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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CYSTIC FIBROSIS FOUNDATION

% PRESTON W CAMPBELL MD

Doing business as

Number and street (or P O box if mail is not delivered to street address)

4550 MONTGOMERY AVENUE Suite 1100N

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BETHESDA, MD 20814

F Name and address of principal officer

PRESTON W CAMPBELL MD

4550 MONTGOMERY AVE STE 1100N

BETHESDA, MD 20814

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFF.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile DE

Part I Summary

Activities & Governance

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)

317

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

416

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5760

6 Total number of volunteers (estimate if necessary)

692,000

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

7a-1,415,836

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

7b-1,532,275

Revenue

8 Contributions and grants (Part VIII, line 1h)

8117,148,751

9 Program service revenue (Part VIII, line 2g)

92,246,282

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1064,555,425

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

118,578,517

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12192,528,975

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

13198,127,696

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

140

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1558,875,323

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

16a133,446

b Total fundraising expenses (Part IX, column (D), line 25) ▶24,702,883

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1742,514,066

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

18299,650,531

19 Revenue less expenses Subtract line 18 from line 12

19-107,121,556

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

203,919,394,927

21 Total liabilities (Part X, line 26)

21187,239,749

22 Net assets or fund balances Subtract line 21 from line 20

223,732,155,178

Part II Signature Block

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

Sign Here

Signature of officer

PRESTON W CAMPBELL MD PRESIDENT & CEO

Type or print name and title

2018-10-01

Date

Paid Preparer Use Only

Print/Type preparer's name

JG WHITE

Preparer's signature

JG WHITE

Date

2018-10-01

Check ☐ if self-employed

PTIN P01498698

Firm's name ▶KPMG LLP

Firm's EIN ▶

Firm's address ▶1676 INTERNATIONAL DRIVE

McLean, VA 22102

Phone no (703) 286-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 MORE THAN 30,000 PEOPLE 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?☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 207,277,936	including grants of \$ 177,988,410)	(Revenue \$ 5,206,040)
See Additional Data				

4b	(Code)	(Expenses \$ 17,822,831	including grants of \$ 1,935,395)	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 16,900,416	including grants of \$)	(Revenue \$)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	(Revenue \$)

4e	Total program service expenses ▶	242,001,183
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,426
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	3
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	760
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
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	Yes
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
e	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	Yes
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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**

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► PRESTON W CAMPBELL MD 4550 MONTGOMERY AVE SUITE 1100N BETHESDA, MD 20814 (301) 951-4422

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,094,430	975,515	1,080,262

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 ▶ 134

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NTC MAZZUCA CONTRACTING INC, 10907 GUILFORD RD STE A ANNAPOLIS JUNCTION, MD 20701	GENERAL CONTRACTING	2,818,532
CELERITY IT LLC, 8401 GREENSBORO DR SUITE 500 MCLEAN, VA 22102	IT CONSULTING	2,054,243
SUFIAN PASSAMANO, 712 MAIN STREET SUITE 2130 HOUSTON, TX 77002	PATIENT ASSISTANCE	1,950,500
BARES CAPITAL MANAGEMENT INC, 12600 HILL COUNTRY BLVD SUITE R-230 AUSTIN, TX 78738	INVESTMENT MGMT	1,669,042
GARDNER RUSSO GARDNER LLC, 223 E CHESTNUT ST LANCASTER, PA 17602	INVESTMENT MGMT	1,665,599

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 ▶ 71

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	788,902					
	b Membership dues . . .	1b						
	c Fundraising events . . .	1c	84,047,514					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,813,857					
	g Noncash contributions included in lines 1a-1f \$	10,517,381						
	h Total. Add lines 1a-1f			110,650,273				
Program Service Revenue				Business Code				
	2a SCIENTIFIC CONFERENCE			611600	3,971,424	3,971,424		
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,971,424				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			58,068,866		-1,415,836	59,484,702	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			9,617,853			9,617,853	
	6a Gross rents			(i) Real	(ii) Personal			
	b Less rental expenses							
	c Rental income or (loss)			0	0			
	d Net rental income or (loss)			0				
	7a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other			
				1,174,435,480	20,859,117			
	b Less cost or other basis and sales expenses			1,096,128,551	7,713,992			
	c Gain or (loss)			78,306,929	13,145,125			
	d Net gain or (loss)			91,452,054			91,452,054	
	8a Gross income from fundraising events (not including \$ 84,047,514 of contributions reported on line 1c) See Part IV, line 18			a 14,552,162				
	b Less direct expenses			b 14,552,162				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities See Part IV, line 19			a 152,043				
	b Less direct expenses			b 77,885				
	c Net income or (loss) from gaming activities			74,158		0	74,158	
	10a Gross sales of inventory, less returns and allowances			a 0				
	b Less cost of goods sold			b 0				
	c Net income or (loss) from sales of inventory			0				
	Miscellaneous Revenue			Business Code				
11a REFUNDED OR CANCELLED GRANTS			900099		1,234,616	1,234,616		
b CLAIM PROCEEDS			900099		412,777		412,777	
c _____								
d All other revenue								
e Total. Add lines 11a-11d					1,647,393			
12 Total revenue. See Instructions					275,482,021	5,206,040	-1,415,836	161,041,544

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	177,688,641	177,688,641		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	48,527	48,527		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,186,637	2,186,637		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	4,394,102	2,443,584	837,511	1,113,007
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	580,104	442,227	59,201	78,676
7 Other salaries and wages.	50,275,582	27,958,528	9,582,469	12,734,585
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,214,679	1,787,701	612,714	814,264
9 Other employee benefits.	6,143,522	3,416,447	1,170,949	1,556,126
10 Payroll taxes.	3,417,848	1,880,798	560,986	976,064
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	363,175	259,733	86,923	16,519
c Accounting.	285,760		285,760	
d Lobbying.	663,815	663,815		
e Professional fundraising services. See Part IV, line 17.	288,543			288,543
f Investment management fees.	9,017,639		9,017,639	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,841,694	3,898,075	677,742	265,877
12 Advertising and promotion.	23,486	10,099	2,818	10,569
13 Office expenses.	4,717,234	2,380,323	296,598	2,040,313
14 Information technology.	7,125,429	5,159,294	683,182	1,282,953
15 Royalties.	0			
16 Occupancy.	4,293,486	2,275,623	642,999	1,374,864
17 Travel.	1,833,941	1,252,485	168,788	412,668
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	5,471,376	4,706,605	162,058	602,713
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,086,005	1,369,642	220,775	495,588
23 Insurance.	798,720	532,825	178,336	87,559
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL QUALITY IMPROVEMENT	828,070	828,070		
b TRAINING	956,137	481,879	137,580	336,678
c OTHER	1,222,538	329,625	677,596	215,317
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	292,766,690	242,001,183	26,062,624	24,702,883
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	2,288,492	581,964		1,706,528

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	98,774	1	36,212
	2 Savings and temporary cash investments	94,935,899	2	136,933,644
	3 Pledges and grants receivable, net	7,734,842	3	7,687,519
	4 Accounts receivable, net	6,655,865	4	4,147,509
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	272,744	8	330,993
	9 Prepaid expenses and deferred charges	1,819,362	9	2,660,134
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	15,976,659		
	b Less: accumulated depreciation	6,646,620		
		4,828,406	10c	9,330,039
	11 Investments—publicly traded securities	2,266,485,881	11	1,921,918,665
	12 Investments—other securities. See Part IV, line 11	1,529,304,556	12	2,317,776,911
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	7,258,598	15	256,232	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,919,394,927	16	4,401,077,858	
Liabilities	17 Accounts payable and accrued expenses	20,050,844	17	27,505,186
	18 Grants payable	72,415,061	18	75,687,961
	19 Deferred revenue	4,358,270	19	5,081,024
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	90,415,574	25	98,617,622
	26 Total liabilities. Add lines 17 through 25	187,239,749	26	206,891,793
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,720,457,947	27	4,181,431,067
	28 Temporarily restricted net assets	7,954,458	28	8,657,764
	29 Permanently restricted net assets	3,742,773	29	4,097,234
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,732,155,178	33	4,194,186,065	
34 Total liabilities and net assets/fund balances	3,919,394,927	34	4,401,077,858	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	275,482,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	292,766,690
3	Revenue less expenses Subtract line 2 from line 1	3	-17,284,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,732,155,178
5	Net unrealized gains (losses) on investments	5	483,673,912
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,358,356
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,194,186,065

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 13-1930701
Name: CYSTIC FIBROSIS FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

MEDICAL PROGRAMS SINCE 1955, THE CYSTIC FIBROSIS FOUNDATION HAS BEEN DEDICATED TO CURING AND CONTROLLING CYSTIC FIBROSIS (CF) THE CYSTIC FIBROSIS FOUNDATION IS THE WORLDS LEADER IN THE SEARCH FOR A CURE FOR CYSTIC FIBROSIS, A LIFE-THREATENING GENETIC DISEASE THAT AFFECTS MORE THAN 30,000 PEOPLE IN THE UNITED STATES, AND 70,000 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 120 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 BREAKTHROUGH TREATMENTS HAVE ADDED YEARS TO THE LIVES OF PEOPLE WITH CYSTIC FIBROSIS TODAY THE MEDIAN SURVIVAL AGE IS OVER 40 THIS IS A DRAMATIC IMPROVEMENT FROM THE 1950S, WHEN A CHILD WITH CF RARELY LIVED LONG ENOUGH TO ATTEND ELEMENTARY SCHOOL 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 THE FOUNDATIONS PATIENT REGISTRY COLLECTS INFORMATION ON THE HEALTH STATUS OF MORE THAN 29,800 PEOPLE WITH CF, 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 MEDICAL PROGRAMS CONSIST OF APPROXIMATELY 738 GRANTS AND OTHER COSTS TO SUPPORT SCIENTIFIC STUDIES/INVESTIGATIONS AND CYSTIC FIBROSIS CENTERS APPROXIMATELY 426 GRANTS TOTALING \$32.1 MILLION WERE AWARDED TO CYSTIC FIBROSIS CARE CENTERS SERVING APPROXIMATELY 29,800 PATIENTS

Form 990, Part III, Line 4b:

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 CF APPROXIMATELY 29,800 PEOPLE WITH CF WERE SERVED IN 2017, INCLUDING APPROXIMATELY 880 INDIVIDUALS WHO WERE NEWLY DIAGNOSED LACK OF ADEQUATE INSURANCE COVERAGE FOR CF MEDICATIONS HAS BEEN A CONSISTENT CONCERN FOR THOSE LIVING WITH THE DISEASE AND THEIR FAMILIES COMPASS IS A HIGHLY PERSONALIZED SERVICE TAILORED TO AN INDIVIDUALS CIRCUMSTANCES RELATED TO COMPLEX INSURANCE, FINANCIAL, LEGAL, AND OTHER ISSUES THAT CAN PREVENT ACCESS TO MUCH-NEEDED CF THERAPIES AND CARE IN 2017, SKILLED CASE MANAGERS ADDRESSED MORE THAN 5,000 CASES FOR PEOPLE WITH CF, THEIR FAMILIES, AND THEIR PROVIDER NETWORK, INCLUDING UNDERSTANDING AND MAXIMIZING THEIR INSURANCE COVERAGE AND BENEFITS, AS WELL AS GETTING HELP WITH OTHER NEEDS RELATED TO DAILY LIFE WITH CF CASE MANAGERS ALSO ASSISTED WITH FINDING RESOURCES FOR ISSUES RELATED TO LIFE WITH CF THAT CAN AFFECT ACCESS, INCLUDING BASIC LIVING AND FOOD EXPENSES TODAY, MORE THAN HALF OF ALL PEOPLE WITH CF ARE AGE 18 OR OLDER IN 2017, NEARLY 550 ADULTS WITH CF JOINED VIRTUAL EVENTS DESIGNED BY AND FOR ADULTS WITH CF, INCLUDING BREATHECON, CF MINICON TRANSPLANT, AND CF MINICON YOUNG ADULT TRANSITIONS, THAT PROVIDE AN OPPORTUNITY FOR THE CF COMMUNITY TO CONNECT, SHARE, AND LEARN FROM PEERS THROUGH OPEN AND HONEST DIALOGUE

Form 990, Part III, Line 4c:

