

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 2017

2017Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 275482021
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

10/1/18**PRESIDENT & CEO**

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's
Use
Only**ERO's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code**KPMG LLP****1676 INTERNATIONAL DRIVE, MCLEAN VA 22102**

Date

10/1/2018Check if
also paid
preparer☒Check if
self-
employed☐

ERO's SSN or PTIN

P01498698EIN **13-5565207**Phone no. **703-286-8000**

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2017)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017**Open to Public
Inspection****A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20****B** Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

CYSTIC FIBROSIS FOUNDATION

Doing Business As

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

4550 MONTGOMERY AVENUE

Room/suite

1100N

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

BETHESDA, MD 20814

F Name and address of principal officer:

PRESTON W. CAMPBELL, M.D.

4550 MONTGOMERY AVE, STE 1100N BETHESDA, MD 20814

D Employer identification number

13-1930701

E Telephone number

(301) 951-4422

G Gross receipts \$ 1,393,954,611.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CFF.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1955 **M** State of legal domicile: DE**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION IS TO CURE CYSTIC FIBROSIS AND TO PROVIDE ALL PEOPLE WITH THE DISEASE THE OPPORTUNITY TO LEAD FULL, PRODUCTIVE LIVES.	
	2	Check this box <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)	17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	760.
	6	Total number of volunteers (estimate if necessary)	92,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-1,415,836.
7b	Net unrelated business taxable income from Form 990-T, line 34	-1,532,275.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	117,148,751.
	9	Program service revenue (Part VIII, line 2g)	2,246,282.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,555,425.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,578,517.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,528,975.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	198,127,696.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58,875,323.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	133,446.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,702,883.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,514,066.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	299,650,531.
	19	Revenue less expenses. Subtract line 18 from line 12	-107,121,556.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,919,394,927.
	21	Total liabilities (Part X, line 26)	187,239,749.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,732,155,178.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	PRESTON W. CAMPBELL, M.D. PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JG WHITE	<i>JG White</i>	10/01/2018		P01498698
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102	Phone no. 703-286-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

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

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 207,277,936. including grants of \$ 177,988,410.) (Revenue \$ 5,206,040.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 17,822,831. including grants of \$ 1,935,395.) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 16,900,416. including grants of \$) (Revenue \$)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 242,001,183.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 1,426		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 3		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 760		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . 7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 5**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 PRESTON W. CAMPBELL, M.D. 4550 MONTGOMERY AVE., SUITE 1100N BETHESDA, MD 20814 301-951-4422

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD L. DANDURAND TRUSTEE	3.00 0.	X						0.	0.	0.
(2) LOUIS A. DEFALCO VICE CHAIR	5.00 0.	X						0.	0.	0.
(3) RICHARD J. GRAY, ESQ. VICE CHAIR	5.00 0.	X						0.	0.	0.
(4) CAROLE B. GRIEGO, M.D. TRUSTEE	3.00 3.00	X						0.	0.	0.
(5) SUSAN L. HOOK TRUSTEE	3.00 0.	X						0.	0.	0.
(6) CATHERINE C. MCLOUD CHAIR	8.00 3.00	X						0.	0.	0.
(7) CHAD T. MOORE TRUSTEE	3.00 0.	X						0.	0.	0.
(8) DAVID A. MOUNT TREASURER	3.00 0.	X						0.	0.	0.
(9) ROBERT H. NIEHAUS VICE CHAIR	5.00 0.	X						0.	0.	0.
(10) ERIC R. OLSON, PH.D. TRUSTEE	3.00 3.00	X						0.	0.	0.
(11) TERESA L. ELDER TRUSTEE (AS OF 5/18/2017)	3.00 0.	X						0.	0.	0.
(12) STEVEN SHAK, M.D. TRUSTEE	3.00 3.00	X						0.	0.	0.
(13) CHARLES J. THAYER TRUSTEE (THROUGH 5/17/2017)	3.00 0.	X						0.	0.	0.
(14) THEODORE J. TORPHY, PH.D. TRUSTEE	3.00 5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) AMY S. WEINBERG TRUSTEE (THROUGH 5/17/2017)	3.00 0.	X						0.	0.	0.
(16) JOHN S. WEINBERG TRUSTEE (AS OF 5/18/2017)	3.00 0.	X						0.	0.	0.
(17) PAUL W. WHETSELL EXECUTIVE VICE CHAIRMAN	5.00 0.	X						0.	0.	0.
(18) KC BRYAN WHITE TRUSTEE	3.00 0.	X						0.	0.	0.
(19) PRESTON CAMPBELL, M.D. PRESIDENT & CEO	37.00 18.00	X		X				805,765.	396,810.	207,207.
(20) MARC S. GINSKY EXECUTIVE VP, COO & SECRETARY	50.00 5.00			X				663,211.	0.	226,013.
(21) VERA H. TWIGG EXECUTIVE VP & CFO	50.00 5.00			X				524,706.	0.	127,750.
(22) JACK MAHLER, M.D. CHIEF INVESTMENT OFFICER	55.00 0.				X			1,197,052.	0.	152,338.
(23) BRUCE MARSHALL, M.D. SENIOR VP, CLINICAL AFFAIRS	45.00 10.00				X			430,358.	101,381.	32,540.
(24) WILLIAM SKACH, M.D. SENIOR VP, RESEARCH AFFAIRS	8.00 47.00				X			74,361.	421,375.	67,421.
(25) DRUCY S. BOROWITZ, M.D. SENIOR VP, COMMUNITY AFFAIRS	55.00 0.					X		470,366.	0.	32,312.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								6,094,430.	975,515.	1,080,262.
d Total (add lines 1b and 1c)								6,094,430.	975,515.	1,080,262.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **134**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **71**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TIMOTHY A. WAIRE, JR. CHIEF INFORMATION OFFICER	55.00 0.					X		341,523.	0.	65,090.
(27) GLEN GOLDMARK SENIOR VP OF HUMAN RESOURCES	55.00 0.					X		355,185.	0.	54,938.
(28) ALBERT FARO, M.D. SR DIRECTOR, CLINICAL AFFAIRS	55.00 0.					X		319,590.	0.	61,736.
(29) MARYBETH MCMAHON, PH.D. CHIEF OF STAFF	55.00 0.					X		332,209.	0.	52,917.
(30) ROBERT J. BEALL, PH.D. FORMER CEO/CURRENT CONSULTANT	10.00 0.						X	383,094.	55,949.	0.
(31) C. RICHARD MATTINGLY FORMER COO	0. 0.						X	197,010.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 134

