







<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div> The organization may have to use a copy of this return to satisfy state reporting requirements</div>	<div>OMB No 1545-0047</div> <div>2010</div> <div>Open to Public Inspection</div>
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS	D Employer identification number 13-1930701
	Doing Business As	E Telephone number (301) 951-4422
	Number and street (or P O box if mail is not delivered to street address) 6931 ARLINGTON ROAD	
	Room/suite	
	City or town, state or country, and ZIP + 4 BETHESDA, MD 20814	
	F Name and address of principal officer ROBERT J BEALL PHD 6931 ARLINGTON ROAD STE 200 BETHESDA, MD 20814	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number 
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ()  (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website:  WWW.CFF.ORG		



K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other 	L Year of formation 1955	M State of legal domicile DE
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



Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION IS TO ASSURE THE DEVELOPMENT OF THE MEANS TO CURE AND CONTROL CYSTIC FIBROSIS (CF) AND TO IMPROVE THE QUALITY OF LIFE FOR THOSE WITH THE DISEASE		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	308	
6 Total number of volunteers (estimate if necessary)	6	250,000	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	94,548,345	106,799,244
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,000,938	21,411,864
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,516,232	5,617,212
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	744,699	639,501
		73,777,750	134,467,821
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	78,204,458	21,487,961
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,968,489	24,796,813
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)  10,029,667		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,146,198	21,688,722
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	121,319,145	67,973,496
	19 Revenue less expenses Subtract line 18 from line 12	-47,541,395	66,494,325
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	169,126,881	221,040,934
	21 Total liabilities (Part X, line 26)	43,054,165	32,747,225
	22 Net assets or fund balances Subtract line 21 from line 20	126,072,716	188,293,709

Part II	Signature Block
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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	2011-07-23
	 ROBERT J BEALL PHD PRESIDENT & CEO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name  ARGY WILTSE & ROBINSON PC				Firm's EIN 
	Firm's address  8405 GREENSBORO DRIVE 7TH FLOOR MCLEAN, VA 22102				Phone no  (703) 893-0600

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐ ☒

1

Briefly describe the organization’s mission

THE MISSION OF THE CYSTIC FIBROSIS FOUNDATION, A NONPROFIT DONOR SUPPORTED ORGANIZATION, IS TO ASSURE THE DEVELOPMENT OF THE MEANS TO CURE AND CONTROL CYSTIC FIBROSIS (CF) AND TO IMPROVE THE QUALITY OF LIFE FOR THOSE WITH THE DISEASE A LIFE SHORTENING GENETIC DISEASE, CF AFFECTS THE LUNGS AND DIGESTIVE SYSTEMS OF NEARLY 30,000 CHILDREN AND YOUNG ADULTS IN THE U S CURRENTLY, THERE IS NO CURE

2

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

☐ 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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 31,896,940 including grants of \$ 20,891,238) (Revenue \$ 1,616,348)

Medical Programs - Since 1955, the Cystic Fibrosis Foundation has been dedicated to curing and controlling cystic fibrosis (CF) The treatment and care protocols developed by the CF Foundation are helping tens of thousands of people with the disease live longer, healthier lives To support its mission, the Foundation funds and accredits a nationwide network of 110 care centers The care center network provides the best care for people with CF and has been recognized by the National Institutes of Health as a model of care for a chronic disease -Cayston, a new inhaled antibiotic developed by Gilead Sciences, Inc , was approved in 2010 by the FDA This was the first drug to progress completely through CFFT’s Therapeutics Development Program and it offers an antibiotic alternative for CF patients who battle recurrent lung infections and often develop resistance to existing antibiotics -Thanks in large part to the Foundation, in 2010, all 50 states and the District of Columbia began requiring that all newborns be screened for cystic fibrosis In 2005, only five states required newborn screening This progress is critically important because early diagnosis allows for early treatment, which leads to better overall health The median predicted age of survival for a person with CF is in the mid-30s More than 45 percent of people with CF are age 18 or older -Medical programs consist of approximately 330 grants and other costs to support scientific studies/investigations and cystic fibrosis centers Approximately 197 grants totaling \$11.6 million were awarded to cystic fibrosis care centers serving approximately 24,000 patients

4b

(Code) (Expenses \$ 9,482,058 including grants of \$ 596,723) (Revenue \$ 8,921,267)

Cystic Fibrosis Foundation Pharmacy, LLC (CFFP) provides program management services to Cystic Fibrosis Patient Assistance Foundation, LLC (CFPAF) and program management services and licensing to Cystic Fibrosis Services, Inc (CFS) It provides availability and access to cystic fibrosis medications, as well as assistance with the complex insurance issues faced in obtaining these medications CFFP provides personalized service, patient advocacy, patient education and reimbursement support to the CF community In 2010, CFFP served 9,150 patients CFFP fulfilled 80,229 orders to CF patients under manufacturer programs to assist patients in need CFFP staff assisted CF patients with 176,505 prescriptions in 2010 by filing primary, secondary and tertiary insurance claims, as needed Cystic Fibrosis Patient Assistance Foundation, LLC (CFPAF) responded to 9,480 calls for assistance and provided \$596,723 in patient assistance grants to 696 CF patients in need during 2010

4c

(Code) (Expenses \$ 8,795,940 including grants of \$ 0) (Revenue \$ 0)

Public and Professional Information and Education - to broaden its reach and to support its mission, the CF Foundation has programs designed to improve the knowledge of CF patients and their families, medical professionals and the general public regarding the disease In 2010, there were 26 publications, 11 webcasts and 24 videos produced and made available for patients and their families and medical professionals, and the general public Year-round 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 2010, nearly 2 million unique visitors came to the organization’s website

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,485,924 including grants of \$ 0) (Revenue \$ 0)


















4e

Total program service expenses

\$ 52,660,862

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 instruction)? 	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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, 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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	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, XII, and XIII 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, and program service activities outside the United States? 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 assistance to any organization or entity located outside the U S ? 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 assistance to individuals located outside the U S ? 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	No
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	No
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	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–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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>	25a		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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		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>	28a		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>	28b		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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	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>			
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>	36		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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	166	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	308	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
<div>Note.</div> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
8				
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
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?				
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?				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		No
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 to any question 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		
1b	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	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	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	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does 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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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	AZ , AR , CA , CO , CT , FL , GA , IL , IN , KS , KY , MD , MA , MI , MN , MS , NH , NJ , NM , NY , ND , OH , 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 make these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ROBERT J BEALL PHD 6931 ARLINGTON ROAD STE 200 BETHESDA, MD 20814 (301) 951-4422

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Amy S Weinberg Trustee	3 0	X						0	0	0
(2) Barry M Gump Trustee	3 0	X						0	0	0
(3) Catherine C McLoud Chair	3 0	X						0	0	0
(4) Chad T Moore Treasurer	3 0	X						0	0	0
(5) Charles J Thayer Vice Chair	3 0	X						0	0	0
(6) David A Mount Trustee	3 0	X						0	0	0
(7) Gary B Sabin Executive Vice Chair	3 0	X						0	0	0
(8) J Taylor Crandall Treasurer	3 0	X						0	0	0
(9) KC Bryan White Trustee	3 0	X						0	0	0
(10) Paul W Whetsell Trustee	3 0	X						0	0	0
(11) Richard J Gray Trustee	3 0	X						0	0	0
(12) Richard L Dandurand Vice Chairman	3 0	X						0	0	0
(13) Robert S Kaplan Trustee	3 0	X						0	0	0
(14) Steven Shak MD Trustee	3 0	X						0	0	0
(15) Susan L Hook Vice Chair	3 0	X						0	0	0
(16) Theodore J Torphy PhD Trustee	3 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) Robert J Beall PhD President & CEO	34 0	X		X				403,094	198,548	239,406
(18) C Richard Mattingly Exec VP and COO	50 0			X				427,271	0	172,429
(19) Preston W Campbell MD Exec VP of Medical Affairs	34 0			X				278,976	140,934	157,898
(20) Vera H Twigg Sr VP and CFO	50 0			X				273,807	0	82,369
(21) Daniel Klein Sr Vice President - CFFP	50 0				X			202,479	0	23,164
(22) Ann Palmer SR VP OF FIELD MANAGEMENT	50 0				X			199,614	0	34,563
(23) David McLoughlin Sr VP OF OPERATIONS	50 0					X		208,853	0	45,817
(24) Gregory August Chief Information Officer	50 0					X		179,978	0	41,268
(25) Glen Goldmark VP of Human Resources	50 0					X		176,282	0	34,330
(26) Amy DeMana Sr VP of Communications	50 0					X		175,994	0	24,704
(27) Maureen Fraser SR DIR of Field Management	50 0					X		163,765	0	32,542
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,690,113	339,482	888,490

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization11

		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>		No
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