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 PEOPLE WITH CF AND THEIR FAMILIES, MEDICAL PROFESSIONALS AND THE GENERAL PUBLIC REGARDING THE DISEASE. IN 2017, THERE WERE MORE THAN EIGHT PUBLICATIONS AND 30 VIDEOS/SERIES PRODUCED AND MADE AVAILABLE FOR PEOPLE WITH CF, 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 2017, OVER 1,984,433 UNIQUE VISITORS CAME TO THE CF FOUNDATIONS WEBSITE. NEW CONTENT ON CFF.ORG IN 2017 INCLUDED THE LAUNCH OF NINE NEW SECTIONS AND 126 BLOG POSTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD L DANDURAND TRUSTEE	3 0 0 0	X						0	0	0
LOUIS A DEFALCO VICE CHAIR	5 0 0 0	X						0	0	0
RICHARD J GRAY ESQ VICE CHAIR	5 0 0 0	X						0	0	0
CAROLE B GRIEGO MD TRUSTEE	3 0 3 0	X						0	0	0
SUSAN L HOOK TRUSTEE	3 0 0 0	X						0	0	0
CATHERINE C MCLLOUD CHAIR	8 0 3 0	X						0	0	0
CHAD T MOORE TRUSTEE	3 0 0 0	X						0	0	0
DAVID A MOUNT TREASURER	3 0 0 0	X						0	0	0
ROBERT H NIEHAUS VICE CHAIR	5 0 0 0	X						0	0	0
ERIC R OLSON PHD TRUSTEE	3 0 3 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERESA L ELDER TRUSTEE (AS OF 5/18/2017)	3 0 0 0	X						0	0	0
STEVEN SHAK MD TRUSTEE	3 0 0 0	X						0	0	0
CHARLES J THAYER TRUSTEE (THROUGH 5/17/2017)	3 0 0 0	X						0	0	0
THEODORE J TORPHY PHD TRUSTEE	3 0 5 0	X						0	0	0
AMY S WEINBERG TRUSTEE (THROUGH 5/17/2017)	3 0 0 0	X						0	0	0
JOHN S WEINBERG TRUSTEE (AS OF 5/18/2017)	3 0 0 0	X						0	0	0
PAUL W WHETSELL EXECUTIVE VICE CHAIRMAN	5 0 0 0	X						0	0	0
KC BRYAN WHITE TRUSTEE	3 0 0 0	X						0	0	0
PRESTON CAMPBELL MD PRESIDENT & CEO	37 0 18 0	X		X				805,765	396,810	207,207
MARC S GINSKY EXECUTIVE VP, COO & SECRETARY	50 0 5 0			X				663,211	0	226,013

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VERA H TWIGG EXECUTIVE VP & CFO	50 0 5 0			X				524,706	0	127,750
JACK MAHLER MD CHIEF INVESTMENT OFFICER	55 0 0 0				X			1,197,052	0	152,338
BRUCE MARSHALL MD SENIOR VP, CLINICAL AFFAIRS	45 0 10 0				X			430,358	101,381	32,540
WILLIAM SKACH MD SENIOR VP, RESEARCH AFFAIRS	8 0 47 0				X			74,361	421,375	67,421
DRUCY S BOROWITZ MD SENIOR VP, COMMUNITY AFFAIRS	55 0 0 0					X		470,366	0	32,312
TIMOTHY A WAIRE JR CHIEF INFORMATION OFFICER	55 0 0 0					X		341,523	0	65,090
GLEN GOLDMARK SENIOR VP OF HUMAN RESOURCES	55 0 0 0					X		355,185	0	54,938
ALBERT FARO MD SR DIRECTOR, CLINICAL AFFAIRS	55 0 0 0					X		319,590	0	61,736
MARYBETH MCMAHON PHD CHIEF OF STAFF	55 0 0 0					X		332,209	0	52,917
ROBERT J BEALL PHD FORMER CEO/CURRENT CONSULTANT	10 0 0 0						X	383,094	55,949	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C RICHARD MATTINGLY FORMER COO	0 0 0 0						X	197,010	0	0

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701

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

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

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

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	305,963,877	3,312,085,535	122,210,533	117,148,751	110,650,273	3,968,058,969
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	305,963,877	3,312,085,535	122,210,533	117,148,751	110,650,273	3,968,058,969
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						3,968,058,969

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	305,963,877	3,312,085,535	122,210,533	117,148,751	110,650,273	3,968,058,969	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,054,431	54,160,127	75,041,033	64,638,761	67,686,719	278,581,071	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,927,254	15,655,168	16,333,174	14,060,761	15,116,982	76,093,339	
11	Total support. Add lines 7 through 10						4,322,733,379	
12	Gross receipts from related activities, etc. (see instructions)						12	14,876,997
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	1491.795 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	1593.134 %
16a	33 1/3% support test—2017. 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. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
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. ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II - OTHER INCOME	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.

SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990.</u>	OMB No 1545-0047 2017 Open to Public Inspection

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

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

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

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

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

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

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		63,959
e	Publications, or published or broadcast statements?	Yes		31,849
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,703,101
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		11,460
j	Total. Add lines 1c through 1i			1,810,369
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING ACTIVITY	THE CYSTIC FIBROSIS FOUNDATION IS FOCUSED ON CURING CYSTIC FIBROSIS AND ENSURING ALL PEOPLE WITH THE DISEASE HAVE THE OPPORTUNITY TO LEAD FULL, PRODUCTIVE LIVES. IN ADDITION TO FUNDING CYSTIC FIBROSIS RESEARCH, THE FOUNDATION ADVOCATES FOR POLICIES THAT ADVANCE BASIC, TRANSLATIONAL AND CLINICAL RESEARCH AND DEVELOPMENT OF TREATMENTS FOR RARE DISEASES LIKE CYSTIC FIBROSIS AND STRATEGIES THAT GIVE ALL PEOPLE WITH THE DISEASE ACCESS TO HIGH QUALITY, SPECIALIZED CYSTIC FIBROSIS CARE. ADVOCACY ACTIVITIES INCLUDE EMAIL COMMUNICATION ENCOURAGING GRASSROOTS ADVOCATES TO CONTACT THEIR LEGISLATORS, ANNUAL EVENTS WHERE VOLUNTEERS MEET WITH MEMBERS OF CONGRESS TO DISCUSS ISSUES CRITICAL TO THE CYSTIC FIBROSIS COMMUNITY, DEVELOPING WEB POSTS AND PUBLICATIONS TO REGULARLY UPDATE MEMBERS OF THE CYSTIC FIBROSIS COMMUNITY OF RELEVANT LEGISLATION AND ENCOURAGE INDIVIDUALS TO TAKE ACTION, AND COMMUNICATING REGULARLY WITH FEDERAL LEGISLATORS AND AGENCIES.

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DLN: 93493275011128

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION

Employer identification number
13-1930701

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of 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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

1a

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

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2

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

a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	5,658,482	1,366,119	4,292,363
d	Equipment	10,318,177	5,280,501	5,037,676
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			9,330,039

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FIXED INCOME INDEX COMMINGLED	130,952,699	F
(B) PUBLIC EQUITY COMMINGLED	1,494,197,079	F
(C) OTHER PUBLIC EQUITY BASED	99,856,362	F
(D) HEDGED STRATEGIES	436,127,209	F
(E) PVT EQTY & OTHR ILLIQUID FUNDS	152,546,327	F
(F) PERPETUAL TRUSTS	4,097,235	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,317,776,911	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTERCOMPANY PAYABLES	98,617,622
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	98,617,622

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

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

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

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

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

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1930701
Name: CYSTIC FIBROSIS FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	FIN 48 FOOTNOTE THE FOUNDATION AND CFFT ARE NOT-FOR-PROFIT VOLUNTARY HEALTH ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) A ND FROM STATE TAXES AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDAT IONS UNDER SECTION 509(A) OF THE CODE THE FOUNDATION DOES NOT HAVE ANY UNRELATED BUSINESS INCOME TAX LIABILITY AS OF DECEMBER 31, 2017 AND 2016 CONTRIBUTIONS TO THE FOUNDATION QU ALIFY FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION TO THE EXTENT PROVIDED BY SECTION 170 OF THE CODE THE FOUNDATION IS NOT AWARE OF ANY TAX POSITION TAKEN THAT REQUIRES DISCLOSURE B ASED ON CURRENT FACTS AND CIRCUMSTANCES THE FOUNDATION ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGN ITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE TAX CUTS AND JOBS ACT (THE TAX ACT) W AS SIGNED INTO LAW ON DECEMBER 22, 2017 THE TAX ACT INCLUDES SEVERAL CHANGES RELEVANT TO TAX-EXEMPT ORGANIZATIONS, PRIMARILY RELATED TO UNRELATED BUSINESS INCOME, NET OPERATING LO SSES, CERTAIN NEW EXCISE TAXES, AND CHANGES AFFECTING THE DEDUCTIBILITY OF CERTAIN EXPENSE S MANAGEMENT HAS DETERMINED THAT THE NEW LAW WILL NOT HAVE A SIGNIFICANT IMPACT ON THE FO UNDATIONS FINANCIAL STATEMENTS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
CYSTIC FIBROSIS FOUNDATION

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)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					922,941,637
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					922,941,637

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.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)							Schedule F (Form 990) 2017	
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

24

3 Enter total number of other organizations or entities ▶

0

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.

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

Part IV Foreign Forms

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

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).

Return Reference	Explanation
PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE OF THE U S	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 GUIDELINES FOR CHARITIES IN COMPLIANCE WITH THE BEST PRACTICES, THE ORGANIZATION COLLECTS AND REVIEWS INFORMATION ABOUT THE PROSPECTIVE GRANTEEES 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 TO THE MIDDLE EAST/NORTH AFRICA REGION WAS MADE TO MIDDLE EAST CYSTIC FIBROSIS ASSOCIATION IN TURKEY

Return Reference	Explanation
FOREIGN FORMS	THE ACTIVITIES REFERENCED IN SCHEDULE F, PART IV ARE LIMITED TO CERTAIN OF THE FOUNDATION'S INVESTMENTS

Additional Data

Software ID:
Software Version:
EIN: 13-1930701
Name: CYSTIC FIBROSIS FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANTMAKING	NONE	755,200
EUROPE			GRANTMAKING	NONE	1,245,287

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	NONE	186,150
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		757,769,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		6,089,000
EUROPE			INVESTMENTS		151,400,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		5,497,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	PILOT STUDY	54,000	WIRE			
		Europe (Including Iceland and Greenland)	PILOT STUDY	108,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	PILOT STUDY	54,500	WIRE			
		Europe (Including Iceland and Greenland)	PILOT STUDY	54,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	PILOT STUDY	53,999	WIRE			
		Europe (Including Iceland and Greenland)	QUALITY IMPROVEMENT	15,321	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	107,990	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	149,477	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	QUALITY IMPROVEMENT	186,150	WIRE			
		North America	PILOT STUDY	53,978	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	PILOT STUDY	51,990	CHECK			
		North America	PILOT STUDY	53,892	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	PILOT STUDY	49,825	CHECK			
		North America	RESEARCH	107,379	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH	108,000	CHECK			
		North America	RESEARCH	108,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH	125,000	CHECK			
		North America	RESEARCH	95,516	CHECK			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION

Employer identification number
13-1930701

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LAUTMAN MASKA NEILL COMPAN	MAIL COUNSEL		No	7,735,399	212,000	7,523,399
2 TURNKEY PROMOTIONS	EVENT COUNSEL		No	39,927,665	76,543	39,851,122
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				47,663,064	288,543	47,374,521

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>SKI</u> (event type)	<u>ATLANTA WALK</u> (event type)	<u>985</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,634,402	2,358,767	93,606,507	98,599,676
	2 Less Contributions	1,299,210	2,274,084	80,474,220	84,047,514
	3 Gross income (line 1 minus line 2)	1,335,192	84,683	13,132,287	14,552,162
Direct Expenses	4 Cash prizes			21,171	21,171
	5 Noncash prizes		12,868	611,807	624,675
	6 Rent/facility costs	695,547	27,670	5,624,131	6,347,348
	7 Food and beverages	321,908	19,981	3,898,222	4,240,111
	8 Entertainment	10,406		442,200	452,606
	9 Other direct expenses	307,331	24,164	2,534,756	2,866,251
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				14,552,162
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			152,043	152,043
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			77,885	77,885
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				77,885
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				74,158