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

Section B. Independent Contractors

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

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

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

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

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

Part IX Statement of Functional Expenses

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

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

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

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

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

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	275,482,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	292,766,690.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,284,669.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,732,155,178.
5	Net unrealized gains (losses) on investments	5	483,673,912.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,358,356.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,194,186,065.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
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.		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

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

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

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

f Enter the number of supported organizations.

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	305,963,877.	3,312,085,535.	122,210,533.	117,148,751.	110,650,273.	3,968,058,969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,054,431.	54,160,127.	75,041,033.	64,638,761.	67,686,719.	278,581,071.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	14,927,254.	15,655,168.	16,333,174.	14,060,761.	15,116,982.	76,093,339.
11 Total support. Add lines 7 through 10						4,322,733,379.
12 Gross receipts from related activities, etc. (see instructions)					12	14,876,997.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	91.80 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	93.13 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART II - OTHER INCOME

THE FOUNDATION FOSTERS COLLABORATION WITHIN THE SCIENTIFIC COMMUNITY BY HOSTING A LARGE SCIENTIFIC CONFERENCE PROVIDING A FORUM FOR RESEARCHERS AND CAREGIVERS TO SHARE THEIR PRACTICES AND INVESTIGATE RESULTS WITH ONE ANOTHER. FEES FOR ATTENDANCE AT THIS CONFERENCE ARE REPORTED ON LINE 12.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MAILING LIST RENTAL	449,051.	341,467.	249,439.	125,565.		1,165,522.
CLAIM PROCEEDS			983,127.		412,777.	1,395,904.
GROSS FUNDRAISING REVENUE	13,097,526.	13,899,530.	13,744,601.	13,706,145.	14,552,162.	68,999,964.
GROSS GAMING REVENUE	1,380,677.	1,414,171.	1,356,007.	229,051.	152,043.	4,531,949.
TOTALS	<u>14,927,254.</u>	<u>15,655,168.</u>	<u>16,333,174.</u>	<u>14,060,761.</u>	<u>15,116,982.</u>	<u>76,093,339.</u>

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CYSTIC FIBROSIS FOUNDATION**Employer identification number
13-1930701**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of organization CYSTIC FIBROSIS FOUNDATION	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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING ACTIVITY

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1930701

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____ (ii) Assets included in Form 990, Part X. ▶ \$ _____	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____ b Assets included in Form 990, Part X. ▶ \$ _____	

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

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

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

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

- (i)** unrelated organizations ☐ **3a(i)** Yes No
(ii) related organizations ☐ **3a(ii)** Yes No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** Yes No

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

Part VI Land, Buildings, and Equipment.

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

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

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X

FIN 48 FOOTNOTE

THE FOUNDATION AND CFFT ARE NOT-FOR-PROFIT VOLUNTARY HEALTH ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND FROM STATE TAXES AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 509(A) OF THE CODE. THE FOUNDATION DOES NOT HAVE ANY UNRELATED BUSINESS INCOME TAX LIABILITY AS OF DECEMBER 31, 2017 AND 2016. CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION TO THE EXTENT PROVIDED BY SECTION 170 OF THE CODE.

THE FOUNDATION IS NOT AWARE OF ANY TAX POSITION TAKEN THAT REQUIRES DISCLOSURE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE FOUNDATION ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE TAX CUTS AND JOBS ACT (THE TAX ACT) WAS SIGNED INTO LAW ON DECEMBER 22, 2017. THE TAX ACT INCLUDES SEVERAL CHANGES RELEVANT TO TAX-EXEMPT ORGANIZATIONS, PRIMARILY RELATED TO UNRELATED BUSINESS INCOME, NET OPERATING LOSSES, CERTAIN NEW EXCISE TAXES, AND CHANGES AFFECTING THE DEDUCTIBILITY OF CERTAIN EXPENSES. MANAGEMENT HAS DETERMINED THAT THE NEW LAW WILL NOT HAVE A SIGNIFICANT IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1930701

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA			GRANTMAKING	NONE	755,200.
(2) EUROPE			GRANTMAKING	NONE	1,245,287.
(3) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	NONE	186,150.
(4) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		757,769,000.
(5) EAST ASIA AND THE PACIFIC			INVESTMENTS		6,089,000.
(6) EUROPE			INVESTMENTS		151,400,000.
(7) NORTH AMERICA			INVESTMENTS		5,497,000.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					922,941,637.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					922,941,637.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PILOT STUDY	54,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PILOT STUDY	108,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PILOT STUDY	54,500.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PILOT STUDY	54,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PILOT STUDY	53,999.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	QUALITY IMPROVEMENT	15,321.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	108,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	108,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	108,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	108,000.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	108,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	107,990.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	149,477.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	108,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	QUALITY IMPROVEMENT	186,150.	WIRE			
(16)			NORTH AMERICA	PILOT STUDY	53,978.	CHECK			

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

3 Enter total number of other organizations or entities ▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PILOT STUDY	51,990.	CHECK			
(2)			NORTH AMERICA	PILOT STUDY	53,892.	CHECK			
(3)			NORTH AMERICA	PILOT STUDY	49,825.	CHECK			
(4)			NORTH AMERICA	RESEARCH	107,379.	CHECK			
(5)			NORTH AMERICA	RESEARCH	108,000.	CHECK			
(6)			NORTH AMERICA	RESEARCH	108,000.	CHECK			
(7)			NORTH AMERICA	RESEARCH	125,000.	CHECK			
(8)			NORTH AMERICA	RESEARCH	95,516.	CHECK			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **24.**
- 3** Enter total number of other organizations or entities

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

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

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

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE OF THE U.S.