(A) Name and business address	(B) Description of services	(C) Compensation
ICS CORPORATION 2225 RICHMOND ST PHILADELPHIA, PA 19125	MAILSHOP	1,612,213
DIAMONDBACK DIRECT 844 RITCHIE HWY SEVERNA PARK, MD 21146	MAILSHOP	1,087,635
HUB LABELS 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740	PRINTING	1,064,775
RMI DIRECT MARKETING 42 OLD RIDGEWAY RD DANBURY, CT 06810	LIST MANAGEMENT	603,656
CENTERPLATE 700 14TH ST DENVER, CO 80202	EVENT CATERING	493,835

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization33

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	90,875,118			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,924,126			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		106,799,244			
	Program Service Revenue			Business Code			
2a		SCIENTIFIC CONFERENCE	611600	1,616,348	1,616,348		
b		PROGRAM MANAGEMENT FEES	541900	7,344,991	7,344,991		
c		CALL CENTER	541900	1,576,276	1,576,276		
d		LICENSE FEES	900003	10,874,249		10,874,249	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		21,411,864			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		2,676,228		2,676,228
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		171,894		171,894	
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		2,940,984		2,940,984
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a	LIST RENTAL	533110	467,607			467,607	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		467,607				
12	Total revenue. See Instructions		134,467,821	10,537,615		17,130,962	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	20,885,838	20,885,838		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	596,723	596,723		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	5,400	5,400		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,480,415	2,556,735	510,437	413,243
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	17,189,270	12,627,344	2,520,976	2,040,950
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	899,349	660,667	131,898	106,784
9	Other employee benefits	1,869,019	1,372,993	274,110	221,916
10	Payroll taxes	1,358,760	1,015,201	175,554	168,005
a	Fees for services (non-employees) Management	0			
b	Legal	418,245	335,784	82,461	0
c	Accounting	177,810	58,991	118,819	0
d	Lobbying	45,600	45,600	0	0
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	101,164	0	101,164	0
g	Other	2,349,407	1,533,403	0	816,004
12	Advertising and promotion	10,996	6,593	2,028	2,375
13	Office expenses	1,385,665	1,216,906	95,540	73,219
14	Information technology	2,763,447	2,119,331	208,244	435,872
15	Royalties	0			
16	Occupancy	1,459,323	1,134,555	204,654	120,114
17	Travel	640,974	551,840	27,977	61,157
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,383,462	2,335,003	18,509	29,950
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	469,209	411,782	30,288	27,139
23	Insurance	378,346	301,152	29,778	47,416
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT MAIL PRINTING	3,758,425	1,149,326	0	2,609,099
b	DIRECT MAIL POSTAGE	3,354,197	1,025,713	0	2,328,484
c	TRAINING	365,661	270,118	45,001	50,542
d	MAILING LIST RENTAL	622,384	190,325	0	432,059
e	QUALITY IMPROVEMENT TRAINING	149,283	149,283	0	0
f	All other expenses	855,124	104,256	705,529	45,339
25	Total functional expenses. Add lines 1 through 24f	67,973,496	52,660,862	5,282,967	10,029,667
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	9,824,693	3,004,390	0	6,820,303

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				12,351,611	1	0
	2	Savings and temporary cash investments				13,681,118	2	10,129,208
	3	Pledges and grants receivable, net				24,734,094	3	23,195,345
	4	Accounts receivable, net				2,664,184	4	3,394,223
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	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). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				413,890	8	513,317
	9	Prepaid expenses and deferred charges				1,424,848	9	1,074,652
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,977,144				
	b	Less: accumulated depreciation	10b	5,023,094	2,052,042	10c	1,954,050	
	11	Investments—publicly traded securities				83,584,449	11	99,508,241
	12	Investments—other securities. See Part IV, line 11				21,265,585	12	37,241,095
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				6,955,060	15	44,030,803
	16	Total assets. Add lines 1 through 15 (must equal line 34)				169,126,881	16	221,040,934
Liabilities	17	Accounts payable and accrued expenses				7,876,059	17	10,639,429
	18	Grants payable				18,280,778	18	19,417,980
	19	Deferred revenue				1,566,466	19	2,689,816
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				15,330,862	25	0
	26	Total liabilities. Add lines 17 through 25				43,054,165	26	32,747,225
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				100,674,842	27	165,901,802
	28	Temporarily restricted net assets				22,579,133	28	19,046,213
	29	Permanently restricted net assets				2,818,741	29	3,345,694
	Organizations that do not follow SFAS 117, 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				126,072,716	33	188,293,709
	34	Total liabilities and net assets/fund balances				169,126,881	34	221,040,934

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	134,467,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,973,496
3	Revenue less expenses Subtract line 2 from line 1	3	66,494,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,072,716
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,273,332
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	188,293,709

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS	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 11, 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)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a

☐

Type I
- b

☐

Type II
- c

☐

Type III - Functionally integrated
- d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	112,053,277	125,762,419	112,573,276	94,548,345	106,799,244	551,736,561
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	112,053,277	125,762,419	112,573,276	94,548,345	106,799,244	551,736,561
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)						
6 Public Support. Subtract line 5 from line 4						551,736,561

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	112,053,277	125,762,419	112,573,276	94,548,345	106,799,244	551,736,561
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,731,799	9,254,984	5,292,496	2,946,628	2,848,122	25,074,029
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	1,916	0	0	1,916
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,140,889	1,086,167	998,418	636,827	467,607	4,329,908
11 Total support (Add lines 7 through 10)						581,142,414
12 Gross receipts from related activities, etc (See instructions)					12	60,258,909
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	94 940 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 639 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
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 INVESTIGATIVE RESULTS WITH ONE ANOTHER FEES FOR ATTENDANCE AT THIS CONFERENCE ARE REPORTED ON LINE 12 PROGRAM MANAGEMENT FEES REPRESENT CHARGES FOR THE MANAGEMENT OF OPERATIONS PROVIDED BY CYSTIC FIBROSIS FOUNDATION PHARMACY, LLC (CFFP)(A DISREGARDED ENTITY OF THE ORGANIZATION) TO CYSTIC FIBROSIS SERVICES, INC (A SUBSIDIARY OF CFFP) LICENSE FEES ARE PAID BY CYSTIC FIBROSIS SERVICES, INC TO CFFP, LLC, FOR PROMOTION OF THE CFS PHARMACY, FEATURING ON THE WEBSITE, USE OF PATIENT EDUCATION AND COMMUNICATION MATERIALS, USE OF ORGANIZATION NAME, LOGO AND TRADEMARK, ETC CF'S SOLE ACTIVITY IS TO OPERATE AND MANAGE A SPECIALTY PHARMACY THAT SELLS CYSTIC FIBROSIS RELATED PRESCRIPTION PHARMACEUTICALS, RELATED DURABLE MEDICAL EQUIPMENT AND NON-PRESCRIPTION CYSTIC FIBROSIS RELATED VITAMINS AND SUPPLEMENTS CFS SERVES PATIENTS WHO HAVE BEEN DIAGNOSED WITH CYSTIC FIBROSIS THIS REVENUE IS NOT TAXABLE BECAUSE THE ORGANIZATION RECEIVED A PRIVATE LETTER RULING DETERMINING THAT CFS'S ACTIVITIES WERE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE
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 INVESTIGATIVE RESULTS WITH ONE ANOTHER FEES FOR ATTENDANCE AT THIS CONFERENCE ARE REPORTED ON LINE 12 PROGRAM MANAGEMENT FEES REPRESENT CHARGES FOR THE MANAGEMENT OF OPERATIONS PROVIDED BY CYSTIC FIBROSIS FOUNDATION PHARMACY, LLC (CFFP)(A DISREGARDED ENTITY OF THE ORGANIZATION) TO CYSTIC FIBROSIS SERVICES, INC (A SUBSIDIARY OF CFFP) LICENSE FEES ARE PAID BY CYSTIC FIBROSIS SERVICES, INC TO CFFP, LLC, FOR PROMOTION OF THE CFS PHARMACY, FEATURING ON THE WEBSITE, USE OF PATIENT EDUCATION AND COMMUNICATION MATERIALS, USE OF ORGANIZATION NAME, LOGO AND TRADEMARK, ETC CF'S SOLE ACTIVITY IS TO OPERATE AND MANAGE A SPECIALTY PHARMACY THAT SELLS CYSTIC FIBROSIS RELATED PRESCRIPTION PHARMACEUTICALS, RELATED DURABLE MEDICAL EQUIPMENT AND NON-PRESCRIPTION CYSTIC FIBROSIS RELATED VITAMINS AND SUPPLEMENTS CFS SERVES PATIENTS WHO HAVE BEEN DIAGNOSED WITH CYSTIC FIBROSIS THIS REVENUE IS NOT TAXABLE BECAUSE THE ORGANIZATION RECEIVED A PRIVATE LETTER RULING DETERMINING THAT CFS'S ACTIVITIES WERE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE

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. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS	Employer identification number 13-1930701
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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

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)		11,250													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		245,773													
c Total lobbying expenditures (add lines 1a and 1b)		257,023													
d Other exempt purpose expenditures		67,716,473													
e Total exempt purpose expenditures (add lines 1c and 1d)		67,973,496													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		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		
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)		250,000													
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	124,713	150,679	165,973	257,023	698,388
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	16,500	14,000	14,000	11,250	55,750

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)).