9 Enter the state(s) in which the organization conducts gaming activities CA, IL, MI, MN, MT, NH, OH, TX

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

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ THE ORGANIZATION

Address ▶ 4550 MONTGOMERY AVE SUITE 1100N
BETHESDA, MD 20814

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
PROFESSIONAL FUNDRAISING SERVICES	SCHEDULE G, PART I, LINE 2B CFF HAD A WRITTEN CONTRACT WITH LAUTMAN MASKA NEILL & COMPANY TO CONSULT ON ITS DIRECT MAIL EFFORTS DURING 2017 THE EXPENSE FOR THE PROJECT IS \$16,000 PER MONTH OR \$192,000 FOR THE ENTIRE YEAR OF SERVICES LAUTMAN MASKA NEILL & COMPANY ALSO CONSULTED ON TWO INDIVIDUAL MAILINGS FOR \$10,000 PER MAILING OR \$20,000 TOTAL IN ADDITION TO THE CONSULTING ACTIVITIES THAT MAY BE CONSIDERED PROFESSIONAL FUNDRAISING SERVICES, CFF ALSO ENGAGED LAUTMAN MASKA NEILL & COMPANY FOR CREATIVE DEVELOPMENT LAUTMAN MASKA NEILL & COMPANY DOES NOT COLLECT ANY FUNDS ON BEHALF OF CFF ALL DONATIONS THAT RESULT FROM MAILINGS WITH WHICH LAUTMAN MASKA NEILL & COMPANY ASSISTS WITH ARE MADE PAYABLE DIRECTLY TO THE FOUNDATION CFF HAD A WRITTEN CONTRACT WITH TURNKEY PROMOTIONS TO CONSULT ON ITS PEER TO PEER FUNDRAISING EVENTS DURING 2017 THE EXPENSE FOR THE PROJECT WAS \$76,543 IN ADDITION TO THE CONSULTING ACTIVITIES THAT MAY BE CONSIDERED PROFESSIONAL FUNDRAISING SERVICES, CFF ALSO ENGAGED TURNKEY PROMOTIONS FOR PRIZE FULFILLMENT IN 2017 TURNKEY PROMOTIONS DOES NOT COLLECT ANY FUNDS ON BEHALF OF CFF ALL DONATIONS THAT RESULT FROM EVENT ACTIVITIES WITH WHICH TURNKEY PROMOTIONS ASSISTS WITH ARE MADE PAYABLE DIRECTLY TO THE FOUNDATION
SCHEDULE G, PART III	ON OCCASION, THE CYSTIC FIBROSIS FOUNDATION CONDUCTS RAFFLES, DRAWINGS, OR GAMES OF CHANCE AS PART OF ITS FUNDRAISING EVENTS GAMING LICENSES ARE OBTAINED WHEN APPLICABLE PER STATE OR LOCAL REGULATION THERE ARE CERTAIN STATES WHERE CFF ONLY CONDUCTS OPPORTUNITY DRAWINGS ANY VOLUNTEER INVOLVEMENT IN SUCH ACTIVITIES WAS INSIGNIFICANT NO OUTSIDE PARTY HAD ANY INVOLVEMENT IN GAMING ACTIVITIES AND THESE ACTIVITIES DO NOT GENERATE UNRELATED BUSINESS INCOME THE EXECUTIVE DIRECTOR OF EACH OFFICE IS RESPONSIBLE FOR OVERSEEING GAMING ACTIVITIES CONDUCTED BY THEIR OFFICE

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
CYSTIC FIBROSIS FOUNDATION

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

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
13-1930701

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 204

3 Enter total number of other organizations listed in the line 1 table 9

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) fellowships	8	48,527			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING GRANT FUNDS INSIDE OF THE U S	SCHEDULE I, 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 U S 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 INSTITUTION FOR GRANTS TO FOR-PROFIT ORGANIZATIONS THE CF FOUNDATION HAS PROCEDURES IN PLACE TO 1) SEE THAT THE GRANT FUNDS AWARDED ARE SPENT ONLY FOR THE PURPOSE FOR WHICH THE GRANT IS MADE AND 2) OBTAIN FULL AND COMPLETE REPORTS FROM THE GRANTEE ORGANIZATION ON HOW THE FUNDS ARE SPENT CONSISTENT WITH IRS GUIDELINES FOR EXPENDITURE RESPONSIBILITY THE ORGANIZATION PERFORMS PRE-GRANT INQUIRIES DEALING WITH MATTERS SUCH AS THE IDENTITY, HISTORY, ACTIVITIES, AND PRACTICES OF THE GRANTEE TO GAIN REASONABLE ASSURANCE THAT THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE FOR WHICH RECEIVED ONCE A GRANT IS APPROVED, A WRITTEN AGREEMENT IS SIGNED BY BOTH THE ORGANIZATION AND THE GRANTEE THAT INCLUDES THE FOLLOWING AGREEMENTS ANY AMOUNTS NOT USED FOR PURPOSES OF THE GRANT WILL BE REPAID, THE GRANTEE WILL KEEP RECORDS OF RECEIPTS AND EXPENDITURES AND MAKE THEM AVAILABLE TO THE GRANTOR AT REASONABLE TIMES, AND FUNDS CANNOT BE USED TO INFLUENCE LEGISLATION OR UNDERTAKE ANY NONEXEMPT ACTIVITY
SCHEDULE I, PART III	FELLOWSHIPS ARE AWARDED TO INVESTIGATORS CONDUCTING RESEARCH RELATED TO GRANTS REPORTED IN PART II SEE SUPPLEMENTAL INFORMATION FOR PART I, LINE 2 FOR PROCEDURES USED TO MONITOR THESE GRANTS PRIOR TO MAKING FELLOWSHIP PAYMENTS, SUPPORTING DOCUMENTATION OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE

Additional Data

Software ID:
Software Version:
EIN: 13-1930701
Name: CYSTIC FIBROSIS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Road 6210 Hanover, NH 03755	02-0222111	501c(3)	41,142				ADULT CARE
Trustees of Dartmouth College 11 Rope Ferry Road 6210 DEPT 4656 / REF 413407 Hanover, NH 03755	02-0222111	501c(3)	162,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital & Medical Center Foundation 8401 W Dodge Rd Suite 120 Omaha, NE 68114	47-6105603	501c(3)	45,607				ADULT CARE
Trustees of Dartmouth College 11 Rope Ferry Road 6210 RESEARCH AND SPONSORED PROGRAMS Hanover, NH 03755	02-0222111	501c(3)	2,883,905				QUALITY IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Road 6210 B 5 JESSUP HALL Hanover, NH 03755	02-0222111	501c(3)	586,049				RESEARCH
Trustees of Dartmouth College 11 Rope Ferry Road 6210 Hanover, NH 03755	02-0222111	501c(3)	520,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Road 6210 Hanover, NH 03755	02-0222111	501c(3)	67,800				RESEARCH STUDY
The University of Vermont and State Agricultural C 85 So Prospect Street Burlington, VT 05405	03-0179440	501c(3)	121,360				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Vermont and State Agricultural C 85 So Prospect Street 310 JESSE HALL Burlington, VT 05405	03-0179440	501c(3)	54,000				PILOT STUDY
Harvard Medical School 200 Longwood Avenue Boston, MA 02115	04-2103580	501c(3)	107,482				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard Medical School 200 Longwood Avenue Boston, MA 02115	04-2103580	501c(3)	65,450				RESEARCH STUDY
The General Hospital Corporation (Massachusetts G PO Box 414876 Boston, MA 02114	04-2697983	501c(3)	275,252				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The General Hospital Corporation (Massachusetts G PO Box 414876 Boston, MA 02114	04-2697983	501c(3)	211,584				RESEARCH
The General Hospital Corporation (Massachusetts G PO Box 414876 Boston, MA 02114	04-2697983	501c(3)	67,800				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The General Hospital Corporation (Massachusetts G PO Box 414876 ONE SHIELDS AVENUE Boston, MA 02114	04-2697983	501c(3)	227,500				TRAINING
Children's Hospital Corporation (Boston Children's 300 Longwood Ave 0690 SW BANCROFT STREET Boston, MA 02115	04-2774441	501c(3)	47,041				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Corporation (Boston Children's 300 Longwood Ave 1601 NW 12TH AVENUE Boston, MA 02115	04-2774441	501c(3)	459,630				CF CARE CENTER
Children's Hospital Corporation (Boston Children's 300 Longwood Ave PO BOX 414876 Boston, MA 02115	04-2774441	501c(3)	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Corporation (Boston Children's 300 Longwood Ave BR305 Boston, MA 02115	04-2774441	501c(3)	127,500				TRAINING
Rhode Island Hospital 593 Eddy Street Providence, RI 02903	05-0258954	501c(3)	76,765				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rhode Island Hospital 593 Eddy Street Providence, RI 02903	05-0258954	501c(3)	166,531				CF CARE CENTER
Yale University 47 College Street New Haven, CT 06520	06-0646973	501c(3)	284,390				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University 47 College Street New Haven, CT 06520	06-0646973	501c(3)	54,000				PILOT STUDY
Yale University 47 College Street New Haven, CT 06520	06-0646973	501c(3)	449,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University 47 College Street New Haven, CT 06520	06-0646973	501c(3)	63,100				RESEARCH STUDY
New York University School of Medicine 550 First Avenue New York, NY 10016	13-5562308	501c(3)	155,802				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York University School of Medicine 550 First Avenue New York, NY 10016	13-5562308	501c(3)	53,575				PILOT STUDY
The Trustees of Columbia University in the City of 351 Engineering Terrace New York, NY 10027	13-5598093	501c(3)	32,400				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of Columbia University in the City of 351 Engineering Terrace New York, NY 10027	13-5598093	501c(3)	273,550				CF CARE CENTER
The Trustees of Columbia University in the City of 351 Engineering Terrace OFFICE OF SPONSORED PROGRAMS New York, NY 10027	13-5598093	501c(3)	53,557				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of Columbia University in the City of 351 Engineering Terrace New York, NY 10027	13-5598093	501c(3)	63,100				RESEARCH STUDY
The Trustees of Columbia University in the City of 351 Engineering Terrace OFFICE OF SPONSORED RESEARCH New York, NY 10027	13-5598093	501c(3)	61,250				TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Rochester 1325 Mt Hope Ave Rochester, NY 14642	16-0743209	501c(3)	32,400				ADULT CARE
University of Rochester 1325 Mt Hope Ave Rochester, NY 14642	16-0743209	501c(3)	259,930				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wake Forest University Health Sciences Medical Center Blvd WinstonSalem, NC 27157	22-3849199	501c(3)	124,490				CF CARE CENTER
Wake Forest University Health Sciences Medical Center Blvd WinstonSalem, NC 27157	22-3849199	501c(3)	54,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Charitable Foundation 3075 Highland PKWY Downers Grove, IL 60515	36-3297360	501c(3)	176,869				CF CARE CENTER
Albany Medical College Elsmere A-107 CAMPUS BOX 1034 Albany, NY 12208	14-1338310	501c(3)	64,400				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Hospital of Philadelphia 3516 Civic Ctr Blvd Philadelphia, PA 19104	23-1352166	501c(3)	308,932				CF CARE CENTER
All Children's Hospital PO Box 31020 St Petersburg, FL 33731	59-0683252	501c(3)	223,167				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ann and Robert H Lurie Children's Hospital of Chi 2300 Childrens Plaza Chicago, IL 60614	36-2170833	501c(3)	219,536				CF CARE CENTER
Arizona Board of Regents University of Arizona 888 N Euclid Room 510 MAIL CODE 7828 Tucson, AZ 85722	74-2652689	IRC 115	235,460				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arkansas Children's Hospital Research Institute I 800 Marshall Street Little Rock, AR 72202	71-0694931	501c(3)	109,460				CF CARE CENTER
Atlantic Health System 100 Madison Avenue 888 N EUCLID ROOM 510 Morristown, NJ 07962	52-1958352	501c(3)	115,284				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Augusta University Research Institute Inc 1120 15th Street C13301 Augusta, GA 30912	58-1418202	501c(3)	255,356				CF CARE CENTER
Baylor College of Medicine PO Box 1 Houston, TX 77212	74-1613878	501c(3)	459,916				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor Scott & White Health 2401 S 31st St Temple, TX 76508	46-3131350	501c(3)	40,930				CF CARE CENTER
Baystate Medical Center (95-196) 759 Chestnut Street 160 WATER STREET 24TH FLOOR Springfield, MA 01199	04-2790311	501c(3)	56,370				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Medical Center 160 Water St 24th Fl New York, NY 10038	13-5564934	501c(3)	210,580				CF CARE CENTER
Billings Clinic 2800 10th Avenue North Billings, MT 59107	81-0231784	501c(3)	76,070				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Children's Hospital of Philadelphia 3516 Civic Ctr Blvd Philadelphia, PA 19104	23-1352166	501c(3)	108,000				PILOT STUDY
Board of Trustees of Southern Illinois University PO Box 19636 Springfield, IL 62794	37-6005961	501c(3)	16,548				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Hospital of Philadelphia 3516 Civic Ctr Blvd Philadelphia, PA 19104	23-1352166	501c(3)	65,450				RESEARCH STUDY
California Pacific Medical Center Research Institu 2200 Webster Street San Francisco, CA 94115	94-0562680	501c(3)	35,294				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMC Health Education and Research Institute PO Box 765 SUITE 260 Charleston, WV 25323	55-0753754	501c(3)	68,800				CF CARE CENTER
Carle Foundation Hospital 611 W Park Street Urbana, IL 61801	37-1119538	501c(3)	42,420				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Carolinas Healthcare Foundation 208 East Boulevard Charlotte, NC 28203	56-6060481	501c(3)	55,100				CF CARE CENTER
Children's Health Care 2525 Chicago Ave SO Minneapolis, MN 55404	41-1754276	501c(3)	141,020				CF CARE CENTER