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

FOREIGN FORMS

THE ACTIVITIES REFERENCED IN SCHEDULE F, PART IV ARE LIMITED TO CERTAIN OF THE FOUNDATION'S INVESTMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I

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

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

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

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

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

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|------------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ THE ORGANIZATION

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

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

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

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

PROFESSIONAL FUNDRAISING SERVICES

SCHEDULE G, PART I, LINE 2B

CFF HAD A WRITTEN CONTRACT WITH LAUTMAN MASKA NEILL & COMPANY TO CONSULT ON ITS DIRECT MAIL EFFORTS DURING 2017. THE EXPENSE FOR THE PROJECT IS \$16,000 PER MONTH OR \$192,000 FOR THE ENTIRE YEAR OF SERVICES. LAUTMAN MASKA NEILL & COMPANY ALSO CONSULTED ON TWO INDIVIDUAL MAILINGS FOR \$10,000 PER MAILING OR \$20,000 TOTAL. IN ADDITION TO THE CONSULTING

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

ACTIVITIES THAT MAY BE CONSIDERED PROFESSIONAL FUNDRAISING SERVICES, CFF

ALSO ENGAGED LAUTMAN MASKA NEILL & COMPANY FOR CREATIVE DEVELOPMENT.

LAUTMAN MASKA NEILL & COMPANY DOES NOT COLLECT ANY FUNDS ON BEHALF OF

CFF. ALL DONATIONS THAT RESULT FROM MAILINGS WITH WHICH LAUTMAN MASKA

NEILL & COMPANY ASSISTS WITH ARE MADE PAYABLE DIRECTLY TO THE

FOUNDATION.

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

CFF HAD A WRITTEN CONTRACT WITH TURNKEY PROMOTIONS TO CONSULT ON ITS PEER TO PEER FUNDRAISING EVENTS DURING 2017. THE EXPENSE FOR THE PROJECT WAS \$76,543. IN ADDITION TO THE CONSULTING ACTIVITIES THAT MAY BE CONSIDERED PROFESSIONAL FUNDRAISING SERVICES, CFF ALSO ENGAGED TURNKEY PROMOTIONS FOR PRIZE FULFILLMENT IN 2017. TURNKEY PROMOTIONS DOES NOT COLLECT ANY FUNDS ON BEHALF OF CFF. ALL DONATIONS THAT RESULT FROM EVENT ACTIVITIES WITH WHICH TURNKEY PROMOTIONS ASSISTS WITH ARE MADE PAYABLE DIRECTLY TO

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

THE FOUNDATION.

SCHEDULE G, PART III

ON OCCASION, THE CYSTIC FIBROSIS FOUNDATION CONDUCTS RAFFLES, DRAWINGS, OR GAMES OF CHANCE AS PART OF ITS FUNDRAISING EVENTS. GAMING LICENSES ARE OBTAINED WHEN APPLICABLE PER STATE OR LOCAL REGULATION.

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

THERE ARE CERTAIN STATES WHERE CFF ONLY CONDUCTS OPPORTUNITY DRAWINGS.

ANY VOLUNTEER INVOLVEMENT IN SUCH ACTIVITIES WAS INSIGNIFICANT. NO

OUTSIDE PARTY HAD ANY INVOLVEMENT IN GAMING ACTIVITIES AND THESE

ACTIVITIES DO NOT GENERATE UNRELATED BUSINESS INCOME. THE EXECUTIVE

DIRECTOR OF EACH OFFICE IS RESPONSIBLE FOR OVERSEEING GAMING ACTIVITIES

CONDUCTED BY THEIR OFFICE.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501C(3)	41,142.				ADULT CARE
(2) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501C(3)	162,000.				PILOT STUDY
(3) CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDA 8401 W. DODGE RD, SUITE 120 OMAHA, NE 68114	47-6105603	501C(3)	45,607.				ADULT CARE
(4) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501C(3)	2,883,905.				QUALITY IMPROVEMENT
(5) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501C(3)	586,049.				RESEARCH
(6) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501C(3)	520,000.				RESEARCH CENTER
(7) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501C(3)	67,800.				RESEARCH STUDY
(8) THE UNIVERSITY OF VERMONT AND STATE AGRICUL 85 SO. PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501C(3)	121,360.				CF CARE CENTER
(9) THE UNIVERSITY OF VERMONT AND STATE AGRICUL 85 SO. PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501C(3)	54,000.				PILOT STUDY
(10) HARVARD MEDICAL SCHOOL 200 LONGWOOD AVENUE BOSTON, MA 02115	04-2103580	501C(3)	107,482.				RESEARCH
(11) HARVARD MEDICAL SCHOOL 200 LONGWOOD AVENUE BOSTON, MA 02115	04-2103580	501C(3)	65,450.				RESEARCH STUDY
(12) THE GENERAL HOSPITAL CORPORATION (MASSACHU P.O. BOX 414876 BOSTON, MA 02114	04-2697983	501C(3)	275,252.				CF CARE CENTER

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

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

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

Schedule I (Form 990) (2017)