		(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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS	Employer identification number 13-1930701
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, 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)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
(ii)	Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

Using the organization's 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 XIV

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV 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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		777,830	403,975	373,855
d Equipment		6,199,314	4,619,119	1,580,195
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,954,050

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	FORM 990, SCHEDULE D, PART X, LINE 2	IN 2009, THE FOUNDATION ADOPTED AUTHORITATIVE GUIDANCE SPECIFIC TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ADOPTION DID NOT HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.

1

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 1

3 Enter total number of other organizations or entities

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

[illegible]

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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶ 165

3

Enter total number of other organizations

▶ 10

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT ASSISTANCE PROGRAM	696	596,723			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING GRANT FUNDS INSIDE OF THE U S	PART I, LINE 2	THE ORGANIZATION HAS PROCEDURES IN PLACE TO MONITOR THE SCIENTIFIC PROGREYS AND FINANCIAL ASPECTS OF GRANT FUNDS AWARDED TO ENTITIES INSIDE OF THE US SPONSORED INSTITUTIONS ARE REQUIRED TO SUBMIT ANNUAL REPORTS OF EXPENDITURES AS WELL AS PROGRESS REPORTS SCIENTIFIC REPORTS ARE REVIEWED AND APPROVED BY THE ORGANIZATION'S SCIENTIFIC STAFF TO DETERMINE PROGRESS REPORTS OF EXPENDITURES ARE REVIEWED AND APPROVED 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

Software ID:

Software Version:

EIN: 13-1930701

Name: CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Hope Children's Hospital4440 West 95th Street Oak Lawn,IL 60453	36-2169147	501c(3)	42,726				CF CARE CENTER
Albany Medical College Elsmere A-107 Albany,NY 12208	14-1338310	501c(3)	88,030				CF CARE CENTER
Alfred I DuPont Institute of the Nemours Foundati1600 Rockland Road Wilmington,DE 19899	59-0634433	501c(3)	186,060				CF CARE CENTER
All Children's HospitalDept 9010 PO Box 269 St Petersburg,FL 33731	59-0683252	501c(3)	73,830				CF CARE CENTER
Arizona Board of Regents University of Arizona Sponsored Projects Services PO Box 31020 Tucson,AZ 857223308	74-2652689	501c(3)	49,270				CF CARE CENTER
Arkansas Children's Hospital Research Institute I800 Marshall Street 888 N Euclid Room 510 Little Rock,AR 72202	71-0694931	501c(3)	68,340				CF CARE CENTER
Asthma and Allergy Specialists PA411 Billings Road Slot 512-17 Charlotte,NC 28211	56-1913043	C Corp	38,312				CF CARE CENTER
Atlantic Health System100 Madison Avenue Suite 104 Morristown,NJ 07962	52-1958352	501c(3)	66,360				CF CARE CENTER
Atlantic Health System100 Madison Avenue Morristown,NJ 07962	52-1958352	501c(3)	27,000				ADULT CARE
Baylor College of Medicine PO Box 1 Houston,TX 77212	74-1613878	501c(3)	407,299				CF CARE CENTER
Baylor College of Medicine PO Box 1 Houston,TX 77212	74-1613878	501c(3)	27,000				ADULT CARE
Baystate Medical Center (95-196)759 Chestnut Street Springfield,MA 01199	04-2790311	501c(3)	28,880				CF CARE CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Beth Israel Medical Center 36 Seventh Avenue Suite 509 New York, NY 10011	13-5564934	501c(3)	87,740				CF CARE CENTER
Board of Trustees Southern Illinois UniversityDivision of Pulmonary Medicine Springfield, IL 62794	37-6005961	501c(3)	6,390				CF CARE CENTER
California Pacific Medical Center Research Institu 2200 Webster Street Room 405 PO Box 19636 San Francisco, CA 94115	94-0562680	501c(3)	16,710				CF CARE CENTER
CAMC Health Education and Research InstitutePO Box 765 Charleston, WV 25323	55-0753754	501c(3)	14,360				CF CARE CENTER
Carle Clinic Association Department of Pediatrics Urbana, IL 61801	37-1188284	C Corp	10,598				CF CARE CENTER
Case Western Reserve University10900 Euclid Avenue 602 W University Avenue Cleveland, OH 441067015	34-1018992	501c(3)	42,500				RESEARCH
Case Western Reserve University10900 Euclid Avenue Cleveland, OH 441067015	34-1018992	501c(3)	97,200				RESEARCH STUDIES
Case Western Reserve University10900 Euclid Avenue Cleveland, OH 441067015	34-1018992	501c(3)	450,000				RESEARCH CENTERS
Central Florida Pulmonary Group326 North Mills Avenue Orlando, FL 32803	59-1760017	C Corp	35,570				CF CARE CENTER
Children's Healthcare of Atlanta1001 Johnson Ferry Road North Atlanta, GA 30342	58-2367819	501c(3)	72,830				CF CARE CENTER
Children's Hospital & Research Center at Oakland 747 52nd Street Oakland, CA 94609	94-0382330	501c(3)	33,270				CF CARE CENTER
Children's Hospital & Research Center at Oakland 747 52nd Street Oakland, CA 94609	94-0382330	501c(3)	10,000				RESEARCH STUDIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 and Regional Medical Center 4800 Sand Point Way NE Seattle,WA 981050371	91-0564748	501c(3)	83,850				CF CARE CENTER
Children's Hospital and Regional Medical Center 4800 Sand Point Way NE Seattle,WA 981050371	91-0564748	501c(3)	43,200				PILOT STUDIES
Children's Hospital Central California 9300 Valley Childrens Place Madera,CA 93638	94-1294954	501c(3)	46,750				CF CARE CENTER
Children's Hospital Corporation 300 Longwood Ave Boston,MA 021155737	04-2774441	501c(3)	163,148				TRAINING
Children's Hospital Corporation 300 Longwood Ave Boston,MA 021155737	04-2774441	501c(3)	215,017				CF CARE CENTER
Children's Hospital Corporation 300 Longwood Ave Boston,MA 021155737	04-2774441	501c(3)	42,500				RESEARCH
Children's Hospital Corporation 300 Longwood Ave Boston,MA 021155737	04-2774441	501c(3)	27,000				ADULT CARE
Children's Hospital Foundation at Westchester MediPediatric Pulmonology Valhalla,NY 10595	13-3940462	501c(3)	65,010				CF CARE CENTER
Children's Hospital Medical Center Akron One Perkins Square Munger Pavilion Room 106 Akron,OH 443081062	34-0714357	501c(3)	102,550				CF CARE CENTER
Children's Hospital Medical Center Akron One Perkins Square Akron,OH 443081062	34-0714357	501c(3)	54,000				ADULT CARE
Children's Hospital Medical Center Cincinnati Research Accounting Cincinnati,OH 45229	31-0833936	501c(3)	48,000				TRAINING
Children's Hospital Medical Center Cincinnati Research Accounting 3333 Burnet Avenue Cincinnati,OH 45229	31-0833936	501c(3)	95,430				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Children's Hospital Medical Center Cincinnati Research Accounting 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501c(3)	333,000				RESEARCH CENTERS
Children's Hospital of Michigan 3663 Woodward Ave S Ste 200 3333 Burnet Avenue Detroit, MI 48201	38-1357994	501c(3)	74,860				CF CARE CENTER
Children's Hospital Los Angeles Research Institute Los Angeles, CA 90027	95-1690977	501c(3)	78,740				CF CARE CENTER
Children's Lung Specialists 3838 Meadows Lane 4650 Sunset Blvd Las Vegas, NV 89107	88-0271963	501c(3)	71,030				CF CARE CENTER
Children's Medical Center One Childrens Plaza Dayton, OH 454041815	31-0672132	501c(3)	76,230				CF CARE CENTER
Children's Memorial Hospital 2300 Childrens Plaza - Box 205 Chicago, IL 60614	36-2170833	501c(3)	48,000				TRAINING
Children's Memorial Hospital 2300 Childrens Plaza - Box 205 Chicago, IL 60614	36-2170833	501c(3)	108,334				CF CARE CENTER
Children's Memorial Hospital 2300 Childrens Plaza - Box 205 Chicago, IL 60614	36-2170833	501c(3)	27,000				QUALITY IMPROVEMENT
Children's Memorial Hospital 2300 Childrens Plaza - Box 205 Chicago, IL 60614	36-2170833	501c(3)	43,200				PILOT STUDIES
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	44-0605373	501c(3)	108,790				CF CARE CENTER
Children's National Medical Center 111 Michigan Avenue NW Washington, DC 20010	52-1654453	501c(3)	79,640				CF CARE CENTER
Children's National Medical Center 111 Michigan Avenue NW Washington, DC 20010	52-1654453	501c(3)	7,406				RESEARCH