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Children's Healthcare of Atlanta 1001 Johnson Ferry Road Atlanta, GA 30342	58-2367819	501c(3)	205,710				CF CARE CENTER
Children's Hospital Central California 9300 Valley Chldns Place Madera, CA 93638	94-1294954	501c(3)	133,950				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Children's Hospital of Philadelphia 3516 Civic Ct Blvd Philadelphia, PA 19104	23-1352166	501c(3)	127,500				TRAINING
Trustees of the University of Pennsylvania 133 South 36th St Philadelphia, PA 19104	23-1352685	501c(3)	269,210				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Children's Hospital Medical Center Akron One Perkins Square Akron, OH 44308	34-0714357	501c(3)	257,280				CF CARE CENTER
Children's Hospital of Michigan 3663 Woodward AveSte 200 Detroit, MI 48201	38-1357994	501c(3)	95,460				CF CARE CENTER

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Trustees of the University of Pennsylvania 133 South 36th St Philadelphia, PA 19104	23-1352685	501c(3)	108,000				RESEARCH
Children's Hospital of Pittsburgh 3705 Fifth Avenue Pittsburgh, PA 15213	25-0402510	501c(3)	324,150				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Children's Hospital Los Angeles 4650 Sunset Blvd Los Angeles, CA 90027	95-1690977	501c(3)	198,680				CF CARE CENTER
Children's Lung Specialists 3838 Meadows Lane Las Vegas, NV 89107	88-0271963	501c(3)	131,720				CF CARE CENTER

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Children's Medical Center One Childrens Plaza Dayton, OH 45404	31-0672132	501c(3)	240,951				CF CARE CENTER
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	44-0605373	501c(3)	207,072				CF CARE CENTER

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Children's National Medical Center 111 Michigan Ave NW Washington, DC 20010	52-1640403	501c(3)	254,897				CF CARE CENTER
Christiana Care Health Services Inc PO Box 2653 Wilmington, DE 19805	51-0103684	501c(3)	31,570				CF CARE CENTER

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Christus Santa Rosa Healthcare 333 North Santa Rosa SUITE 104 San Antonio, TX 78207	74-1109665	501c(3)	37,270				CF CARE CENTER
Pennsylvania State University College of Medicine Hershey, PA 17033	24-6000376	IRC 115	185,850				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Connecticut Children's Medical Center 282 Washington Street SUITE 501 Hartford, CT 06106	06-0646755	501c(3)	115,648				CF CARE CENTER
Cook Children's Medical Center CF Center 801 Seventh Avenue Ft Worth, TX 76104	75-2051646	501c(3)	218,210				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Daughters of Caring Health Services of Austin PO Box 1 Houston, TX 77212	74-1109643	501c(3)	287,375				CF CARE CENTER
Drexel University College of Medicine St Christ 3201 Arch StSte 420 Philadelphia, PA 19104	23-1352630	501c(3)	238,531				CF CARE CENTER

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Driscoll Children's Hospital Corpus Christi TX 78411 Corpus Christi, TX 78411	74-2577746	501c(3)	34,900				CF CARE CENTER
Pennsylvania State University College of Medicine Hershey, PA 17033	24-6000376	IRC 115	107,506				RESEARCH

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East Tennessee Children's Hospital Association I 2100 Clinch Ave 310 Knoxville, TN 37916	62-6002604	501c(3)	210,750				CF CARE CENTER
Eastern Maine Medical Center 417 State St Suite 305 Bangor, ME 04401	01-0211501	501c(3)	50,220				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastern Virginia Medical School 601 Childrens Lane 1600 SW ARCHER RD SUITE D2-15 Norfolk, VA 23507	54-0506321	501c(3)	40,925				CF CARE CENTER
University of Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	32,228				ADULT CARE

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Erlanger Health System 975 East Third Street Chattanooga, TN 37403	62-6000101	501c(3)	49,660				CF CARE CENTER
Geisinger Medical Center 100 N Academy Drive SUITE 50 Danville, PA 17822	23-6291113	501c(3)	167,794				CF CARE CENTER

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Good Samaritan Hospital 1000 Montauk Highway MOB 203 New York, NY 11795	11-1888924	501c(3)	27,500				CF CARE CENTER
Greenville Hospital System 701 Grove Road CYSTIC FIBROSIS CLINIC Greenville, SC 29605	57-6007863	501c(3)	67,690				CF CARE CENTER

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Gundersen Lutheran Medical Foundation 1900 South Avenue 901 45TH STREET La Crosse, WI 54601	39-1249705	501c(3)	30,640				CF CARE CENTER
Hartford Hospital (Central Connecticut Cystic Fibr 80 Seymour Street Hartford, CT 06102	06-0646668	501c(3)	115,766				CF CARE CENTER

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Henry M Jackson Foundation for the advancement of 1404 Rockville Pike Rockville, MD 20852	52-1317896	501c(3)	38,505				CF CARE CENTER
Inova Health Care Services 8110 Gatehouse Rd Falls Church, VA 22042	54-0620889	501c(3)	28,500				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iowa Health Foundation (Blank Children's CF Center 1440 Ingersoll Avenue Des Moines, IA 50309	42-1467682	501c(3)	73,680				CF CARE CENTER
University of Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	110,160				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pittsburgh 350 Thackeray Hall SUITE E-110 Pittsburgh, PA 15260	25-0965591	501c(3)	54,000				PILOT STUDY
Kaleida Health 219 Bryant Street Buffalo, NY 14209	16-1533232	501c(3)	149,940				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Landon Pediatric Foundation 3291 Loma Vista Road Ventura, CA 93003	93-1097216	501c(3)	37,880				CF CARE CENTER
Lee Memorial Health System Foundation Inc (LMHS 16451 HealthPark Commons Ft Myers, FL 33908	65-0645343	501c(3)	37,000				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lehigh Valley Hospital 2545 Schoenersville Rd Bethlehem, PA 18017	23-1689692	501c(3)	69,298				CF CARE CENTER
Loma Linda University 11175 E Campus Street Loma Linda, CA 92354	95-3522679	501c(3)	68,410				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Long Island Jewish Medical Center 972 Brushhollow Road 3333 BURNET AVENUE Westbury, NY 11590	11-2241326	501c(3)	211,760				CF CARE CENTER
Louisiana State University Health Sciences Center 642 CSRB 533 Bolivar New Orleans, LA 70112	72-6087770	501c(3)	114,540				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Loyola University of Chicago 2160 S First Avenue Maywood, IL 60153	36-1408475	501c(3)	28,660				CF CARE CENTER
Maine Medical Center 22 Bramhall Street RESEARCH AND SPONSORED PROGRAMS Portland, ME 04102	01-0238552	501c(3)	151,431				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marshfield Clinic Research Foundation 1000 North Oak Avenue Marshfield, WI 54449	39-0452970	501c(3)	83,744				CF CARE CENTER
Mary Bridge Children's Foundation 311 South L St Mailstop Tacoma, WA 98405	94-3030039	501c(3)	59,090				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic Rochester 200 First Street SW Rochester, MN 55905	41-6011702	501c(3)	95,860				CF CARE CENTER
University of Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	375,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Medical Center Foundation 2801 Atlantic Ave Long Beach, CA 90801	95-6105984	501c(3)	163,120				CF CARE CENTER
University of Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	500,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan State University 301 Admin Bldg East Lansing, MI 48824	38-6005984	501c(3)	93,657				CF CARE CENTER
Mission Healthcare Foundation Inc 980 Hendersonville Rd Asheville, NC 28803	56-1881331	501c(3)	24,350				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Monmouth Medical Center Foundation 300 Second Avenue Long Branch, NJ 07740	22-2456079	501c(3)	171,730				CF CARE CENTER
University of Pittsburgh 350 Thackeray Hall PLUMMER 5 Pittsburgh, PA 15260	25-0965591	501c(3)	63,100				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	61,250				TRAINING
Children's Hospital Medical Center (Cincinnati Children's) 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c(3)	197,210				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Medical Center (Cincinnati Children's Hospital Medical Center) 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c(3)	54,000				PILOT STUDY
Children's Hospital Medical Center (Cincinnati Children's Hospital Medical Center) 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c(3)	470,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Medical Center (Cincinnati Children's Hospital Medical Center) 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c(3)	128,550				RESEARCH STUDY
Children's Hospital Medical Center (Cincinnati Children's Hospital Medical Center) 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c(3)	61,250				TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orlando Health Foundation 3160 Southgate Com Blvd Orlando, FL 32806	59-2244943	501c(3)	80,200				CF CARE CENTER
OSF Saint Francis Medical Center 530 NE Glen Oak Avenue SUITE 102 Peoria, IL 61637	37-0662569	501c(3)	100,860				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	IRC 115	54,000				PILOT STUDY
Phoenix Children's Hospital 1300 North 12th Street Phoenix, AZ 85006	86-0422559	501c(3)	301,011				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Health & Services Washington 3200 Providence Drive PO Box 196 PO BOX 19636 Anchorage, AK 99519	92-0016429	501c(3)	66,153				CF CARE CENTER
Providence Physician Service 101 W 8th Ave Spokane, WA 99204	51-0216586	C CORP	165,930				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rady Children's Hospital Foundation - San Diego 3020 Childrens Way San Diego, CA 92123	33-0170626	501c(3)	110,773				CF CARE CENTER
The Ohio State University 1960 Kenny Road 310 JESSE HALL Columbus, OH 43210	31-6025986	IRC 115	208,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Renown Health Foundation 1155 Mill St Z-5 Reno, NV 89502	94-2872749	501c(3)	41,170				CF CARE CENTER
The Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	IRC 115	191,527				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rush University Medical Center St Luke's Medica 1725 West Harrison Chicago, IL 60612	36-2174823	501c(3)	167,552				CF CARE CENTER
The Research Institute at Nationwide Children's Ho 700 Childrens Drive Columbus, OH 43260	31-6056230	501c(3)	32,400				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Barnabas Medical Center Peds Pulmonary Div Livingston, NJ 07039	22-1494440	501c(3)	46,810				CF CARE CENTER
Saint Joseph Regional Medical Center 611 East Cedar Street Mishawaka, IN 46545	35-1568821	501c(3)	47,610				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Joseph's Hospital and Medical Center 703 Main Street Paterson, NJ 07503	22-1487602	501c(3)	40,240				CF CARE CENTER
Sanford Children's Specialty Clinic 1305 W 18th Street Sioux Falls, SD 57117	46-0447693	501c(3)	121,480				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sanford Medical Center Fargo 801 North Broadway Fargo, ND 58122	45-0226909	501c(3)	29,960				CF CARE CENTER
Santa Barbara Cottage Hospital 2405 De La Vina St Santa Barbara, CA 93105	95-1644629	501c(3)	35,890				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seattle Children's Hospital Foundation 6901 Sand Point Way NE Seattle, WA 98105	91-0564748	501c(3)	211,490				CF CARE CENTER
South Broward Hospital District Cystic Fibrosis Clinic Hollywood, FL 33321	59-6014973	501c(3)	187,380				CF CARE CENTER

