution to related organization(s)
   - (c) Gift, grant, or capital contribution from related organization(s)
   - (d) Loans or loan guarantees to or for related organization(s)
   - (e) Loans or loan guarantees by related organization(s)
   - (f) Dividends from related organization(s)
   - (g) Sale of assets to related organization(s)
   - (h) Purchase of assets from related organization(s)
   - (i) Exchange of assets with related organization(s)
   - (j) Lease of facilities, equipment, or other assets to related organization(s)
   - (k) Lease of facilities, equipment, or other assets from related organization(s)
   - (l) Performance of services or membership in fundraising solicitations for related organization(s)
   - (m) Performance of services or membership in fundraising solicitations by related organization(s)
   - (n) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - (o) Sharing of paid employees with related organization(s)
   - (p) Reimbursement paid to related organization(s) for expenses
   - (q) Reimbursement paid by related organization(s) for expenses
   - (r) Other transfer of cash or property to related organization(s)
   - (s) Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS</td>
<td>C</td>
<td>169,699,768</td>
<td>FMV</td>
</tr>
<tr>
<td>(2) CYSTIC FIBROSIS FOUNDATION GROUP</td>
<td>c</td>
<td>91,872,857</td>
<td>FMV</td>
</tr>
<tr>
<td>(3) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS</td>
<td>N</td>
<td>520,100</td>
<td>COST</td>
</tr>
<tr>
<td>(4) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS</td>
<td>O</td>
<td>2,365,047</td>
<td>COST</td>
</tr>
</tbody>
</table>
**Part VI  Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
</table>
### Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
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<td></td>
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