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Children's Respiratory Center58 Bear Drive Greenville,SC 29605	57-0971539	C Corp	26,960				CF CARE CENTER
Children's Specialty Group PLLCPO Box 11049 Norfolk,VA 23517	54-1871633	PLLC	65,240				CF CARE CENTER
Christus Santa Rosa Healthcare333 North Santa Rosa San Antonio,TX 78207	74-1109665	501c(3)	78,600				CF CARE CENTER
Clinical Practices of the University of PennsylvanThe University of Pennsylvania Heal Philadelphia,PA 19104	23-1352685	501c(3)	78,241				CF CARE CENTER
Clinical Practices of the University of PennsylvanThe University of Pennsylvania Heal Philadelphia,PA 19104	23-1352685	501c(3)	10,960				RESEARCH
Clinical Practices of the University of PennsylvanThe University of Pennsylvania Heal Philadelphia,PA 19104	23-1352685	501c(3)	306,000				RESEARCH CENTERS
Connecticut Children's Medical Center282 Washington Street Hartford,CT 06106	06-0646755	501c(3)	46,329				CF CARE CENTER
Connecticut Children's Medical Center282 Washington Street Hartford,CT 06106	06-0646755	501c(3)	32,109				QUALITY IMPROVEMENT
COOK CHILDREN'S MEDICAL CENTER801 Seventh Avenue Ft Worth,TX 76104	75-2051646	501c(3)	108,840				CF CARE CENTER
Daughters of Charing Health Services of Austin4900 Mueller Blvd Austin,TX 78723	74-1109643	501c(3)	54,730				CF CARE CENTER
Drexel University College of Medicine3201 Arch St Suite 100 Philadelphia,PA 191291191	23-2979433	501c(3)	90,110				CF CARE CENTER
Drexel University College of Medicine3201 Arch St Suite 100 Philadelphia,PA 191291191	23-2979433	501c(3)	27,000				ADULT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Medical CenterOffice of Sponsored Programs Durham, NC 27710	56-0532129	501c(3)	49,750				TRAINING
Duke University Medical CenterOffice of Sponsored Programs Box 104025 Durham, NC 27710	56-0532129	501c(3)	62,360				CF CARE CENTER
East Tennessee Children's Hospital Association I2100 Clinch Avenue 310 Box 104025 Knoxville, TN 37916	62-6002604	501c(3)	68,260				CF CARE CENTER
Eastern Maine Medical Center417 State Street Bangor, ME 04401	01-0211501	501c(3)	29,960				CF CARE CENTER
Emory University1380 South Oxford Road Suite 305 Atlanta, GA 30322	58-0566256	501c(3)	185,600				CF CARE CENTER
Emory University1380 South Oxford Road Atlanta, GA 30322	58-0566256	501c(3)	27,000				QUALITY IMPROVEMENT
Emory University1380 South Oxford Road Atlanta, GA 30322	58-0566256	501c(3)	20,250				ADULT CARE
Fairfax Neonatal Associates PC dbaPediatric Lung2730-B Prosperity Avenue Fairfax, VA 22031	54-1110106	C Corp	20,878				CF CARE CENTER
Fletcher Allen Health Care 111 Colchester Ave Burlington, VT 05401	03-0219309	501c(3)	66,210				CF CARE CENTER
Geisinger Medical Center Pediatric Allergy Immunology Pul Danville, PA 17822	23-6291113	501c(3)	46,390				CF CARE CENTER
Good Samaritan Hospital 1000 Montauk Highway 100 N Academy Drive New York, NY 11795	11-1888924	501c(3)	11,050				CF CARE CENTER
Gundersen Lutheran Medical Foundation1900 South Avenue La Crosse, WI 54601	39-1249705	501c(3)	13,500				CF CARE CENTER

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Hartford HospitalDepartment of Medicine Hartford, CT 06102	06-0646668	501c(3)	30,441				CF CARE CENTER
Henry M Jackson Foundation for the advancement of1404 Rockville Pike Suite 600 80 Seymour Street Rockville, MD 20852	52-1317896	501c(3)	38,505				CF CARE CENTER
Indiana University (Indianapolis)Indiana University Research and Spo Indianapolis, IN 462025167	35-6001673	501c(3)	97,750				TRAINING
Indiana University (Indianapolis)Indiana University Research and Spo Indianapolis, IN 462025167	35-6001673	501c(3)	189,040				CF CARE CENTER
Iowa Health Foundation1440 Ingersoll Avenue Des Moines, IA 50309	42-1467682	501c(3)	42,680				CF CARE CENTER
Kaiser Foundation Hospitals Center for Health Res3800 North Interstate Avenue Portland, OR 97227	91-1105628	501c(3)	20,336				CF CARE CENTER
Kaiser Foundation Research Institute1800 Harrison Street OAKLAND, CA 94612	94-1105628	501c(3)	119,500				CF CARE CENTER
Kalerda Health219 Bryant Street 16th floor Buffalo, NY 14209	16-1533232	501c(3)	80,400				CF CARE CENTER
Kosair Children's Hospital - CF CenterPO Box 35070 Louisville, KY 402325070	61-1028725	501c(3)	47,860				CF CARE CENTER
Landon Pediatric Foundation3160 Loma Vista Road Ventura, CA 93003	93-1097216	501c(3)	22,620				CF CARE CENTER
Lee Memorial Health System Foundation Inc9800 S HealthPark Dr Ft Myers, FL 339083630	65-0645343	501c(3)	23,320				CF CARE CENTER
Loma Linda University Medical CenterColeman Pavilion Loma Linda, CA 92350	33-0672915	501c(3)	47,530				CF CARE CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Long Island Jewish Medical CenterFinance Department PO Box 2000 Westbury, NY 11590	11-2241326	501c(3)	29,788				CF CARE CENTER
Loyola University of Chicago 2160 S First Avenue 972 Brushhollow Road Maywood,IL 60153	36-1408475	501c(3)	39,450				CF CARE CENTER
LSUMC - ShreveportP O Box 33932 Shreveport, LA 71130	72-0702002	501c(3)	68,140				CF CARE CENTER
Lutheran Hospital of Indiana 7950 West Jefferson Boulevard FT Wayne, IN 46804	35-1963748	LP	25,360				CF CARE CENTER
Maine Medical Center22 Bramhall Street Portland,ME 04102	01-0238552	501c(3)	76,590				CF CARE CENTER
Marshfield Clinic Research Foundation1000 North Oak Avenue Marshfield,WI 54449	39-0452970	501c(3)	12,008				CF CARE CENTER
Mary Bridge Children's Foundation311 South L Street Tacoma,WA 98405	94-3030039	501c(3)	33,290				CF CARE CENTER
Medical College of Georgia PO box 945552 Mailstop B1-OC Atlanta,GA 303945552	58-6002053	501c(3)	75,790				CF CARE CENTER
Medical University of South CarolinaPO Box 997 Charleston,SC 29402	57-6000722	501c(3)	77,320				CF CARE CENTER
Medical University of South CarolinaPO Box 997 Charleston,SC 29402	57-6000722	501c(3)	27,000				ADULT CARE
Memorial Medical Center Foundation2801 Atlantic Avenue Long Beach,CA 90806	95-6105984	501c(3)	80,790				CF CARE CENTER
Memorial Medical Center Foundation2801 Atlantic Avenue Long Beach,CA 90806	95-6105984	501c(3)	23,000				ADULT CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Miami Children's Hospital MOB 203 Miami,FL 33155	59-0638499	501c(3)	26,580				CF CARE CENTER
Michigan State University 301 Administration Bldg 3200 SW 60th Court East Lansing,MI 488241046	38-6005984	501c(3)	55,514				CF CARE CENTER
Mission Healthcare Foundation Inc980 Hendersonville Road Asheville,NC 28803	56-1881331	501c(3)	14,304				CF CARE CENTER
Monmouth Medical Center Foundation300 Second Avenue Suite C Long Branch,NJ 07740	22-2456079	501c(3)	55,410				CF CARE CENTER
Monmouth Medical Center Foundation300 Second Avenue Long Branch,NJ 07740	22-2456079	501c(3)	27,000				ADULT CARE
National Jewish Medical and Research Center1400 Jackson Street Denver,CO 80206	74-2044647	501c(3)	84,960				CF CARE CENTER
National Jewish Medical and Research Center1400 Jackson Street Denver,CO 80206	74-2044647	501c(3)	91,000				RESEARCH
North Suburban Pulmonary Research and Education 8780 W Gold Niles,IL 60714	36-4393617	C Corp	8,000				CF CARE CENTER
Northeastern University360 Huntington Avenue Suite 102 Boston,MA 02115	04-1679980	501c(3)	45,800				RESEARCH
Northwestern Medical Faculty FoundationFinancial Services 405 Lake Hall Chicago,IL 60611	36-3097297	501c(3)	6,000				CF CARE CENTER
Northwestern University750 N Lake Shore Drive 680 N Lake Shore Dr Suite 1118 Chicago,IL 606113008	36-2167817	501c(3)	27,000				ADULT CARE
Norton Hospital IncPO Box 35070 Rubloff 7th Floor Louisville,KY 402325070	61-0703799	501c(3)	27,130				CF CARE CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 & Sciences University3181 SW Sam Jackson Park Road L-1 Portland, OR 97201	23-7083114	501c(3)	134,164				CF CARE CENTER
Oregon Health & Sciences University3181 SW Sam Jackson Park Road L-1 Portland, OR 97201	23-7083114	501c(3)	25,289				QUALITY IMPROVEMENT
Oregon Health & Sciences University3181 SW Sam Jackson Park Road L-1 Portland, OR 97201	23-7083114	501c(3)	42,500				RESEARCH
Oregon Health & Sciences University3181 SW Sam Jackson Park Road L-1 Portland, OR 97201	23-7083114	501c(3)	97,200				RESEARCH STUDIES
Oregon Health & Sciences University3181 SW Sam Jackson Park Road L-1 Portland, OR 97201	23-7083114	501c(3)	27,000				ADULT CARE
Pennsylvania State UniversityCollege of Medicine Hershey, PA 17033	24-6000376	501c(3)	103,470				CF CARE CENTER
Phoenix Children's Hospital 1300 North 12th Street Office of Research Affairs H138 Phoenix, AZ 85006	86-0422559	501c(3)	123,640				CF CARE CENTER
Providence Alaska Medical Center3200 Providence Drive Anchorage, AK 995196604	92-0016429	501c(3)	24,840				CF CARE CENTER
Providence Physician Service101 W 8th Ave PO Box 196604 Spokane, WA 99204	91-1216033	C Corp	56,760				CF CARE CENTER
Regents of the University of ColoradoGrants Contracts Aurora, CO 800450508	84-6000555	501c(3)	129,798				TRAINING
Rhode Island Hospital593 Eddy Street F428 Fitzsimons Building 500 Providence, RI 02903	05-0258954	501c(3)	53,110				CF CARE CENTER
Rosalind Franklin University of Medicine and ScienGreen Bay Rd North Chicago, IL 60064	36-2181973	501c(3)	197,387				RESEARCH STUDIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rush-Presbyterian-St Luke's Medical Center1725 West Harrison Suite 718 Chicago, IL 60612	36-2174823	501c(3)	36,950				CF CARE CENTER
Saint Barnabas Medical CenterPediatric Pulmonary Division Livingston, NJ 07039	22-1494440	501c(3)	19,290				CF CARE CENTER
Saint Francis Medical Center530 NE Glen Oak Avenue 200 S Orange Avenue Peoria, IL 61637	37-0662569	501c(3)	47,970				CF CARE CENTER
Saint Joseph's Hospital and Medical Center703 Main Street Paterson, NJ 07503	22-1487602	501c(3)	16,410				CF CARE CENTER
Samaritan Medical Center Child Adolescent Health Services Watertown, NY 13601	15-0533577	501c(3)	7,120				CF CARE CENTER
Sanford Children's Specialty Clinic1305 W 18th Street 513 Washington Street Sioux Falls, SD 571175039	46-0447693	501c(3)	56,010				CF CARE CENTER
South Broward Hospital DistrictJoe DiMaggios Childrens Hospital Hollywood, FL 33321	59-6014973	501c(3)	42,800				CF CARE CENTER
Spectrum HealthDowntown Campus Cystic Fibrosis Clinic Grand Rapids, MI 49503	38-2752328	501c(3)	99,490				CF CARE CENTER
St Alexius Medical CenterPO Box 1658 100 Michigan Street NE Bismarck, ND 58502	45-0226711	501c(3)	30,040				CF CARE CENTER
St Joseph's Regional Medical Center720 East Cedar Street South Bend, IN 46617	35-1568821	501c(3)	20,910				CF CARE CENTER
St Louis University3500 Lindell Blvd Suite 440 St Louis, MO 63103	43-0654872	501c(3)	76,786				CF CARE CENTER
St Luke's Regional Medical Center100 East Idaho Boise, ID 83712	82-0161600	501c(3)	38,950				CF CARE CENTER