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1) THE GENERAL HOSPITAL CORPORATION (MASSACHU P.O. BOX 414876 BOSTON, MA 02114	04-2697983	501C(3)	211,584.				RESEARCH
(2) THE GENERAL HOSPITAL CORPORATION (MASSACHU P.O. BOX 414876 BOSTON, MA 02114	04-2697983	501C(3)	67,800.				RESEARCH STUDY
(3) THE GENERAL HOSPITAL CORPORATION (MASSACHU P.O. BOX 414876 BOSTON, MA 02114	04-2697983	501C(3)	227,500.				TRAINING
(4) CHILDREN'S HOSPITAL CORPORATION (BOSTON CHI 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501C(3)	47,041.				ADULT CARE
(5) CHILDREN'S HOSPITAL CORPORATION (BOSTON CHI 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501C(3)	459,630.				CF CARE CENTER
(6) CHILDREN'S HOSPITAL CORPORATION (BOSTON CHI 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501C(3)	108,000.				RESEARCH
(7) CHILDREN'S HOSPITAL CORPORATION (BOSTON CHI 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501C(3)	127,500.				TRAINING
(8) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C(3)	76,765.				ADULT CARE
(9) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C(3)	166,531.				CF CARE CENTER
(10) YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501C(3)	284,390.				CF CARE CENTER
(11) YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501C(3)	54,000.				PILOT STUDY
(12) YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501C(3)	449,000.				RESEARCH

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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- 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**
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501C(3)	63,100.				RESEARCH STUDY
(2) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	155,802.				CF CARE CENTER
(3) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	53,575.				PILOT STUDY
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 351 ENGINEERING TERRACE NEW YORK, NY 10027	13-5598093	501C(3)	32,400.				ADULT CARE
(5) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 351 ENGINEERING TERRACE NEW YORK, NY 10027	13-5598093	501C(3)	273,550.				CF CARE CENTER
(6) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 351 ENGINEERING TERRACE NEW YORK, NY 10027	13-5598093	501C(3)	53,557.				PILOT STUDY
(7) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 351 ENGINEERING TERRACE NEW YORK, NY 10027	13-5598093	501C(3)	63,100.				RESEARCH STUDY
(8) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 351 ENGINEERING TERRACE NEW YORK, NY 10027	13-5598093	501C(3)	61,250.				TRAINING
(9) UNIVERSITY OF ROCHESTER 1325 MT. HOPE AVE ROCHESTER, NY 14642	16-0743209	501C(3)	32,400.				ADULT CARE
(10) UNIVERSITY OF ROCHESTER 1325 MT. HOPE AVE ROCHESTER, NY 14642	16-0743209	501C(3)	259,930.				CF CARE CENTER
(11) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501C(3)	124,490.				CF CARE CENTER
(12) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501C(3)	54,000.				PILOT STUDY

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

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Schedule I (Form 990) (2017)

**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" on Form 990, Part IV, line 21 or 22.

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Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515	36-3297360	501C(3)	176,869.				CF CARE CENTER
(2) ALBANY MEDICAL COLLEGE ELSMERE A-107 ALBANY, NY 12208	14-1338310	501C(3)	64,400.				CF CARE CENTER
(3) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CTR BLVD. PHILADELPHIA, PA 19104	23-1352166	501C(3)	308,932.				CF CARE CENTER
(4) ALL CHILDREN'S HOSPITAL P.O. BOX 31020 ST. PETERSBURG, FL 33731	59-0683252	501C(3)	223,167.				CF CARE CENTER
(5) ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL 2300 CHILDREN'S PLAZA CHICAGO, IL 60614	36-2170833	501C(3)	219,536.				CF CARE CENTER
(6) ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARI 888 N. EUCLID ROOM 510 TUCSON, AZ 85722	74-2652689	IRC 115	235,460.				CF CARE CENTER
(7) ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTI 800 MARSHALL STREET LITTLE ROCK, AR 72202	71-0694931	501C(3)	109,460.				CF CARE CENTER
(8) ATLANTIC HEALTH SYSTEM 100 MADISON AVENUE MORRISTOWN, NJ 07962	52-1958352	501C(3)	115,284.				CF CARE CENTER
(9) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. 1120 15TH STREET, CJ3301 AUGUSTA, GA 30912	58-1418202	501C(3)	255,356.				CF CARE CENTER
(10) BAYLOR COLLEGE OF MEDICINE P.O. BOX 1 HOUSTON, TX 77212	74-1613878	501C(3)	459,916.				CF CARE CENTER
(11) BAYLOR SCOTT & WHITE HEALTH 2401 S. 31ST ST. TEMPLE, TX 76508	46-3131350	501C(3)	40,930.				CF CARE CENTER
(12) BAYSTATE MEDICAL CENTER (95-196) 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501C(3)	56,370.				CF CARE CENTER

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Schedule I (Form 990) (2017)

SCHEDULE I
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Department of the Treasury
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Grants and Other Assistance to Organizations,
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(1) BETH ISRAEL MEDICAL CENTER 160 WATER ST, 24TH FL NEW YORK, NY 10038	13-5564934	501C(3)	210,580.				CF CARE CENTER
(2) BILLINGS CLINIC 2800 10TH AVENUE, NORTH BILLINGS, MT 59107	81-0231784	501C(3)	76,070.				CF CARE CENTER
(3) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CTR BLVD. PHILADELPHIA, PA 19104	23-1352166	501C(3)	108,000.				PILOT STUDY
(4) BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIV PO BOX 19636 SPRINGFIELD, IL 62794	37-6005961	501C(3)	16,548.				CF CARE CENTER
(5) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CTR BLVD. PHILADELPHIA, PA 19104	23-1352166	501C(3)	65,450.				RESEARCH STUDY
(6) CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH 2200 WEBSTER STREET SAN FRANCISCO, CA 94115	94-0562680	501C(3)	35,294.				CF CARE CENTER
(7) CAMC HEALTH EDUCATION AND RESEARCH INSTITUT P.O. BOX 765 CHARLESTON, WV 25323	55-0753754	501C(3)	68,800.				CF CARE CENTER
(8) CARLE FOUNDATION HOSPITAL 611 W. PARK STREET URBANA, IL 61801	37-1119538	501C(3)	42,420.				CF CARE CENTER
(9) CAROLINAS HEALTHCARE FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501C(3)	55,100.				CF CARE CENTER
(10) CHILDREN'S HEALTH CARE 2525 CHICAGO AVE SO MINNEAPOLIS, MN 55404	41-1754276	501C(3)	141,020.				CF CARE CENTER
(11) CHILDREN'S HEALTHCARE OF ATLANTA 1001 JOHNSON FERRY ROAD ATLANTA, GA 30342	58-2367819	501C(3)	205,710.				CF CARE CENTER
(12) CHILDREN'S HOSPITAL CENTRAL CALIFORNIA 9300 VALLEY CHLDN'S PLACE MADERA, CA 93638	94-1294954	501C(3)	133,950.				CF CARE CENTER