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Spectrum Health Foundation 100 Michigan St NE Grand Rapids, MI 49503	38-2752328	501c(3)	327,322				CF CARE CENTER
St Alexis Medical Center PO Box 5510 MAIL STOP 6591 Bismarck, ND 58506	45-0226711	501c(3)	66,570				CF CARE CENTER

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St Louis University 3500 Lindell Blvd St Louis, MO 63103	43-0654872	501c(3)	231,045				CF CARE CENTER
St Luke's Regional Medical Center 100 East Idaho Suite 200 SUITE 200 Boise, ID 83712	82-0161600	501c(3)	144,330				CF CARE CENTER

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St Vincent Hospital of the Hospital Sisters of th 835 S VanBuren St Green Bay, WI 54301	39-0817529	501c(3)	51,600				CF CARE CENTER
SUNY Upstate Medical University College of Medicin P O Box 9 Albany, NY 12201	14-1368361	501c(3)	478,752				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sutter Medical Center Sacramento 5609 J Street Sacramento, CA 95819	94-1156621	501c(3)	62,550				CF CARE CENTER
Texas Tech University Health Sciences Center 3601 4th Street Lubbock, TX 79430	75-2668014	IRC 115	39,690				CF CARE CENTER

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The Research Institute at Nationwide Children's Ho 700 Childrens Drive Columbus, OH 43260	31-6056230	501c(3)	283,720				CF CARE CENTER
The Research Institute at Nationwide Children's Ho 700 Childrens Drive Columbus, OH 43260	31-6056230	501c(3)	54,000				PILOT STUDY

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The Research Institute at Nationwide Children's Ho 700 Childrens Drive Columbus, OH 43260	31-6056230	501c(3)	200,000				RESEARCH CENTER
The Hitchcock Foundation One Medical Center Drive Lebanon, NH 03756	02-0222139	501c(3)	199,985				CF CARE CENTER

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The Research Institute at Nationwide Children's Ho 700 Childrens Drive Columbus, OH 43260	31-6056230	501c(3)	68,750				TRAINING
Cleveland Clinic Foundation 9500 Euclid Ave Cleveland, OH 44195	34-0714585	501c(3)	28,500				CF CARE CENTER