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Stanford University651 Serra Street Suite 220 Suite 200 Stanford, CA 943056215	94-1156365	501c(3)	52,250				TRAINING
Stanford University651 Serra Street Suite 220 Mail Code 5402 Stanford, CA 943056215	94-1156365	501c(3)	122,060				CF CARE CENTER
Stanford University651 Serra Street Suite 220 Mail Code 5402 Stanford, CA 943056215	94-1156365	501c(3)	97,200				RESEARCH STUDIES
Stanford University651 Serra Street Suite 220 Mail Code 5402 Stanford, CA 943056215	94-1156365	501c(3)	27,000				ADULT CARE
Sutter Medical Center Sacramento5609 J Street Suite C Mail Code 5402 Sacramento, CA 95819	94-1156621	501c(3)	47,260				CF CARE CENTER
TC Thompson Children's Hospital910 Blackford Street Chattanooga, TN 37403	62-6000101	501c(3)	28,170				CF CARE CENTER
Tenet St Mary's Inc Cystic Fibrosis CenterPO Box 24620 West Palm Beach, FL 33407	75-2932830	C Corp	36,980				CF CARE CENTER
The Children's Hospital Association13123 East 16th Avenue B321 901 45th Street Aurora, CO 80045	84-0166760	501c(3)	188,740				CF CARE CENTER
The Children's Hospital at Scott & White2401 South 31st Street Temple, TX 76508	74-1166904	501c(3)	13,000				CF CARE CENTER
The Children's Hospital of Philadelphia3516 Civic Center Blvd Philadelphia, PA 191044318	23-1352166	501c(3)	78,748				CF CARE CENTER
The Curators of the University of MissouriOffice of Sponsored Program Adminis Columbia, MO 65211	43-6003859	501c(3)	57,604				CF CARE CENTER
The Curators of the University of MissouriOffice of Sponsored Program Adminis 310 Jesse Hall Columbia, MO 65211	43-6003859	501c(3)	43,600				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 MissouriOffice of Sponsored Program Adminis 310 Jesse Hall Columbia,MO 65211	43-6003859	501c(3)	27,000				ADULT CARE
The Feinstein Institute for Medical Research350 Community Drive 310 Jesse Hall Manhasset,NY 11030	11-2673595	501c(3)	27,000				QUALITY IMPROVEMENT
The General Hospital Corporation (aka Massachus Research Management Boston,MA 021142554	04-2697983	501c(3)	166,971				TRAINING
The General Hospital Corporation (aka Massachus Research Management 50 Staniford Street Suite 1001 Boston,MA 021142554	04-2697983	501c(3)	88,380				CF CARE CENTER
The Hitchcock Foundation One Medical Center Drive 50 Staniford Street Suite 1001 Lebanon,NH 03756	02-0222139	501c(3)	85,430				CF CARE CENTER
The Johns Hopkins University600 N Wolfe Street Park 316 Baltimore,MD 21205	52-0595110	501c(3)	197,550				CF CARE CENTER
The Johns Hopkins University600 N Wolfe Street Park 316 Baltimore,MD 21205	52-0595110	501c(3)	89,750				RESEARCH
The Johns Hopkins University600 N Wolfe Street Park 316 Baltimore,MD 21205	52-0595110	501c(3)	414,000				RESEARCH CENTERS
The Medical College of Wisconsin8701 Watertown Plk Rd Milwaukee,WI 53226	39-0806261	501c(3)	125,230				CF CARE CENTER
The Ohio State University Research Foundation1960 Kenny Road Columbus,OH 432101063	31-6401599	501c(3)	97,200				RESEARCH STUDIES
The President and Fellows of Harvard CollegeHolyoke Center Suite 600 Cambridge,MA 02138	04-2103580	501c(3)	45,800				RESEARCH
The Rector and Visitors of the University of VirgiPO Box 400195 1350 Massachusetts Ave Charlottesville,VA 22904	54-6001796	501c(3)	108,492				CF CARE CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Rector and Visitors of the University of VirgiPO Box 400195 Charlottesville,VA 22904	54-6001796	501c(3)	42,500				RESEARCH
The Rector and Visitors of the University of VirgiPO Box 400195 Charlottesville,VA 22904	54-6001796	501c(3)	182,112				RESEARCH STUDIES
The Regents of the University of California Davis Cashiers Office 1200 Dutton Hall Davis,CA 95616	95-6036494	501c(3)	67,118				CF CARE CENTER
The Regents of the University of California Davis Cashiers Office 1200 Dutton Hall One Shields Avenue Davis,CA 95616	95-6036494	501c(3)	25,388				ADULT CARE
The Regents of the University of California Los A UCLA Office of Contract and Grant A One Shields Avenue Los Angeles,CA 900241406	95-6006143	501c(3)	43,200				PILOT STUDIES
The Regents of the University of California San D Office of Post Award Financial Serv 10920 Wilshire Blvd Suite 200 La Jolla,CA 920930954	95-6006144	501c(3)	101,592				CF CARE CENTER
The Regents of the University of California San D Office of Post Award Financial Serv 9500 Gilman Drive 0954 La Jolla,CA 920930954	95-6006144	501c(3)	27,000				ADULT CARE
The Regents of the University of California San F UCSF Office of Sponsored Research 9500 Gilman Drive 0954 San Francisco,CA 941430962	94-6036493	501c(3)	48,000				TRAINING
The Regents of the University of California San F UCSF Office of Sponsored Research 3333 California Street Suite 315 San Francisco,CA 941430962	94-6036493	501c(3)	71,080				CF CARE CENTER
The Regents of the University of California San F UCSF Office of Sponsored Research 3333 California Street Suite 315 San Francisco,CA 941430962	94-6036493	501c(3)	414,000				RESEARCH CENTERS
The Regents of the University of California San F UCSF Office of Sponsored Research 3333 California Street Suite 315 San Francisco,CA 941430962	94-6036493	501c(3)	27,000				ADULT CARE
The Regents of the University of Michigan3003 South State Street Room 3089 3333 California Street Suite 315 Ann Arbor,MI 481091274	38-6006309	501c(3)	189,200				CF CARE CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Sponsored Projects Administration Minneapolis, MN 554552070	41-6007513	501c(3)	49,197				TRAINING
The Regents of the University of Minnesota Sponsored Projects Administration 200 Oak St SE Minneapolis, MN 554552070	41-6007513	501c(3)	296,640				CF CARE CENTER
The Research Institute at Nationwide Children's H Huntington National Bank 200 Oak St SE Columbus, OH 43260	31-6056230	501c(3)	182,140				CF CARE CENTER
The Research Foundation of SUNYP O Box 9 Dept 4656 / Ref413407 Albany, NY 122010009	14-1368361	501c(3)	122,950				CF CARE CENTER
The Research Foundation of SUNYP O Box 9 Albany, NY 122010009	14-1368361	501c(3)	27,000				ADULT CARE
The Tampa General Hospital FoundationPO Box 1289 Tampa, FL 33601	23-7354477	501c(3)	48,910				CF CARE CENTER
The Trustees of Columbia University in the City of351 Engineering Terrace New York, NY 10027	13-5598093	501c(3)	49,750				TRAINING
The Trustees of Columbia University in the City of351 Engineering Terrace New York, NY 10027	13-5598093	501c(3)	119,050				CF CARE CENTER
The University of Alabama at BirminghamAB 990 Birmingham, AL 352940109	63-6005396	501c(3)	49,662				TRAINING
The University of Alabama at BirminghamAB 990 1530 3rd Avenue S Birmingham, AL 352940109	63-6005396	501c(3)	150,950				CF CARE CENTER
The University of Alabama at BirminghamAB 990 1530 3rd Avenue S Birmingham, AL 352940109	63-6005396	501c(3)	27,000				QUALITY IMPROVEMENT
The University of Alabama at BirminghamAB 990 1530 3rd Avenue S Birmingham, AL 352940109	63-6005396	501c(3)	414,000				RESEARCH CENTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Chicago 5801 S Ellis Avenue 1530 3rd Avenue S Chicago,IL 60637	36-2177139	501c(3)	50,550				CF CARE CENTER
The University of North Carolina at Chapel HillNorth Carolina State Treasurer Chapel Hill,NC 275991350	56-6001393	501c(3)	236,094				CF CARE CENTER
The University of North Carolina at Chapel HillNorth Carolina State Treasurer 300 Bynum Hall Chapel Hill,NC 275991350	56-6001393	501c(3)	27,000				QUALITY IMPROVEMENT
The University of North Carolina at Chapel HillNorth Carolina State Treasurer 300 Bynum Hall Chapel Hill,NC 275991350	56-6001393	501c(3)	87,956				RESEARCH
The University of North Carolina at Chapel HillNorth Carolina State Treasurer 300 Bynum Hall Chapel Hill,NC 275991350	56-6001393	501c(3)	86,073				PILOT STUDIES
The University of North Carolina at Chapel HillNorth Carolina State Treasurer 300 Bynum Hall Chapel Hill,NC 275991350	56-6001393	501c(3)	486,000				RESEARCH CENTERS
The University of Vermont and State Agricultural C85 So Prospect Street 300 Bynum Hall Burlington,VT 054050160	03-0179440	501c(3)	68,250				TRAINING
Toledo Children's Hospital 2142 N Cove Blvd Toledo,OH 43606	34-4428256	501c(3)	76,040				CF CARE CENTER
Trustees of Boston University881 Commonwealth Avenue Boston,MA 02215	04-2103547	501c(3)	43,200				PILOT STUDIES
Trustees of Dartmouth College11 Rope Ferry Road 6210 Hanover,NH 037551404	02-0222111	501c(3)	183,825				QUALITY IMPROVEMENT
Trustees of Dartmouth College11 Rope Ferry Road 6210 Hanover,NH 037551404	02-0222111	501c(3)	97,200				RESEARCH STUDIES
Trustees of Dartmouth College11 Rope Ferry Road 6210 Hanover,NH 037551404	02-0222111	501c(3)	43,072				PILOT STUDIES