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Schedule I (Form 990) (2017)

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Department of the Treasury
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13-1930701

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

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(1) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CT BLVD. PHILADELPHIA, PA 19104	23-1352166	501C(3)	127,500.				TRAINING
(2) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 133 SOUTH 36TH ST PHILADELPHIA, PA 19104	23-1352685	501C(3)	269,210.				CF CARE CENTER
(3) CHILDREN'S HOSPITAL MEDICAL CENTER, AKRON ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501C(3)	257,280.				CF CARE CENTER
(4) CHILDREN'S HOSPITAL OF MICHIGAN 3663 WOODWARD AVE,STE 200 DETROIT, MI 48201	38-1357994	501C(3)	95,460.				CF CARE CENTER
(5) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 133 SOUTH 36TH ST PHILADELPHIA, PA 19104	23-1352685	501C(3)	108,000.				RESEARCH
(6) CHILDREN'S HOSPITAL OF PITTSBURGH 3705 FIFTH AVENUE PITTSBURGH, PA 15213	25-0402510	501C(3)	324,150.				CF CARE CENTER
(7) CHILDREN'S HOSPITAL, LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501C(3)	198,680.				CF CARE CENTER
(8) CHILDREN'S LUNG SPECIALISTS 3838 MEADOWS LANE LAS VEGAS, NV 89107	88-0271963	501C(3)	131,720.				CF CARE CENTER
(9) CHILDREN'S MEDICAL CENTER ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501C(3)	240,951.				CF CARE CENTER
(10) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C(3)	207,072.				CF CARE CENTER
(11) CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE, N.W. WASHINGTON, DC 20010	52-1640403	501C(3)	254,897.				CF CARE CENTER
(12) CHRISTIANA CARE HEALTH SERVICES, INC. P.O. BOX 2653 WILMINGTON, DE 19805	51-0103684	501C(3)	31,570.				CF CARE CENTER

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(1) CHRISTUS SANTA ROSA HEALTHCARE 333 NORTH SANTA ROSA SAN ANTONIO, TX 78207	74-1109665	501C(3)	37,270.				CF CARE CENTER
(2) PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE HERSHEY, PA 17033	24-6000376	IRC 115	185,850.				CF CARE CENTER
(3) CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106	06-0646755	501C(3)	115,648.				CF CARE CENTER
(4) COOK CHILDREN'S MEDICAL CENTER, CF CENTER 801 SEVENTH AVENUE FT. WORTH, TX 76104	75-2051646	501C(3)	218,210.				CF CARE CENTER
(5) DAUGHTERS OF CARING HEALTH SERVICES OF AUST P.O. BOX 1 HOUSTON, TX 77212	74-1109643	501C(3)	287,375.				CF CARE CENTER
(6) DREXEL UNIVERSITY COLLEGE OF MEDICINE / ST. 3201 ARCH ST, STE 420 PHILADELPHIA, PA 19104	23-1352630	501C(3)	238,531.				CF CARE CENTER
(7) DRISCOLL CHILDREN'S HOSPITAL CORPUS CHRISTI, TX 78411	74-2577746	501C(3)	34,900.				CF CARE CENTER
(8) PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE HERSHEY, PA 17033	24-6000376	IRC 115	107,506.				RESEARCH
(9) EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIA 2100 CLINCH AVE, #310 KNOXVILLE, TN 37916	62-6002604	501C(3)	210,750.				CF CARE CENTER
(10) EASTERN MAINE MEDICAL CENTER 417 STATE ST, SUITE 305 BANGOR, ME 04401	01-0211501	501C(3)	50,220.				CF CARE CENTER
(11) EASTERN VIRGINIA MEDICAL SCHOOL 601 CHILDREN'S LANE NORFOLK, VA 23507	54-0506321	501C(3)	40,925.				CF CARE CENTER
(12) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	32,228.				ADULT CARE

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ERLANGER HEALTH SYSTEM 975 EAST THIRD STREET CHATTANOOGA, TN 37403	62-6000101	501C(3)	49,660.				CF CARE CENTER
(2) GEISINGER MEDICAL CENTER 100 N. ACADEMY DRIVE DANVILLE, PA 17822	23-6291113	501C(3)	167,794.				CF CARE CENTER
(3) GOOD SAMARITAN HOSPITAL 1000 MONTAUK HIGHWAY NEW YORK, NY 11795	11-1888924	501C(3)	27,500.				CF CARE CENTER
(4) GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	57-6007863	501C(3)	67,690.				CF CARE CENTER
(5) GUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE, WI 54601	39-1249705	501C(3)	30,640.				CF CARE CENTER
(6) HARTFORD HOSPITAL (CENTRAL CONNECTICUT CYST 80 SEYMOUR STREET HARTFORD, CT 06102	06-0646668	501C(3)	115,766.				CF CARE CENTER
(7) HENRY M. JACKSON FOUNDATION FOR THE ADVANCE 1404 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1317896	501C(3)	38,505.				CF CARE CENTER
(8) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE RD FALLS CHURCH, VA 22042	54-0620889	501C(3)	28,500.				CF CARE CENTER
(9) IOWA HEALTH FOUNDATION (BLANK CHILDREN'S CF 1440 INGERSOLL AVENUE DES MOINES, IA 50309	42-1467682	501C(3)	73,680.				CF CARE CENTER
(10) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	110,160.				CF CARE CENTER
(11) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	54,000.				PILOT STUDY
(12) KALEIDA HEALTH 219 BRYANT STREET BUFFALO, NY 14209	16-1533232	501C(3)	149,940.				CF CARE CENTER