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Cleveland Clinic Foundation 9500 Euclid Ave Cleveland, OH 44195	34-0714585	501c(3)	104,898				RESEARCH
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c(3)	32,400				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of California Los A 10920 Wilshire Blvd Los Angeles, CA 90024	94-6006143	501c(3)	34,770				CF CARE CENTER
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c(3)	108,000				PILOT STUDY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c(3)	448,348				RESEARCH
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c(3)	923,133				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c(3)	73,550				RESEARCH STUDY
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c(3)	86,800				TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Tampa General Hospital Foundation PO Box 1289 1601 NW 12TH AVENUE Tampa, FL 33601	23-7354477	501c(3)	129,510				CF CARE CENTER
University Hospitals of Cleveland Rainbow Babies 2074 Abingdon Road 32-2210 Cleveland, OH 44106	34-1567805	501c(3)	80,935				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Hospitals of Cleveland Rainbow Babies 2074 Abington Road Cleveland, OH 44106	34-1567805	501c(3)	218,150				CF CARE CENTER
The University of Chicago 5801 S Ellis Avenue Chicago, IL 60637	36-2177139	501c(3)	239,338				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vanderbilt University Medical Center 1161 21st Avenue South Nashville, TN 37232	35-2528741	501c(3)	258,170				CF CARE CENTER
Vanderbilt University Medical Center 1161 21st Avenue South Nashville, TN 37232	35-2528741	501c(3)	130,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Toledo Children's Hospital 2142 N Cove Blvd Toledo, OH 43606	34-4428256	501c(3)	196,925				CF CARE CENTER
Trustees of Indiana University PO Box 66057 Bloomington, IN 46266	35-6001673	501c(3)	464,766				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Indiana University PO Box 66057 Bloomington, IN 46266	35-6001673	501c(3)	99,499				QUALITY IMPROVEMENT
Tufts Medical Center 800 Washington St Boston, MA 02111	04-3400617	501c(3)	23,010				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tulane University Medical School 6401 Freret St SUITE 305 New Orleans, LA 70118	72-0423889	501c(3)	317,847				CF CARE CENTER
Trustees of Indiana University PO Box 66057 Bloomington, IN 46266	35-6001673	501c(3)	188,750				TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Arkansas for Medical Sciences 4301 West Markham St Little Rock, AR 72205	71-6046242	IRC 115	106,400				CF CARE CENTER
University of Cincinnati Physicians Company 231 Albert Sabin Way Cincinnati, OH 45267	31-1405915	IRC 115	136,956				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University 750 N Lake Shore Drive Chicago, IL 60611	36-2167817	501c(3)	50,515				ADULT CARE
Northwestern University 750 N Lake Shore Drive Chicago, IL 60611	36-2167817	501c(3)	181,078				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University 750 N Lake Shore Drive Chicago, IL 60611	36-2167817	501c(3)	107,174				RESEARCH
University of Kentucky Research Foundation 740 South Limestone Lexington, KY 40536	61-6033693	501c(3)	195,660				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Michigan 3003 South State St Ann Arbor, MI 48109	38-6006309	501c(3)	564,296				CF CARE CENTER
University of Massachusetts Medical Center 55 Lake Avenue Worcester, MA 10655	04-3167352	IRC 115	172,090				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Michigan 3003 South State St Ann Arbor, MI 48109	38-6006309	501c(3)	32,400				QUALITY IMPROVEMENT
University of Mississippi Medical Center 2500 North State Street Jackson, MS 39216	64-6008520	501c(3)	122,400				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Medical College of Wisconsin 8701 Watertown Plk Rd Milwaukee, WI 53226	39-0806261	501c(3)	39,492				ADULT CARE
University of New Mexico Health Sciences Center Health Sci Svc Bldg Albuquerque, NM 87131	85-6000642	IRC 115	125,720				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Medical College of Wisconsin 8701 Watertown Plk Rd Milwaukee, WI 53226	39-0806261	501c(3)	397,805				CF CARE CENTER
Board of Regents of the University of Wisconsin Sy 750 University Avenue Madison, WI 53706	39-6006492	IRC 115	18,429				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Board of Regents of the University of Wisconsin Sy 750 University Avenue OFFICE OF SPONSORED PROGRAMS Madison, WI 53706	39-6006492	IRC 115	282,207				CF CARE CENTER
University of South Carolina Research Foundation 901 Sumter Street Columbia, SC 29208	57-0967350	501c(3)	68,150				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of South Florida 17 Davis Boulevard Tampa, FL 33606	59-3102112	IRC 115	42,310				CF CARE CENTER
University of Southern California 1540 Alcazar Street Los Angeles, CA 90033	95-1642394	501c(3)	231,938				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Tennessee 62 S Dunlap OFFICE OF SPONSORED RESEARCH Memphis, TN 38163	62-6001636	IRC 115	136,930				CF CARE CENTER
University of Tennessee Medical Center 1940 Alcoa Hwy Knoxville, TN 37920	31-1626179	501c(3)	151,150				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Texas Health Center at Tyler 11937 US Hwy 271 Tyler, TX 75708	75-6001354	IRC 115	170,801				CF CARE CENTER
Board of Regents of the University of Wisconsin Sy 750 University Avenue Madison, WI 53706	39-6006492	IRC 115	26,584				QUALITY IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Board of Regents of the University of Wisconsin Sy 750 University Avenue Madison, WI 53706	39-6006492	IRC 115	66,250				TRAINING
University of Vermont Medical Center IncFletche PO Box 1870 Burlington, VT 05402	03-0219309	501c(3)	161,674				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Minnesota 200 Oak St SE 740 SOUTH LIMESTONE Minneapolis, MN 55455	41-6007513	IRC 115	180,224				ADULT CARE
University Psychiatric Practice Inc (SUNY Buffal 462 Grider St Buffalo, NY 14215	16-1426208	501c(3)	49,368				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Minnesota 200 Oak St SE MSB 60048 Minneapolis, MN 55455	41-6007513	IRC 115	629,270				CF CARE CENTER
The Regents of the University of Minnesota 200 Oak St SE Minneapolis, MN 55455	41-6007513	IRC 115	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Minnesota 200 Oak St SE PO BOX 66057 Minneapolis, MN 55455	41-6007513	IRC 115	65,450				RESEARCH STUDY
Via Christi Hospital Wichita Inc 707 N Emporia SUITE 405 Wichita, KS 67214	48-1172106	501c(3)	106,120				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Minnesota 200 Oak St SE Minneapolis, MN 55455	41-6007513	IRC 115	68,750				TRAINING
University of Iowa B 5 Jessup Hall Iowa City, IA 52242	42-6004813	IRC 115	43,043				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Iowa B 5 Jessup Hall 200 OAK ST SE Iowa City, IA 52242	42-6004813	IRC 115	212,370				CF CARE CENTER
Wayne State University Research Sponsored Pgm Detroit, MI 48201	38-6028429	501c(3)	156,950				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Iowa B 5 Jessup Hall Iowa City, IA 52242	42-6004813	IRC 115	108,000				PILOT STUDY
Western Michigan University School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008	45-4135256	501c(3)	66,360				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Iowa B 5 Jessup Hall Iowa City, IA 52242	42-6004813	IRC 115	323,900				RESEARCH
Breathe Bravely 305 W 29th Street RUBLOFF 7TH FLOOR Sioux Falls, SD 57105	47-5334258	501c(3)	9,575				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CF Society Inc 4118-14th Avenue Brooklyn, NY 11219	47-1569448	501c(3)	10,000				COMMUNITY IMPACT
Cody Dieruf Benefit Foundation PO Box 6044 Bozeman, MT 59771	20-4498266	501c(3)	8,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kid Logistics 470 Arundel Drive Brandon, MS 39047	81-3019912	501c(3)	8,870				COMMUNITY IMPACT
Meghan's Light Inc 71 Homer St Feeding Hills, MA 01030	47-5429549	501c(3)	10,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miles for Cystic Fibrosis Inc PO Box 2984 7703 FLOYD CURL DRIVE Tucker, GA 30085	26-4020016	501c(3)	10,000				COMMUNITY IMPACT
Project CF Spouse 170 Davis Court F428 FITZSIMONS BUILDING 500 Hiram, GA 30141	81-3803502	501c(3)	9,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rock CF Foundation 2990 West Grand Boulevard Detroit, MI 48202	13-4358351	501c(3)	10,000				COMMUNITY IMPACT
Cystic Fibrosis Foundation Therapeutics Inc 4550 Montgomery Ave Bethesda, MD 20814	91-2059167	501c(3)	115,564,401				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthwell Foundation PO Box 4133 1540 ALCAZAR STREET Gaithersburg, MD 20885	20-0413676	501c(3)	1,850,000				PATIENT ASSISTANCE
University of Iowa B 5 Jessup Hall PO BOX 1428 Iowa City, IA 52242	42-6004813	IRC 115	600,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Iowa B 5 Jessup Hall 9500 GILMAN DRIVE DEPT 0934 Iowa City, IA 52242	42-6004813	IRC 115	63,100				RESEARCH STUDY
Eastern Virginia Medical School 601 Childrens Lane Norfolk, VA 23507	54-6055378	501c(3)	54,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University 700 Rosedale Ave St Louis, MO 63112	43-0653611	501c(3)	85,796				ADULT CARE
Washington University 700 Rosedale Ave St Louis, MO 63112	43-0653611	501c(3)	327,282				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University 700 Rosedale Ave St Louis, MO 63112	43-0653611	501c(3)	68,750				TRAINING
Northeastern University 360 Huntington Ave Boston, MA 02115	04-1679980	501c(3)	54,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Curators of the University of Missouri 310 Jesse Hall Columbia, MO 65211	43-6003859	IRC 115	220,060				CF CARE CENTER
Oregon State University 312 Kerr Admin Bldg Corvallis, OR 97331	61-1730890	IRC 115	50,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Curators of the University of Missouri 310 Jesse Hall SUITE M21 Columbia, MO 65211	43-6003859	IRC 115	54,000				PILOT STUDY
The Curators of the University of Missouri 310 Jesse Hall Columbia, MO 65211	43-6003859	IRC 115	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rutgers The State University of New Jersey 58 Bevier Road Piscataway, NJ 08854	46-2354111	IRC 115	41,142				ADULT CARE
Rutgers The State University of New Jersey 58 Bevier Road Piscataway, NJ 08854	46-2354111	IRC 115	257,766				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Nebraska Medical Center 985100 Nebraska Medical Ctr Omaha, NE 68198	47-0049123	501c(3)	288,440				CF CARE CENTER
University of Nebraska Medical Center 985100 Nebraska Medical Ctr Omaha, NE 68198	47-0049123	501c(3)	53,020				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Kansas Medical Center Research Inst 3901 Rainbow Blvd Kansas City, KS 66103	48-1108830	501c(3)	46,440				ADULT CARE
University of Kansas Medical Center Research Inst 3901 Rainbow Blvd Kansas City, KS 66103	48-1108830	501c(3)	304,923				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Johns Hopkins University 600 N Wolfe Street Baltimore, MD 21205	52-0595110	501c(3)	77,559				ADULT CARE
The Johns Hopkins University 600 N Wolfe Street Baltimore, MD 21205	52-0595110	501c(3)	514,483				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Johns Hopkins University 600 N Wolfe Street Baltimore, MD 21205	52-0595110	501c(3)	54,000				PILOT STUDY
Trustees of Boston University 881 Commonwealth Ave Boston, MA 02115	04-2103547	501c(3)	54,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Johns Hopkins University 600 N Wolfe Street Baltimore, MD 21205	52-0595110	501c(3)	427,169				RESEARCH
University of Georgia Research Foundation INC De 232 Epps Bridge Rd Athens, GA 30606	58-1353149	501c(3)	54,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Maryland College Park 3112 Lee Building College Park, MD 20742	52-6002033	IRC 115	54,000				PILOT STUDY
The University of Maryland College Park 3112 Lee Building B 5 JESSUP HALL College Park, MD 20742	52-6002033	IRC 115	216,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth University Box 2506 - VCU Station 310 JESSE HALL Richmond, VA 23284	54-6001758	IRC 115	45,736				ADULT CARE
University of Notre Dame du Lac 731 Grace Hall Notre Dame, IN 46556	35-0868188	501c(3)	53,906				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth University Box 2506 - VCU Station S-151F Richmond, VA 23284	54-6001758	IRC 115	273,070				CF CARE CENTER
Virginia Commonwealth University Box 2506 - VCU Station 1601 NW 12TH AVENUE Richmond, VA 23284	54-6001758	IRC 115	100,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth University Box 2506 - VCU Station Richmond, VA 23284	54-6001758	IRC 115	64,968				TRAINING
The Rector and Visitors of the University of Virgi PO Box 400195 405 LAKE HALL Charlottesville, VA 22904	54-6001796	501c(3)	40,483				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rector and Visitors of the University of Virgi PO Box 400195 Charlottesville, VA 22904	54-6001796	501c(3)	349,160				CF CARE CENTER
West Virginia University Research Corporation PO Box 6001 Morgantown, WV 26506	55-0665758	501c(3)	182,567				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Virginia University Research Corporation PO Box 6001 Morgantown, WV 26506	55-0665758	501c(3)	54,000				PILOT STUDY
Duke University Box 104025 Durham, NC 27710	56-0532129	501c(3)	40,986				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University Box 104025 PO BOX 6001 Durham, NC 27710	56-0532129	501c(3)	212,563				CF CARE CENTER
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	37,301				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	491,780				CF CARE CENTER
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	486,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	157,936				QUALITY IMPROVEMENT
Board of Trustees of the University of Illinois 809 S Marshfield Ave Chicago, IL 60612	37-6000511	501c(3)	122,139				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brigham and Women's Hospital Boston 10 Vining Boston, MA 02115	04-2312909	501c(3)	80,685				RESEARCH
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	681,562				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital & Research Center at Oakland 747 52nd Street F428 FITZSIMONS BUILDING 500 Oakland, CA 94609	94-0382330	501c(3)	108,000				RESEARCH
The University of North Carolina at Chapel Hill NC State Treasurer 10920 WILSHIRE BLVD SUITE 200 Chapel Hill, NC 27599	56-6001393	501c(3)	600,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	65,364				RESEARCH STUDY
Cold Spring Habror Laboratory 1 Bungtown Cold Spring Harbor, NY 11724	11-2013303	501c(3)	107,428				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of North Carolina at Chapel Hill NC State Treasurer Chapel Hill, NC 27599	56-6001393	501c(3)	218,044				TRAINING
Georgia Tech Research Corporation PO Box 100117 Atlanta, GA 30384	58-0603146	501c(3)	105,200				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Medical University of South Carolina PO Box 997 Charleston, SC 29402	57-6000722	501c(3)	32,400				ADULT CARE
National Disease Research Interchange 8 Penn Ctr 15th Fl Philadelphia, PA 19103	23-2213205	501c(3)	320,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Medical University of South Carolina PO Box 997 0690 SW BANCROFT STREET Charleston, SC 29402	57-6000722	501c(3)	193,180				CF CARE CENTER
Emory University 1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501c(3)	78,329				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Organ Alliance Inc 344 W 23rd St 1A New York, NY 10011	46-0806598	501c(3)	185,020				RESEARCH
Emory University 1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501c(3)	401,084				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University 1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501c(3)	53,700				PILOT STUDY
Emory University 1599 Clifton Rd NE OFFICE OF SPONSORED RESEARCH Atlanta, GA 30322	58-0566256	501c(3)	556,561				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University 1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501c(3)	462,333				RESEARCH CENTER
Emory University 1599 Clifton Rd NE MSB 60048 Atlanta, GA 30322	58-0566256	501c(3)	126,200				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University 1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501c(3)	66,251				TRAINING
University of Miami 1601 NW 12th Avenue Miami, FL 33136	59-0624458	501c(3)	70,483				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Miami 1601 NW 12th Avenue Miami, FL 33136	59-0624458	501c(3)	212,430				CF CARE CENTER
The Scripps Research Institute 10666 N Torrey Pines Rd LA Jolla, CA 92037	33-0435954	501c(3)	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Miami 1601 NW 12th Avenue Miami, FL 33136	59-0624458	501c(3)	108,000				RESEARCH
Nemours Children's Health System 10140 Ctn Parkway N Jacksonville, FL 32256	59-0634433	501c(3)	340,660				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Alabama in Huntsville 301 Sparkman Dr SW Huntsville, AL 35899	63-0520830	IRC 115	125,000				RESEARCH
Nicklaus Children's Hospital 3100 SW 60 Court ATTN DEBORAH ELAM Miami, FL 33155	59-0638499	501c(3)	78,070				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Florida 1600 SW Archer Rd Gainesville, FL 32610	59-6002052	IRC 115	82,617				ADULT CARE
University of Florida 1600 SW Archer Rd Gainesville, FL 32610	59-6002052	IRC 115	372,833				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Florida 1600 SW Archer Rd Gainesville, FL 32610	59-6002052	IRC 115	35,029				QUALITY IMPROVEMENT
University of South Alabama Admin Bldg 362 Mobile, AL 36688	63-0477348	501c(3)	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Louisville Research Foundation Inc Office of Grants Mgt Louisville, KY 40292	61-1029626	501c(3)	163,590				CF CARE CENTER
University of Louisville Research Foundation Inc Office of Grants Mgt Louisville, KY 40292	61-1029626	501c(3)	53,609				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Alabama at Birmingham 1530 3rd Ave S THT422 Birmingham, AL 35294	63-6005396	501c(3)	431,239				CF CARE CENTER
The University of Alabama at Birmingham 1530 3rd Ave S THT422 Birmingham, AL 35294	63-6005396	501c(3)	216,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Alabama at Birmingham 1530 3rd Ave S THT422 310 JESSE HALL Birmingham, AL 35294	63-6005396	501c(3)	448,480				RESEARCH
The University of Alabama at Birmingham 1530 3rd Ave S THT422 PO BOX 414876 Birmingham, AL 35294	63-6005396	501c(3)	525,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Oklahoma Health Sciences Center PO Box 26901 Oklahoma City, OK 73190	73-6017987	IRC 115	58,906				ADULT CARE
University of Oklahoma Health Sciences Center PO Box 26901 Oklahoma City, OK 73190	73-6017987	IRC 115	289,680				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Texas Health Science Center at San A 7703 Floyd Curl Drive Mail Code 78 San Antonio, TX 78229	74-1586031	IRC 115	79,454				ADULT CARE
University of Texas Health Science Center at San A 7703 Floyd Curl Drive Mail Code 78 200 OAK ST SE San Antonio, TX 78229	74-1586031	IRC 115	195,146				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74-2044647	501c(3)	38,983				ADULT CARE
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74-2044647	501c(3)	260,920				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Jewish Medical and Research Center 1400 Jackson Street OFFICE OF SPONSORED RESEARCH Denver, CO 80206	74-2044647	501c(3)	108,000				PILOT STUDY
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74-2044647	501c(3)	324,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74-2044647	501c(3)	525,000				RESEARCH CENTER
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74-2044647	501c(3)	65,450				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas at Austin P O Box 7726 Austin, TX 78713	74-6000203	IRC 115	54,000				PILOT STUDY
California Institute of Technology 1200 E CA Blvd PASADENA, CA 91125	95-1643307	501c(3)	204,450				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas at Austin P O Box 7726 Austin, TX 78713	74-6000203	IRC 115	106,777				RESEARCH
The University of Texas at Austin P O Box 7726 SPONSORED PROGRAMS ACCOUNTING DEPT Austin, TX 78713	74-6000203	IRC 115	130,900				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT Southwestern Medical Center at Dallas 5323 Harry Hines Blvd 1600 SW ARCHER RD SUITE D2-15 Dallas, TX 75390	75-6002868	IRC 115	435,875				CF CARE CENTER
UT Southwestern Medical Center at Dallas 5323 Harry Hines Blvd B 5 JESSUP HALL Dallas, TX 75390	75-6002868	IRC 115	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT Southwestern Medical Center at Dallas 5323 Harry Hines Blvd Dallas, TX 75390	75-6002868	IRC 115	54,566				RESEARCH STUDY
UT Southwestern Medical Center at Dallas 5323 Harry Hines Blvd 1601 NW 12TH AVENUE Dallas, TX 75390	75-6002868	IRC 115	130,000				TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of Colorado at Denver F428 Fitzsimons Bldg 500 Aurora, CO 80045	84-6000555	501c(3)	45,014				ADULT CARE
Regents of the University of Colorado at Denver F428 Fitzsimons Bldg 500 Aurora, CO 80045	84-6000555	501c(3)	377,230				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of Colorado at Denver F428 Fitzsimons Bldg 500 Aurora, CO 80045	84-6000555	501c(3)	117,274				QUALITY IMPROVEMENT
Regents of the University of Colorado at Denver F428 Fitzsimons Bldg 500 Aurora, CO 80045	84-6000555	501c(3)	255,000				TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Utah 406 Park Bldg Salt Lake City, UT 84112	87-6000525	501c(3)	32,400				ADULT CARE
University of Utah 406 Park Bldg Salt Lake City, UT 84112	87-6000525	501c(3)	354,070				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98105	91-6001537	IRC 115	257,980				CF CARE CENTER
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98105	91-6001537	IRC 115	217,093				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98105	91-6001537	IRC 115	558,226				RESEARCH
University of Washington 4333 Brooklyn Av NE Seattle, WA 98105	91-6001537	IRC 115	600,000				RESEARCH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98105	91-6001537	IRC 115	191,650				RESEARCH STUDY
Oregon Health & Science University 0690 SW Bancroft Street S-151F Portland, OR 97239	93-1176109	501c(3)	32,400				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Health & Science University 0690 SW Bancroft Street Portland, OR 97239	93-1176109	501c(3)	390,048				CF CARE CENTER
Oregon Health & Science University 0690 SW Bancroft Street Portland, OR 97239	93-1176109	501c(3)	54,000				PILOT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kaiser Permanente Center for Health Research 3800 N Interstate Ave Portland, OR 97227	94-1105628	501c(3)	312,060				CF CARE CENTER
Board of Trustees of the Leland Stanford Junior Un 651 Serra Street Stanford, CA 94305	94-1156365	501c(3)	395,334				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Board of Trustees of the Leland Stanford Junior Un 651 Serra Street Stanford, CA 94305	94-1156365	501c(3)	415,984				RESEARCH
The Regents of the University of California San F 3333 California St San Francisco, CA 94143	94-6036493	501c(3)	363,410				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of California San F 3333 California St San Francisco, CA 94143	94-6036493	501c(3)	54,000				PILOT STUDY
The Regents of the University of California San F 3333 California St San Francisco, CA 94143	94-6036493	501c(3)	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of California San F 3333 California St San Francisco, CA 94143	94-6036493	501c(3)	430,000				RESEARCH CENTER
The Regents of the University of California San F 3333 California St San Francisco, CA 94143	94-6036493	501c(3)	128,550				RESEARCH STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of California San F 3333 California St San Francisco, CA 94143	94-6036493	501c(3)	391,250				TRAINING
The Regents of the University of California Davis 1200 Dutton Hall Davis, CA 95616	94-6036494	501c(3)	46,440				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of California Davis 1200 Dutton Hall Davis, CA 95616	94-6036494	501c(3)	196,175				CF CARE CENTER
Children's Hospital of Orange County PO Box 5700 Orange, CA 92613	95-2321786	501c(3)	32,400				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital of Orange County PO Box 5700 Orange, CA 92613	95-2321786	501c(3)	127,974				CF CARE CENTER
The Regents of the University of California San D 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501c(3)	52,547				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of California San D 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501c(3)	318,580				CF CARE CENTER
The Regents of the University of California San D 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501c(3)	108,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asthma and Allergy Specialists PA 411 Billings Rd Charlotte, NC 28211	56-1913043	C CORP	59,200				CF CARE CENTER
Atlantic Health System 100 Madison Avenue ATTN DEBORAH ELAM Morristown, NJ 07962	52-1958352	501c(3)	41,922				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Children's Health Physicians LLP 40 Sunshine Cottage Rd Valhalla, NY 10595	13-3956599	LLP	156,770				CF CARE CENTER
Boston Children's Health Physicians LLP 40 Sunshine Cottage Rd Valhalla, NY 10595	13-3956599	LLP	54,000				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Florida Pulmonary Group 326 North Mills Avenue Orlando, FL 32803	59-1760017	C CORP	99,420				CF CARE CENTER
Central Florida Pulmonary Group 326 North Mills Avenue 3333 CALIFORNIA STREET SUITE 315 Orlando, FL 32803	59-1760017	C CORP	49,950				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Specialty Group PLLC 811 Redgate Ave Norfolk, VA 23507	54-1871633	LLC	99,369				CF CARE CENTER
Fairfax Neonatal Associates PC 2730-B Prosperity Avenue Fairfax, VA 22031	54-1110106	C CORP	61,260				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LifeUnit LLC 841 E Fayette St SUITE D3300 MCN Syracuse, NY 13210	82-8741475	LLC	99,626				RESEARCH
Lutheran Hospital of Indiana 7950 West Jefferson Blvd FT Wayne, IN 46804	35-1963748	C CORP	55,950				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Suburban Pulmonary Research and Education 8780 W Gold Suite 102 3333 BURNET AVENUE Niles, IL 60714	36-4393617	C CORP	43,030				CF CARE CENTER
Tenet St Mary's Inc Cystic Fibrosis Center PO Box 24620 West Palm Beach, FL 33407	75-2932830	C CORP	62,330				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tenet St Mary's Inc Cystic Fibrosis Center PO Box 24620 West Palm Beach, FL 33407	75-2932830	C CORP	39,960				CF CARE CENTER
Tenet St Mary's Inc Cystic Fibrosis Center PO Box 24620 West Palm Beach, FL 33407	75-2932830	C CORP	108,000				CF CARE CENTER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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 "No," complete Part III to explain.