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Trustees of Dartmouth College11 Rope Ferry Road 6210 Hanover,NH 037551404	02-0222111	501c(3)	340,347				RESEARCH CENTERS
Tulane University Medical School6401 Freret St New Orleans,LA 70118	72-0423889	501c(3)	85,460				CF CARE CENTER
UMDNJ- Robert Wood Johnson Medical School UMDNJ New Brunswick,NJ 08903	22-1775306	501c(3)	61,860				CF CARE CENTER
UMDNJ- Robert Wood Johnson Medical School UMDNJ 1 Robert Wood Johnson Place New Brunswick,NJ 08903	22-1775306	501c(3)	27,000				ADULT CARE
University Hospitals of Cleveland2074 Abingdon Road 1 Robert Wood Johnson Place Cleveland,OH 44106	34-0714775	501c(3)	154,980				CF CARE CENTER
University Internal Medicine Associates IncCardio-Pulmonary Research Center Cincinnati,OH 45326	31-0896517	501c(3)	46,340				CF CARE CENTER
University of Arkansas for Medical Sciences4301 West Markham Street PO Box 670564 Little Rock,AR 72205	71-6046242	501c(3)	38,010				CF CARE CENTER
University of Arkansas for Medical Sciences4301 West Markham Street Mail Slot 555 Little Rock,AR 72205	71-6046242	501c(3)	27,000				ADULT CARE
University of Cincinnati560 University Hall Mail Slot 555 Cincinnati,OH 45221	31-6000989	501c(3)	99,500				TRAINING
University of FloridaPO Box 115500 Sponsored Programs Accounting Dept Gainesville,FL 32611	59-6002052	501c(3)	85,050				CF CARE CENTER
University of IowaOffice of Vice President for Resear Iowa City,IA 52242	42-6004813	501c(3)	115,080				CF CARE CENTER
University of IowaOffice of Vice President for Resear Division of Sponsored Programs Iowa City,IA 52242	42-6004813	501c(3)	27,000				QUALITY IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 IowaOffice of Vice President for Resear Division of Sponsored Programs Iowa City,IA 52242	42-6004813	501c(3)	68,250				TRAINING
University of IowaOffice of Vice President for Resear Division of Sponsored Programs Iowa City,IA 52242	42-6004813	501c(3)	91,300				RESEARCH
University of IowaOffice of Vice President for Resear Division of Sponsored Programs Iowa City,IA 52242	42-6004813	501c(3)	93,829				RESEARCH STUDIES
University of IowaOffice of Vice President for Resear Division of Sponsored Programs Iowa City,IA 52242	42-6004813	501c(3)	450,000				RESEARCH CENTERS
University of Kansas Medical Center Research Insti3901 Rainbow Boulevard Division of Sponsored Programs Kansas City,KS 661607702	48-1108830	501c(3)	51,390				CF CARE CENTER
University of Kentucky Research Foundation Kentucky CF Clinic J424 Lexington,KY 405360284	61-6033693	501c(3)	99,160				CF CARE CENTER
University of Massachusetts Medical Center55 Lake Avenue 740 South Limestone Worcester,MA 10655	04-3167352	501c(3)	51,790				CF CARE CENTER
University of Miami Pediatric/Pulmonary Division Miami,FL 33137	59-0624458	501c(3)	51,290				CF CARE CENTER
University of Miami Pediatric/Pulmonary Division 1601 NW 12th Avenue Miami,FL 33137	59-0624458	501c(3)	49,646				ADULT CARE
University of Mississippi Medical Center2500 North State Street 1601 NW 12th Avenue Jackson,MS 392164505	64-6008520	501c(3)	51,630				CF CARE CENTER
University of Nebraska Medical CenterService Building Omaha,NE 681987835	47-0049123	501c(3)	125,210				CF CARE CENTER
University of Nebraska Medical CenterService Building 985100 Nebraska Medical Center Omaha,NE 681987835	47-0049123	501c(3)	5,400				QUALITY IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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University of New Mexico Health Sciences Center Controllers Office 985100 Nebraska Medical Center Albuquerque, NM 871315041	85-6000642	501c(3)	46,862				CF CARE CENTER
University of Oklahoma Health Sciences CenterPO Box 26901 Health Sciences and Services Bldg Oklahoma City, OK 73190	73-6017987	501c(3)	104,740				CF CARE CENTER
University of Pittsburgh350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	5,400				QUALITY IMPROVEMENT
University of Pittsburgh350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	128,600				RESEARCH
University of Pittsburgh350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	450,000				RESEARCH CENTERS
University of Pittsburgh350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501c(3)	27,000				ADULT CARE
University of Rochester1325 Mt Hope Avenue Rochester, NY 14642	16-0743209	501c(3)	78,910				CF CARE CENTER
University of Rochester1325 Mt Hope Avenue Suite 260 Rochester, NY 14642	16-0743209	501c(3)	27,000				ADULT CARE
University of South Alabama Admin Bldg 362 Suite 260 Mobile, AL 36688	63-0477348	501c(3)	34,750				CF CARE CENTER
University of South Carolina Research Foundation901 Sumter Street Columbia, SC 29208	57-0967350	501c(3)	31,941				CF CARE CENTER
University of South Florida Department of Pediatrics Suite 501 Tampa, FL 33606	59-3102112	501c(3)	22,520				CF CARE CENTER
University of Southern CaliforniaUSC Contracts and Grants 17 Davis Boulevard Suite 200 Los Angeles, CA 900339002	95-1642394	501c(3)	42,777				CF CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Southern CaliforniaUSC Contracts and Grants 1540 Alcazar Street Los Angeles, CA 900339002	95-1642394	501c(3)	54,000				ADULT CARE
University of Tennessee62 S Dunlap 1540 Alcazar Street Memphis, TN 38163	62-6001636	501c(3)	61,210				CF CARE CENTER
University of Texas Health Center at Tyler11937 US Hwy 271 Tyler, TX 75708	75-6001354	501c(3)	18,000				CF CARE CENTER
University of Utah406 Park Bldg Salt Lake City, UT 84112	87-6000525	501c(3)	175,550				CF CARE CENTER
University of Washington Grant Contract Accounting Seattle, WA 981056692	91-6001537	501c(3)	74,930				CF CARE CENTER
University of Washington Grant Contract Accounting 3917 University Way NE Seattle, WA 981056692	91-6001537	501c(3)	97,200				RESEARCH STUDIES
University of Washington Grant Contract Accounting 3917 University Way NE Seattle, WA 981056692	91-6001537	501c(3)	378,000				RESEARCH CENTERS
University of Wisconsin Board of Regents750 University Avenue 3917 University Way NE Madison, WI 53706	39-6006492	501c(3)	48,000				TRAINING
University of Wisconsin Board of Regents750 University Avenue Madison, WI 53706	39-6006492	501c(3)	138,462				CF CARE CENTER
UT Southwestern Medical Center at Dallas5323 Harry Hines Blvd Dallas, TX 753909040	75-6002868	501c(3)	144,220				CF CARE CENTER
UT Southwestern Medical Center at Dallas5323 Harry Hines Blvd Dallas, TX 753909040	75-6002868	501c(3)	92,882				RESEARCH STUDIES
Vanderbilt University Medical CenterPO Box 30195 Nashville, TN 372410195	62-0476822	501c(3)	153,980				CF CARE CENTER