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

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

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

Schedule I (Form 990) (2017)

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

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

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(1) LANDON PEDIATRIC FOUNDATION 3291 LOMA VISTA ROAD VENTURA, CA 93003	93-1097216	501C(3)	37,880.				CF CARE CENTER
(2) LEE MEMORIAL HEALTH SYSTEM FOUNDATION, INC. 16451 HEALTHPARK COMMONS FT MYERS, FL 33908	65-0645343	501C(3)	37,000.				CF CARE CENTER
(3) LEHIGH VALLEY HOSPITAL 2545 SCHOENERSVILLE RD BETHLEHEM, PA 18017	23-1689692	501C(3)	69,298.				CF CARE CENTER
(4) LOMA LINDA UNIVERSITY 11175 E. CAMPUS STREET LOMA LINDA, CA 92354	95-3522679	501C(3)	68,410.				CF CARE CENTER
(5) LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSHHOLLOW ROAD WESTBURY, NY 11590	11-2241326	501C(3)	211,760.				CF CARE CENTER
(6) LOUISIANA STATE UNIVERSITY HEALTH SCIENCES 642 CSRB 533 BOLIVAR NEW ORLEANS, LA 70112	72-6087770	501C(3)	114,540.				CF CARE CENTER
(7) LOYOLA UNIVERSITY OF CHICAGO 2160 S. FIRST AVENUE MAYWOOD, IL 60153	36-1408475	501C(3)	28,660.				CF CARE CENTER
(8) MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501C(3)	151,431.				CF CARE CENTER
(9) MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501C(3)	83,744.				CF CARE CENTER
(10) MARY BRIDGE CHILDREN'S FOUNDATION 311 SOUTH L ST MAILSTOP TACOMA, WA 98405	94-3030039	501C(3)	59,090.				CF CARE CENTER
(11) MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501C(3)	95,860.				CF CARE CENTER
(12) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	375,000.				RESEARCH

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

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Schedule I (Form 990) (2017)

SCHEDULE I
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Department of the Treasury
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Grants and Other Assistance to Organizations,
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(1) MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVE LONG BEACH, CA 90801	95-6105984	501C(3)	163,120.				CF CARE CENTER
(2) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	500,000.				RESEARCH CENTER
(3) MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501C(3)	93,657.				CF CARE CENTER
(4) MISSION HEALTHCARE FOUNDATION, INC. 980 HENDERSONVILLE RD ASHEVILLE, NC 28803	56-1881331	501C(3)	24,350.				CF CARE CENTER
(5) MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	22-2456079	501C(3)	171,730.				CF CARE CENTER
(6) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	63,100.				RESEARCH STUDY
(7) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501C(3)	61,250.				TRAINING
(8) CHILDREN'S HOSPITAL MEDICAL CENTER (CINCINN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	197,210.				CF CARE CENTER
(9) CHILDREN'S HOSPITAL MEDICAL CENTER (CINCINN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	54,000.				PILOT STUDY
(10) CHILDREN'S HOSPITAL MEDICAL CENTER (CINCINN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	470,000.				RESEARCH CENTER
(11) CHILDREN'S HOSPITAL MEDICAL CENTER (CINCINN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	128,550.				RESEARCH STUDY
(12) CHILDREN'S HOSPITAL MEDICAL CENTER (CINCINN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	61,250.				TRAINING

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Schedule I (Form 990) (2017)

**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1) ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COM. BLVD. ORLANDO, FL 32806	59-2244943	501C(3)	80,200.				CF CARE CENTER
(2) OSF SAINT FRANCIS MEDICAL CENTER 530 N.E. GLEN OAK AVENUE PEORIA, IL 61637	37-0662569	501C(3)	100,860.				CF CARE CENTER
(3) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	IRC 115	54,000.				PILOT STUDY
(4) PHOENIX CHILDREN'S HOSPITAL 1300 NORTH 12TH STREET PHOENIX, AZ 85006	86-0422559	501C(3)	301,011.				CF CARE CENTER
(5) PROVIDENCE HEALTH & SERVICES WASHINGTON 3200 PROVIDENCE DRIVE, P.O. BOX 196604	92-0016429	501C(3)	66,153.				CF CARE CENTER
(6) PROVIDENCE PHYSICIAN SERVICE 101 W 8TH AVE SPOKANE, WA 99204	51-0216586	C CORP	165,930.				CF CARE CENTER
(7) RADY CHILDREN'S HOSPITAL FOUNDATION - SAN D 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	33-0170626	501C(3)	110,773.				CF CARE CENTER
(8) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	IRC 115	208,000.				RESEARCH
(9) RENOWN HEALTH FOUNDATION 1155 MILL ST. Z-5 RENO, NV 89502	94-2872749	501C(3)	41,170.				CF CARE CENTER
(10) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	IRC 115	191,527.				RESEARCH STUDY
(11) RUSH UNIVERSITY MEDICAL CENTER / ST. LUKE'S 1725 WEST HARRISON CHICAGO, IL 60612	36-2174823	501C(3)	167,552.				CF CARE CENTER
(12) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDR 700 CHILDREN'S DRIVE COLUMBUS, OH 43260	31-6056230	501C(3)	32,400.				ADULT CARE