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4A SEVERANCE PAYMENTS	A FORMER OFFICER LISTED ON THE FORM 990, PART VII, SECTION A RECEIVED PAYMENTS UNDER A SEVERANCE ARRANGEMENT, AS DESCRIBED IN FURTHER DETAIL IN SCHEDULE J, PART III, FOOTNOTE 9, BELOW
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	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, INCLUDING THE AMOUNT OF ANY PAYMENT MADE BY THE PLAN DURING THE REPORTING YEAR, IS PROVIDED IN THE ADDITIONAL INFORMATION FOR SCHEDULE J, PART II, BELOW
PART I, LINE 7	SEVERAL INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A, 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 PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS
PART II	<p>CYSTIC FIBROSIS FOUNDATION (A) NAME P CAMPBELL, M D , (B)(I) BASE COMPENSATION BASE SALARY - \$369,858, (B)(II) BONUS & INCENTIVE COMPENSATION ANNUAL INCENTIVE PLAN BENEFIT (1) \$128,875, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$67,175, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$70,350, (B)(III) OTHER REPORTABLE COMPENSATION TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$7,524, AUTOMOBILE ALLOWANCE - \$4,824, OTHER BENEFITS - \$8,825, VESTED SERP ACCOUNT (8) - \$148,334, (C) DEFERRED COMPENSATION RETIREMENT BENEFIT (2) \$27,312, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$103,762, (D) NONTAXABLE BENEFITS EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$17,173, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$5,253, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$132,835</p> <p>CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC EIN 91-2059167 (A) NAME P CAMPBELL, M D , (B)(I) BASE COMPENSATION BASE SALARY - \$186,037, (B)(II) BONUS & INCENTIVE COMPENSATION ANNUAL INCENTIVE PLAN BENEFIT (1) \$63,476, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$33,086, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$34,650, (B)(III) OTHER REPORTABLE COMPENSATION AUTOMOBILE ALLOWANCE - \$2,376, OTHER BENEFITS - \$4,125, VESTED SERP ACCOUNT (8) - \$73,060, (C) DEFERRED COMPENSATION LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$51,107, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$65,426</p> <p>CYSTIC FIBROSIS FOUNDATION (A) NAME M GINSKY , (B)(I) BASE COMPENSATION BASE SALARY - \$467,890, (B)(II) BONUS & INCENTIVE COMPENSATION ANNUAL INCENTIVE PLAN BENEFIT (1) \$81,980, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$68,247, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$24,000, (B)(III) OTHER REPORTABLE COMPENSATION OTHER BENEFITS INCLUDING TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$3,094, SECTION 457 (B) PLAN (5) - \$18,000, (C) DEFERRED COMPENSATION RETIREMENT BENEFIT (2) \$27,312, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$136,717, SERP (4) - \$26,874, (D) NONTAXABLE BENEFITS EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$24,855, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$7,655, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$68,247</p> <p>CYSTIC FIBROSIS FOUNDATION (A) NAME V TWIGG, (B)(I) BASE COMPENSATION BASE SALARY - \$328,670, (B)(II) BONUS & INCENTIVE COMPENSATION ANNUAL INCENTIVE PLAN BENEFIT (1) \$84,478, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$41,058, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$52,500, (B)(III) OTHER REPORTABLE COMPENSATION SECTION 457(B) PLAN (5) - \$18,000, (C) DEFERRED COMPENSATION RETIREMENT BENEFIT (2) \$27,312, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$57,391, SERP (4) - \$7,937, (D) NONTAXABLE BENEFITS EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$24,855, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$7,655, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$41,058</p> <p>CYSTIC FIBROSIS FOUNDATION (A) NAME J MAHLER, (B)(I) BASE COMPENSATION BASE SALARY - \$542,149, (B)(II) BONUS & INCENTIVE COMPENSATION ANNUAL INCENTIVE PLAN BENEFIT (1) \$650,000, (B)(III) OTHER REPORTABLE COMPENSATION OTHER BENEFITS INCLUDING TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$4,903, (C) DEFERRED COMPENSATION RETIREMENT BENEFIT (2) \$27,312, SERP (4) - \$100,000, (D) NONTAXABLE BENEFITS EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$17,174, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$5,252</p> <p>CYSTIC FIBROSIS FOUNDATION (A) NAME R BEALL, PH D , (B)(I) BASE COMPENSATION EXECUTIVE ADVISORY CONSULTING SERVICES FEES - \$269,500, (B)(II) BONUS & INCENTIVE COMPENSATION LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$70,350, (B)(III) OTHER REPORTABLE COMPENSATION SECTION 457(B) PLAN DISTRIBUTION (7) - \$43,244, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$28,879</p> <p>CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC EIN 91-2059167 (A) NAME R BEALL, PH D , (B)(II) BONUS & INCENTIVE COMPENSATION LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$34,650, (B)(III) OTHER REPORTABLE COMPENSATION SECTION 457(B) PLAN DISTRIBUTION (7) - \$21,299 (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$14,224</p> <p>CYSTIC FIBROSIS FOUNDATION (A) NAME R MATTINGLY, (B)(III) OTHER REPORTABLE COMPENSATION SECTION 457(B) PLAN DISTRIBUTION (7) - \$92,255, SEVERANCE PAY (9) - \$104,755, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$72,855 (1) THIS IS AN AWARD SUBJECT TO, AND BASED ON, ACHIEVEMENT OF ANNUAL PERFORMANCE STANDARDS ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS (2) THIS IS THE EMPLOYER CONTRIBUTION MADE UNDER THE CYSTIC FIBROSIS FOUNDATION 401(K) PLAN FOR THE 2017 PLAN YEAR (3) THIS AMOUNT IS INCLUDED IN COLUMN B OF THIS FORM 990 AND HAS ALREADY BEEN PREVIOUSLY REPORTED AS COMPENSATION ON PRIOR YEARS' FORM 990S, AND THEREFORE (AS REQUIRED BY THE INSTRUCTIONS) IS DOUBLE-REPORTED (4) A THIS IS AN UNVESTED EMPLOYER CONTRIBUTION TO THE SERP B SERP INTERESTS ARE FORFEITED BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT PRIOR TO ATTAINING THE VESTING DATE DESIGNATED BY CFF (WHICH IS EITHER A SPECIFIED AGE OR DATE, DEPENDING ON THE PARTICIPANT) C SERP INTERESTS ARE HELD IN A TRUST SUBJECT TO THE CLAIMS OF CFF'S BANKRUPTCY CREDITORS IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS WOULD BECOME GENERAL UNSECURED CREDITORS OF CFF D THE SERP IS A NONQUALIFIED DEFERRED COMPENSATION PLAN THIS MEANS THAT PARTICIPANTS DO NOT RECEIVE THE TAX BENEFITS AVAILABLE TO PARTICIPANTS IN TAX QUALIFIED RETIREMENT PLANS FOR EXAMPLE, UNDER CURRENT LAW, INTERESTS UNDER SERPS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT) E THE SERP'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT SERP CONTRIBUTION AMOUNTS WERE DETERMINED BY AN INDEPENDENT ACTUARY F CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE SERP AT ANY TIME (5) A THIS IS A VESTED CONTRIBUTION TO THE 457(B) PLAN FOR THE REPORTING PERIOD B IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS ARE GENERAL UNSECURED CREDITORS OF CFF C DISTRIBUTIONS FROM THE 457(B) PLAN MAY NOT BE ROLLED-OVER TO AN IRA OR QUALIFIED PLAN (BUT MAY ONLY BE ROLLED-OVER TO ANOTHER 457(B) PLAN) D THE 457(B) PLAN'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT AN INDEPENDENT ACTUARY DEVELOPED THE CONTRIBUTION FORMULA PURSUANT TO WHICH 457(B) CONTRIBUTION AMOUNTS ARE DETERMINED CONTRIBUTIONS TO THE 457(B) PLAN ARE SUBJECT TO ANNUAL IRS LIMITS (\$18,000 FOR 2017) E CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE 457(B) PLAN AT ANY TIME (6) THIS PLAN PROVIDES FOR AWARDS THAT RELATE TO A THREE-YEAR PERFORMANCE PERIOD, SUBJECT TO, AND BASED ON, ACHIEVEMENT OF 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 PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS EACH YEAR, A NEW THREE-YEAR PERFORMANCE PERIOD BEGINS AS REQUIRED BY THE FORM 990 INSTRUCTIONS, THE AMOUNTS REPORTED IN COLUMN (C) ON THIS FORM 990 REFLECT AN ESTIMATE OF THE PORTION OF EACH AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE IN 2017 (I E , WITH RESPECT TO THE 2015-2017, 2016-2018 AND THE 2017-2019 PERFORMANCE PERIODS), BUT THE AMOUNTS REPORTED IN COLUMN (C) HAVE NOT BEEN EARNED, AWARDED OR PAID UNDER THE PLAN THE INDIVIDUAL MUST BE EMPLOYED ON 12/31/17, 12/31/18 AND 12/31/19 TO BE ELIGIBLE TO RECEIVE FULL PAYMENT OF THE AWARD FOR THE 2015-2017, 2016-2018 AND THE 2017-2019 PERFORMANCE PERIODS, RESPECTIVELY THE AWARD RELATING TO THE 3-YEAR PERFORMANCE PERIOD ENDING 12/31/16 WAS PAID IN 2017, AND IS PROPERLY REPORTED AGAIN (AS COMPENSATION IN COLUMN (B)(II)) ON THIS FORM 990 (EVEN THOUGH AN ESTIMATE OF THE PORTION OF THIS AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE IN</p>
PART II, CONTINUED	<p>2016, 2015 AND 2014 WAS REPORTED IN COLUMN (C) OF THE FORM 990 FOR EACH OF THOSE YEARS) (7) THIS PAYMENT IS A DISTRIBUTION FROM THE 457(B) PLAN DESCRIBED IN FOOTNOTE (5) ABOVE AS REQUIRED BY THE FORM 990 INSTRUCTIONS, BECAUSE CONTRIBUTIONS TO THIS PLAN ARE FULLY VESTED WHEN MADE, CONTRIBUTIONS TO THIS PLAN WERE PREVIOUSLY REPORTED IN THE YEARS CONTRIBUTED, IN COLUMN B(III) AS "OTHER REPORTABLE COMPENSATION" THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F OF THIS FORM 990 (8) THIS AMOUNT BECAME VESTED AND TAXABLE IN 2017 UNDER THE SERP DESCRIBED IN FOOTNOTE (4) ABOVE, UNDER WHICH DR CAMPBELL RECEIVED CONTRIBUITONS FROM 2016-2017 AS REQUIRED, A PORTION OF THE CONTRIBUTIONS TO THIS SERP THAT GENERATED THE AMOUNT REPORTED IN COLUMN B(III) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN COLUMN (C) THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F OF THIS FORM 990 (9) AS PART OF A SEVERANCE AGREEMENT, THE EXECUTIVE RECEIVED THIS AMOUNT, WHICH RELATES TO (1) A PORTION OF THE AMOUNT THAT WOULD HAVE BEEN PAID TO HIM UNDER THE ORGANIZATION'S LONG TERM INCENTIVE COMPENSATION PLAN HAD HE CONTINUED EMPLOYMENT WITH THE ORGANIZATION THROUGH 12/31/16 AND (2) THE LONG TERM INCENTIVE PLAN TREATMENT AWARD (DESCRIBED IN FOOTNOTE 10, BELOW) THAT WOULD HAVE BEEN PAID TO HIM HAD HE CONTINUED EMPLOYMENT WITH THE ORGANIZATION TROUGH 12/31/18 THE LONG TERM INCENTIVE COMPENSATION PLAN AMOUNT RELATED TO A PORTION OF THE THREE-YEAR PERFORMANCE PERIOD (I E , THE PORTION OF THE 2014-2016 PERFORMANCE PERIOD DURING WHICH THE EXECUTIVE WAS EMPLOYED BY THE ORGANIZATION), AND WAS SUBJECT TO, AND BASED ON, ACHIEVEMENT OF 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 PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS (NOTE THAT AN ESTIMATE OF THE PORTION OF THIS AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE WAS REPORTED IN COLUMN (C) OF THE FORM 990 FOR THE APPLICABLE YEARS THE PREVIOUSLY REPORTED AMOUNT IS REFLECTED IN COLUMN F OF THIS FORM 990) THE SEVERANCE AMOUNT WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT AND APPROVED BY THE ORGANIZATION'S COMPENSATION COMMITTEE IN ACCORDANCE WITH THE IRS'S INTERMEDIATE SANCTIONS RULES (10) THIS IS AN AWARD UNDER A PLAN THAT PAYS A SPECIFIED DOLLAR AMOUNT ONLY IF AND WHEN THE FDA APPROVES CERTAIN PRE-SPECIFIED TYPES OF THERAPIES IN THE EVENT THE EMPLOYEE TERMINATES EMPLOYMENT PRIOR TO FDA APPROVAL OF THE SPECIFIED THERAPY TYPE AND PAYMENT OF THE AWARD, THE EMPLOYEE WILL FORFEIT HIS OR HER RIGHT TO RECEIVE PAYMENT, UNLESS THE EMPLOYEE IS AN OFFICER AND HIS/HER TERMINATION IS DUE TO RETIREMENT OR DISABILITY THE PLAN TERMINATES ON DECEMBER 31, 2018</p>