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Via Christi Regional Medical Center CF Clinic3311 East Murdock Street Wichita, KS 67218	48-1172106	501c(3)	55,120				CF CARE CENTER
Virginia Commonwealth UniversityBox 2506 - VCU Station Richmond, VA 232842506	54-6001758	501c(3)	59,940				CF CARE CENTER
Wake Forest University Health SciencesMedical Center Blvd WinstonSalem, NC 271571064	22-3849199	501c(3)	53,275				CF CARE CENTER
Washington University Campus Box 1034 St Louis, MO 631121408	43-0653611	501c(3)	210,095				CF CARE CENTER
Wayne State University Grants Contracts Office III 700 Rosedale Avenue Detroit, MI 48201	38-6028425	501c(3)	40,790				CF CARE CENTER
Weill Medical College of Cornell UniversityWhitney Pavillion Rm W-706 Research and Sponsored Programs New York, NY 10021	15-0532082	501c(3)	43,600				RESEARCH
West Virginia University Research CorporationWest Virginia University 1300 York Avenue Box 62 Morgantown, WV 265066001	55-0665758	501c(3)	56,160				CF CARE CENTER
Wright State University School of MedicineOne Childrens Plaza PO Box 6001 Dayton, OH 45404	31-0732831	501c(3)	27,000				ADULT CARE
Yale UniversityCashier Office of the Asst Treasu New Haven, CT 065208231	06-0646973	501c(3)	62,000				CF CARE CENTER
Yale UniversityCashier Office of the Asst Treasu PO Box 208231 New Haven, CT 065208231	06-0646973	501c(3)	68,250				TRAINING
Yale UniversityCashier Office of the Asst Treasu PO Box 208231 New Haven, CT 065208231	06-0646973	501c(3)	43,200				PILOT STUDIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS	Employer identification number 13-1930701
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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 from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
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) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) C Richard Mattingly	(i)	345,800	62,006	19,465	149,016	23,413	599,700	62,006
	(ii)	0	0	0	0	0	0	0
(2) Robert J Beall PhD	(i)	323,652	54,003	25,439	154,438	21,278	578,810	54,003
	(ii)	164,014	26,599	7,935	63,690	0	262,238	26,599
(3) Preston W Campbell MD	(i)	222,712	41,046	15,218	95,170	28,230	402,376	41,046
	(ii)	115,272	20,217	5,445	34,498	0	175,432	20,217
(4) Vera H Twigg	(i)	237,095	25,969	10,743	54,772	27,597	356,176	25,969
	(ii)	0	0	0	0	0	0	0
(5) Daniel Klein	(i)	200,635	0	1,844	20,164	3,000	225,643	0
	(ii)	0	0	0	0	0	0	0
(6) Ann Palmer	(i)	197,800	0	1,814	19,835	14,728	234,177	0
	(ii)	0	0	0	0	0	0	0
(7) David McLoughlin	(i)	208,167	0	686	21,587	24,230	254,670	0
	(ii)	0	0	0	0	0	0	0
(8) Gregory August	(i)	179,592	0	386	18,038	23,230	221,246	0
	(ii)	0	0	0	0	0	0	0
(9) Glen Goldmark	(i)	174,685	0	1,597	17,302	17,028	210,612	0
	(ii)	0	0	0	0	0	0	0
(10) Amy DeMaria	(i)	175,629	0	365	16,952	7,752	200,698	0
	(ii)	0	0	0	0	0	0	0
(11) Maureen Fraser	(i)	162,305	0	1,460	15,727	16,815	196,307	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B	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 designated vesting date Further information about the nonqualified deferred compensation plan in which those persons participate is provided in the additional information for Schedule J, Part II, below
COMPENSATION	PART II	<p>Cystic Fibrosis Foundation - Headquarters (A) Name R Beall, Ph D , (B)(i) Base Compensation base salary - \$308,912, 401(k) bonus - \$14,740, (B)(ii) Bonus & Incentive Compensation long-term incentive plan payment, which was previously reported (1) - \$54,003, (B)(iii) Other Reportable Compensation health insurance benefit - \$2,912, automobile allowance - \$4,824, other benefits including taxable general organization group term life insurance premiums - \$17,703, (C) Deferred Compensation retirement benefit (2) - \$25,128, long-term incentive plan benefits (6) - \$63,650, SERP (3) - \$65,660, (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$11,932, employee contribution to flexible spending account benefit - \$5,000, employee contribution to general organization health plan benefit - \$4,346 Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167 (A) Name R Beall, Ph D , (B)(i) Base Compensation base salary - \$156,754, 401(k) bonus - \$7,260, (B)(ii) Bonus & Incentive Compensation long-term incentive plan payment, which was previously reported (1) - \$26,599, (B)(iii) Other Reportable Compensation health insurance benefit - \$1,434, automobile allowance - \$2,376, other benefits including general organization group term life insurance premiums - \$4,125, (C) Deferred Compensation long-term incentive plan benefits (6) - \$31,350, SERP (3) - \$32,340, (D) Nontaxable Benefits \$0 Cystic Fibrosis Foundation - Headquarters (A) Name P Campbell, M D , (B)(i) Base Compensation base salary - \$222,712, (B)(ii) Bonus & Incentive Compensation long-term incentive plan payment, which was previously reported (1) - \$41,046, (B)(iii) Other Reportable Compensation other benefits including taxable general organization group term life insurance premiums - \$4,163, Section 457(b) Plan (5) - \$11,055, (C) Deferred Compensation retirement benefit (2) - \$25,128, long-term incentive plan benefits (6) - \$46,855, SERP (4) - \$23,187, (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$16,905, employee contribution to flexible spending account benefit - \$5,000, employee contribution to general organization health plan benefit - \$6,325 Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167 (A) Name P Campbell, M D , (B)(i) Base Compensation base salary - \$115,272, (B)(ii) Bonus & Incentive Compensation long-term incentive plan payment, which was previously reported (1) - \$20,217, (B)(iii) Other Reportable Compensation Section 457(b) Plan (5) - \$5,445, (C) Deferred Compensation long-term incentive plan benefit (6) - \$23,077, SERP (4) - \$11,421, (D) Nontaxable Benefits \$0 Cystic Fibrosis Foundation - Headquarters Name (A) R Mattingly, (B)(i) Base Compensation base salary - \$345,800, (B)(ii) Bonus & Incentive Compensation long-term incentive plan payment, which was previously reported (1) - \$62,006, (B)(iii) Other Reportable Compensation Section 457(b) Plan (5) - \$16,500, other benefits including taxable general organization group term life insurance premiums - \$2,965, (C) Deferred Compensation retirement benefit (2) - \$25,128, long-term incentive plan benefit (6) - \$70,780, SERP (4) - \$53,108, (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$15,273, employee contribution to flexible spending account benefit - \$2,500, employee contribution to general organization health plan benefit - \$5,640 Cystic Fibrosis Foundation - Headquarters (A) Name V Twigg, (B)(i) Base Compensation base salary - \$237,095, (B)(ii) Bonus & Incentive Compensation long-term incentive plan payment, which was previously reported (1)- \$25,969, (B)(iii) Other Reportable Compensation taxable general organization group term life insurance premiums - \$1,368, Section 457(b) Plan (5) - \$9,375, (C) Deferred Compensation retirement benefit (2) - \$25,128, long-term incentive plan benefit (6) - \$29,644, (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$17,908, employee contribution to flexible spending account benefit - \$5,000, employee contribution to general organization health plan benefit - \$4,689 (1) This figure represents payment of an award that accrued over a three-year performance period (years 2007-2009), and which was based on achievement of long term performance standards established in advance by the Compensation Committee of the Board As required, this award was reported as "Deferred Compensation" on prior years' Forms 990 in each year it accrued and therefore (as required by the instructions) is double-reported here (2) This is the employer contribution made under the Cystic Fibrosis Foundation 401(k) Plan for the 2010 Plan Year (3) 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 December 31, 2012 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 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 (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 age 60 C In the event of a CFF bankruptcy, participants are 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 E The SERP'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 (currently \$16,500) E CFF retains the right to amend or terminate the 457(b) Plan at any time (6) This Plan provides for awards related to a 3-year performance period, which ends on 12/31/12, based on achievement of performance objectives established in advance by the Compensation Committee of the Board The individual must be employed on 12/31/12 to be eligible to receive full payment of the award As required by the Form 990 instructions, this reported amount is an estimate of the portion of the award that accrued under the Plan by the executive for performance in 2010 but it has not been earned, awarded or paid under the Plan</p>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS	Employer identification number 13-1930701
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Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	PART III, LINE 4D (PAGE 2 CORE FORM)	Community Services - The Cystic Fibrosis Foundation provides year-round efforts to educate, inform and empower patients and their families about the latest developments in treatment and care. Consists of programs designed to help the general public and cystic fibrosis families in the detection of the disease by providing a referral service and handling inquiries concerning patients. Approximately 25,000 patients were served in 2010, including approximately 911 patients who were newly diagnosed.