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(1) SAINT BARNABAS MEDICAL CENTER PEDS PULMONARY DIV LIVINGSTON, NJ 07039	22-1494440	501C(3)	46,810.				CF CARE CENTER
(2) SAINT JOSEPH REGIONAL MEDICAL CENTER 611 EAST CEDAR STREET MISHAWAKA, IN 46545	35-1568821	501C(3)	47,610.				CF CARE CENTER
(3) SAINT JOSEPH'S HOSPITAL AND MEDICAL CENTER 703 MAIN STREET PATERSON, NJ 07503	22-1487602	501C(3)	40,240.				CF CARE CENTER
(4) SANFORD CHILDREN'S SPECIALTY CLINIC 1305 W. 18TH STREET SIOUX FALLS, SD 57117	46-0447693	501C(3)	121,480.				CF CARE CENTER
(5) SANFORD MEDICAL CENTER FARGO 801 NORTH BROADWAY FARGO, ND 58122	45-0226909	501C(3)	29,960.				CF CARE CENTER
(6) SANTA BARBARA COTTAGE HOSPITAL 2405 DE LA VINA ST SANTA BARBARA, CA 93105	95-1644629	501C(3)	35,890.				CF CARE CENTER
(7) SEATTLE CHILDREN'S HOSPITAL FOUNDATION 6901 SAND POINT WAY, NE SEATTLE, WA 98105	91-0564748	501C(3)	211,490.				CF CARE CENTER
(8) SOUTH BROWARD HOSPITAL DISTRICT CYSTIC FIBROSIS CLINIC HOLLYWOOD, FL 33321	59-6014973	501C(3)	187,380.				CF CARE CENTER
(9) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	327,322.				CF CARE CENTER
(10) ST. ALEXIUS MEDICAL CENTER P.O. BOX 5510 BISMARCK, ND 58506	45-0226711	501C(3)	66,570.				CF CARE CENTER
(11) ST. LOUIS UNIVERSITY 3500 LINDELL BLVD. ST. LOUIS, MO 63103	43-0654872	501C(3)	231,045.				CF CARE CENTER
(12) ST. LUKE'S REGIONAL MEDICAL CENTER 100 EAST IDAHO, SUITE 200 BOISE, ID 83712	82-0161600	501C(3)	144,330.				CF CARE CENTER

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Schedule I (Form 990) (2017)

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(1) ST. VINCENT HOSPITAL OF THE HOSPITAL SISTER 835 S. VANBUREN ST. GREEN BAY, WI 54301	39-0817529	501C(3)	51,600.				CF CARE CENTER
(2) SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF P. O. BOX 9 ALBANY, NY 12201	14-1368361	501C(3)	478,752.				CF CARE CENTER
(3) SUTTER MEDICAL CENTER, SACRAMENTO 5609 J. STREET SACRAMENTO, CA 95819	94-1156621	501C(3)	62,550.				CF CARE CENTER
(4) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTE 3601 4TH STREET LUBBOCK, TX 79430	75-2668014	IRC 115	39,690.				CF CARE CENTER
(5) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDR 700 CHILDREN'S DRIVE COLUMBUS, OH 43260	31-6056230	501C(3)	283,720.				CF CARE CENTER
(6) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDR 700 CHILDREN'S DRIVE COLUMBUS, OH 43260	31-6056230	501C(3)	54,000.				PILOT STUDY
(7) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDR 700 CHILDREN'S DRIVE COLUMBUS, OH 43260	31-6056230	501C(3)	200,000.				RESEARCH CENTER
(8) THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222139	501C(3)	199,985.				CF CARE CENTER
(9) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDR 700 CHILDREN'S DRIVE COLUMBUS, OH 43260	31-6056230	501C(3)	68,750.				TRAINING
(10) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501C(3)	28,500.				CF CARE CENTER
(11) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501C(3)	104,898.				RESEARCH
(12) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	32,400.				ADULT CARE

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(1) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024	94-6006143	501C(3)	34,770.				CF CARE CENTER
(2) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	108,000.				PILOT STUDY
(3) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	448,348.				RESEARCH
(4) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	923,133.				RESEARCH CENTER
(5) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	73,550.				RESEARCH STUDY
(6) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	86,800.				TRAINING
(7) THE TAMPA GENERAL HOSPITAL FOUNDATION P.O. BOX 1289 TAMPA, FL 33601	23-7354477	501C(3)	129,510.				CF CARE CENTER
(8) UNIVERSITY HOSPITALS OF CLEVELAND / RAINBOW 2074 ABINGDON ROAD CLEVELAND, OH 44106	34-1567805	501C(3)	80,935.				ADULT CARE
(9) UNIVERSITY HOSPITALS OF CLEVELAND / RAINBOW 2074 ABINGDON ROAD CLEVELAND, OH 44106	34-1567805	501C(3)	218,150.				CF CARE CENTER
(10) THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	362-177-139	501C(3)	239,338.				CF CARE CENTER
(11) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVENUE SOUTH NASHVILLE, TN 37232	35-2528741	501C(3)	258,170.				CF CARE CENTER
(12) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVENUE SOUTH NASHVILLE, TN 37232	35-2528741	501C(3)	130,000.				RESEARCH