Additional Data

Software ID:
Software Version:
EIN: 13-1930701
Name: CYSTIC FIBROSIS FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PRESTON CAMPBELL MD PRESIDENT & CEO	(i)	369,858	266,400	169,507	131,074	25,026	961,865	132,835
	(ii)	186,037	131,212	79,561	51,107	0	447,917	65,426
1JACK MAHLER MD CHIEF INVESTMENT OFFICER	(i)	542,149	650,000	4,903	127,312	25,026	1,349,390	0
	(ii)	0	0	0	0	0	0	0
2MARC S GINSKY EXECUTIVE VP, COO & SECRETARY	(i)	467,890	174,227	21,094	190,903	35,110	889,224	68,247
	(ii)	0	0	0	0	0	0	0
3VERA H TWIGG EXECUTIVE VP & CFO	(i)	328,670	178,036	18,000	92,640	35,110	652,456	41,058
	(ii)	0	0	0	0	0	0	0
4ROBERT J BEALL PHD FORMER CEO/CURRENT CONSULTANT	(i)	269,500	70,350	43,244	0	0	383,094	28,879
	(ii)	0	34,650	21,299	0	0	55,949	14,224
5C RICHARD MATTINGLY FORMER COO	(i)	0	0	197,010	0	0	197,010	72,855
	(ii)	0	0	0	0	0	0	0
6DRUCY S BOROWITZ MD SENIOR VP, COMMUNITY AFFAIRS	(i)	375,062	89,579	5,725	32,312	0	502,678	0
	(ii)	0	0	0	0	0	0	0
7TIMOTHY A WAIRE JR CHIEF INFORMATION OFFICER	(i)	275,487	65,077	959	32,312	32,778	406,613	0
	(ii)	0	0	0	0	0	0	0
8GLEN GOLDMARK SENIOR VP OF HUMAN RESOURCES	(i)	276,817	71,627	6,741	32,312	22,626	410,123	0
	(ii)	0	0	0	0	0	0	0
9ALBERT FARO MD SR DIRECTOR, CLINICAL AFFAIRS	(i)	296,937	21,113	1,540	27,312	34,424	381,326	0
	(ii)	0	0	0	0	0	0	0
10MARYBETH MCMAHON PHD CHIEF OF STAFF	(i)	264,894	64,710	2,605	32,312	20,605	385,126	0
	(ii)	0	0	0	0	0	0	0
11BRUCE MARSHALL MD SENIOR VP, CLINICAL AFFAIRS	(i)	335,833	89,144	5,381	26,151	185	456,694	0
	(ii)	79,113	21,000	1,268	6,161	43	107,585	0
12WILLIAM SKACH MD SENIOR VP, RESEARCH AFFAIRS	(i)	58,183	15,227	951	4,847	5,266	84,474	0
	(ii)	329,703	86,284	5,388	27,465	29,843	478,683	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION

Employer identification number
13-1930701

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .	X	63	33,360	NET CASH RECEIPTS
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	150	1,076,018	NET CASH RECEIPTS
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (TANGIBLE AND SERVICE AUCTION ITEMS)	X	23,124	9,193,003	NET CASH RECEIPTS
26 Other ► (MORTGAGE RECEIVABLE)	X	1	215,000	SALES PRICE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

Yes

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
THIRD PARTY SELLER	SCHEDULE M, PART I, LINE 6 CYSTIC FIBROSIS FOUNDATION CONTRACTS WITH A THIRD PARTY TO ADMINISTER ITS VEHICLE DONATION PROGRAM AND SELL DONATED VEHICLES THE THIRD PARTY DOES NOT SOLICIT DONATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CYSTIC FIBROSIS FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

13-1930701

990 Schedule O, Supplemental Information

Return Reference	Explanation
REVIEW OF 990 BY GOVERNING BODY	PART VI, SECTION B, LINE 11B 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 FOUNDATIONS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST MONITORING	PART VI, SECTION B, LINE 12C A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE DISCLOSURES PROVIDED ARE REPORTED TO THE GOVERNANCE 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 2017 AND HAD NO CONFLICTS OF INTEREST AS DEFINED BY THE POLICY

Return Reference	Explanation
DETERMINING COMPENSATION	<p>PART VI, SECTION B, LINE 15A AND 15B 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 EXECUTIVES TOTAL COMPENSATION, INCLUDING BUT NOT LIMITED TO BASE SALARY, BONUSES, PERQUISITES, FRINGE BENEFITS, AND INCENTIVE AND DEFERRED COMPENSATION ARRANGEMENTS UPON THE EXECUTIVES 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 EXECUTIVES 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 COMMITTEES COMPLIANCE WITH THE IRS INTERMEDIATE SANCTIONS RULES THE PROCESS DESCRIBED ABOVE WAS USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION PRESIDENT & CEO EXECUTIVE VICE PRESIDENT, COO AND SECRETARY EXECUTIVE VICE PRESIDENT AND CFO CHIEF INVESTMENT OFFICER SENIOR VP, RESEARCH AFFAIRS SENIOR VP, CLINICAL AFFAIRS THE PROCESS WAS LAST UNDERTAKEN IN 2016, WITH THE EXCEPTION OF THAT FOR THE CEO POSITION WHICH WAS LAST CONDUCTED IN 2015</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19	PUBLIC INSPECTION FORMS 1023 AND 990-T FOR THE ORGANIZATION WERE AVAILABLE ON ITS WEBSITE, CFF.ORG AND THE ORGANIZATION'S WEBSITE PROVIDED A DIRECT LINK TO ITS FORM 990 ON GUIDESTAR.ORG. THE FOUNDATION'S GOVERNING DOCUMENTS (BYLAWS AND ARTICLES OF INCORPORATION) WERE AVAILABLE UPON REQUEST BY CONTACTING THE NATIONAL OFFICE OF THE CYSTIC FIBROSIS FOUNDATION IN WRITING OR BY PHONE. INFORMATION ON HOW TO OBTAIN THE GOVERNING DOCUMENTS WAS AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2017. THE BOARD AND OFFICER CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS WERE AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2017.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 27	UNRESTRICTED NET ASSETS BOARD DESIGNATED THE FOUNDATIONS UNRESTRICTED NET ASSETS TOTALED \$ 4,181,431,067 AS OF DECEMBER 31, 2017 OF THIS AMOUNT, THE FOUNDATIONS BOARD OF TRUSTEES H AS DESIGNATED \$3,300,000,000 TO BE SPENT IN SUPPORT OF THE MISSION OF THE FOUNDATION OVER THE LONG TERM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS PROVISION FOR LEASE COMMITMENTS -4,358,356

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION

Employer identification number
13-1930701

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Cystic Fibrosis Patient Assistance Fdn 4550 MONTGOMERY AVE SUITE 1100N BETHESDA, MD 20814 90-0350985	PATIENT ASST	DE	0	0	CFF

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.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CYSTIC FIBROSIS FOUNDATION THERAPEUTICS 4550 MONTGOMERY AVE SUITE 1100N BETHESDA, MD 20814 91-2059167	RESEARCH	MD	501(C)(3)	12A	CFF		No

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.

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

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.

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	b	115,564,401	FMV
(2) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	n	1,181,050	COST
(3) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	o	3,700,317	COST

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.

[illegible]

Part VII **Supplemental Information**

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