Identifier	Return Reference	Explanation
REVIEW OF 990 BY GOVERNING BODY	PART VI, SECTION B, LINE 11B (PAGE 6 CORE FORM)	The Cystic Fibrosis Foundation Board of Trustees receives a draft of the Form 990 prior to its being filed, with sufficient time for review and comment allowed. The Compensation Committee of the Board of Trustees and the Foundation's ERISA attorneys review the executive compensation sections of the Form 990 to ensure completeness and accuracy. The Audit Committee of the Board of Trustees also reviews the Form 990 as part of its chartered responsibilities.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST MONITORING	PART VI, SECTION B, LINE 12C (PAGE 6 CORE FORM)	A conflict of interest disclosure statement is completed annually by each Board member and officer. Disclosures provided are reported to the Nominating and Governance Committee, the Audit Committee and the Board of Trustees. As required within the bylaws, any potential conflicts of interest must be reported to the Board as they arise. When any matter is deemed a potential conflict of interest and requires action by the Board of Trustees, the interested trustee or officer is required to retire from the room in which the Board or its committee is meeting, may not participate in the final deliberation of the matter, and may not vote on the matter. The Organization enforced the policy during 2010 and had no conflicts of interest as defined by the policy.

Identifier	Return Reference	Explanation
DETERMINING COMPENSATION	PART VI, SECTION B, LINE 15A AND 15B (PAGE 6 CORE FORM)	<p>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 assuring the development of the means to cure and control CF and improving the quality of life for those with the disease</p> <p>The independent Compensation Committee of the CF Foundation's Board of Trustees follows the process described in the IRS intermediate sanctions rules when determining compensation. Specifically, the Committee (1) Is composed entirely of non-employee volunteer directors who have no familial, business or significant personal relationships with the CF Foundation or its executives (2) Assesses the short-term and long-term contribution and performance of each executive in meeting very definitive and quantifiable objectives focused on the CF Foundation's mission success (3) Engages an independent compensation consulting firm to compile appropriate comparability data (including compensation market information for peers with whom the CF Foundation competes for executive talent) for Committee reliance. The Committee meets with representatives of the consulting firm to review this data in detail (4) Reviews all elements of each executive's total compensation, including but not limited to base salary, bonuses, perquisites, fringe benefits, and incentive and deferred compensation arrangements. Upon the executive's hire, and at each point in time thereafter at which a new or revised compensation arrangement is under consideration with respect to the executive, the Committee meets with its independent compensation consulting firm before the arrangement is implemented to evaluate the reasonableness of the arrangement by comparing both the arrangement itself and the executive's entire compensation package to compensation packages paid by similarly situated organizations for functionally comparable positions (5) Documents, concurrently with its determination, the basis for its determination in the minutes of its meeting. These minutes are reviewed, revised if necessary and approved at the following meeting of the Committee (6) Obtains a written legal opinion concerning the Committee's compliance with the IRS intermediate sanctions rules. The process described above was used to establish compensation for the following officers or positions: President & CEO Executive Vice President & COO Executive Vice President for Medical Affairs Senior Vice President & CFO. The process was last undertaken in 2009.</p>

Identifier	Return Reference	Explanation
PUBLIC INSPECTION	PART VI, SECTION C, LINE 19 (PAGE 6 CORE FORM)	Forms 1023 and 990-T for the Organization are available on its website, CFF.org. The Organization's website provides a link to Guidestar.org for access to Form 990. The Foundation's governing documents (Bylaws and Articles of Incorporation) are 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 is also available on the Foundation's website, www.cff.org. The Board and Officer Conflict of Interest Policy and the audited financial statements are available on the Foundation's website, www.cff.org.

Identifier	Return Reference	Explanation
OTHER CHANGE IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS = 5,228,703 CHANGE IN EQUITY IN SUBSIDIARY (CFS) = - 9,502,034 ----- TOTAL CHANGES IN NET ASSETS -4,273,331

Identifier	Return Reference	Explanation
ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	THE FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES THAT THE ORGANIZATION HAS AN INTEREST IN WERE SHARES INVESTMENT MUTUAL FUNDS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Robert J Beall, Ph D TITLE President & CEO HOURS 23

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME C Richard Mattingly TITLE Exec VP and COO HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Preston W Campbell, MD TITLE Exec VP of Medical Affairs HOURS 23

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Vera H Twigg TITLE Sr VP and CFO HOURS 10

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

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 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 FOUNDATION PHARMACY LLC 6931 ARLINGTON RD BETHESDA, MD 20814 51-0636432	PROGRAM MGT	DE	20,090,267	14,982,238	NA
(2) cystic fibrosis patient assistance fdn 6931 arlington rd bethesda, MD 20814 90-0350985	patient asst	DE	142,728	1,672,655	na

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 organization	
						Yes	No
(1) cystic fibrosis foundation therapeutics 6931 ARLINGTON RD BETHESDA, MD 20814 91-2059167	RESEARCH	MD	501(C)(3)	11A	CFF-HQ		
(2) CYSTIC FIBROSIS FOUNDATION GROUP 6931 ARLINGTON RD BETHESDA, MD 20814 13-6161105	EDUCATION	DE	501(C)(3)	7	cfF-hq		

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) Disproporionate 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
(1) CYSTIC FIBROSIS SERVICES INC 6931 ARLINGTON RD BETHESDA, MD20814 52-1850490	PHARMACY	MD	CFF PHARMACY	C	13,585,954	27,829,457	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 13-1930701

Name: CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) cystic fibrosis foundation therapeutics	C	11,352,615	
(2) CYSTIC FIBROSIS FOUNDATION GROUP	C	79,522,503	
(3) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	M	242,526	
(4) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	N	1,684,291	
(5) CYSTIC FIBROSIS SERVICES INC	D	10,000,000	
(6) CYSTIC FIBROSIS SERVICES INC	A(I)	57,404	
(7) CYSTIC FIBROSIS SERVICES INC	K	7,344,991	
(8) CYSTIC FIBROSIS SERVICES INC	R	10,874,249	
(9) CYSTIC FIBROSIS SERVICES INC	B	7,200,940	