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOLEDO CHILDREN'S HOSPITAL 2142 N. COVE BLVD. TOLEDO, OH 43606	34-4428256	501C(3)	196,925.				CF CARE CENTER
(2) TRUSTEES OF INDIANA UNIVERSITY P.O. BOX 66057 BLOOMINGTON, IN 46266	35-6001673	501C(3)	464,766.				CF CARE CENTER
(3) TRUSTEES OF INDIANA UNIVERSITY P.O. BOX 66057 BLOOMINGTON, IN 46266	35-6001673	501C(3)	99,499.				QUALITY IMPROVEMENT
(4) TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	04-3400617	501C(3)	23,010.				CF CARE CENTER
(5) TULANE UNIVERSITY MEDICAL SCHOOL 6401 FRERET ST. NEW ORLEANS, LA 70118	72-0423889	501C(3)	317,847.				CF CARE CENTER
(6) TRUSTEES OF INDIANA UNIVERSITY P.O. BOX 66057 BLOOMINGTON, IN 46266	35-6001673	501C(3)	188,750.				TRAINING
(7) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM ST LITTLE ROCK, AR 72205	71-6046242	IRC 115	106,400.				CF CARE CENTER
(8) UNIVERSITY OF CINCINNATI PHYSICIANS COMPANY 231 ALBERT SABIN WAY CINCINNATI, OH 45267	31-1405915	IRC 115	136,956.				CF CARE CENTER
(9) NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501C(3)	50,515.				ADULT CARE
(10) NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501C(3)	181,078.				CF CARE CENTER
(11) NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501C(3)	107,174.				RESEARCH
(12) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 740 SOUTH LIMESTONE LEXINGTON, KY 40536	61-6033693	501C(3)	195,660.				CF CARE CENTER

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

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Schedule I (Form 990) (2017)

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I General Information on 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**
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(1) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST ANN ARBOR, MI 48109	38-6006309	501C(3)	564,296.				CF CARE CENTER
(2) UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 55 LAKE AVENUE WORCESTER, MA 10655	04-3167352	IRC 115	172,090.				CF CARE CENTER
(3) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST ANN ARBOR, MI 48109	38-6006309	501C(3)	32,400.				QUALITY IMPROVEMENT
(4) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	501C(3)	122,400.				CF CARE CENTER
(5) THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLK. RD. MILWAUKEE, WI 53226	39-0806261	501C(3)	39,492.				ADULT CARE
(6) UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CE HEALTH SCI & SVC BLDG ALBUQUERQUE, NM 87131	85-6000642	IRC 115	125,720.				CF CARE CENTER
(7) THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLK. RD. MILWAUKEE, WI 53226	39-0806261	501C(3)	397,805.				CF CARE CENTER
(8) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO 750 UNIVERSITY AVENUE MADISON, WI 53706	39-6006492	IRC 115	18,429.				ADULT CARE
(9) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO 750 UNIVERSITY AVENUE MADISON, WI 53706	39-6006492	IRC 115	282,207.				CF CARE CENTER
(10) UNIVERSITY OF SOUTH CAROLINA RESEARCH FOUND 901 SUMTER STREET COLUMBIA, SC 29208	57-0967350	501C(3)	68,150.				CF CARE CENTER
(11) UNIVERSITY OF SOUTH FLORIDA 17 DAVIS BOULEVARD TAMPA, FL 33606	59-3102112	IRC 115	42,310.				CF CARE CENTER
(12) UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR STREET LOS ANGELES, CA 90033	95-1642394	501C(3)	231,938.				CF CARE CENTER

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(1) UNIVERSITY OF TENNESSEE 62 S. DUNLAP MEMPHIS, TN 38163	62-6001636	IRC 115	136,930.				CF CARE CENTER
(2) UNIVERSITY OF TENNESSEE MEDICAL CENTER 1940 ALCOA HWY KNOXVILLE, TN 37920	31-1626179	501C(3)	151,150.				CF CARE CENTER
(3) UNIVERSITY OF TEXAS HEALTH CENTER AT TYLER 11937 US HWY 271 TYLER, TX 75708	75-6001354	IRC 115	170,801.				CF CARE CENTER
(4) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO 750 UNIVERSITY AVENUE MADISON, WI 53706	39-6006492	IRC 115	26,584.				QUALITY IMPROVEMENT
(5) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO 750 UNIVERSITY AVENUE MADISON, WI 53706	39-6006492	IRC 115	66,250.				TRAINING
(6) UNIVERSITY OF VERMONT MEDICAL CENTER, INC. / P.O. BOX 1870 BURLINGTON, VT 05402	03-0219309	501C(3)	161,674.				CF CARE CENTER
(7) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST. SE MINNEAPOLIS, MN 55455	41-6007513	IRC 115	180,224.				ADULT CARE
(8) UNIVERSITY PSYCHIATRIC PRACTICE, INC. (SUNY 462 GRIDER ST BUFFALO, NY 14215	16-1426208	501C(3)	49,368.				CF CARE CENTER
(9) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST. SE MINNEAPOLIS, MN 55455	41-6007513	IRC 115	629,270.				CF CARE CENTER
(10) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST. SE MINNEAPOLIS, MN 55455	41-6007513	IRC 115	108,000.				RESEARCH
(11) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST. SE MINNEAPOLIS, MN 55455	41-6007513	IRC 115	65,450.				RESEARCH STUDY
(12) VIA CHRISTI HOSPITAL WICHITA, INC. 707 N. EMPORIA WICHITA, KS 67214	48-1172106	501C(3)	106,120.				CF CARE CENTER

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Schedule I (Form 990) (2017)

SCHEDULE I
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Department of the Treasury
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(1) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST. SE MINNEAPOLIS, MN 55455	41-6007513	IRC 115	68,750.				TRAINING
(2) UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	43,043.				ADULT CARE
(3) UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	212,370.				CF CARE CENTER
(4) WAYNE STATE UNIVERSITY RESEARCH & SPONSORED PGM DETROIT, MI 48201	38-6028429	501C(3)	156,950.				CF CARE CENTER
(5) UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	108,000.				PILOT STUDY
(6) WESTERN MICHIGAN UNIVERSITY SCHOOL OF MEDIC 1000 OAKLAND DRIVE KALAMAZOO, MI 49008	45-4135256	501C(3)	66,360.				CF CARE CENTER
(7) UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	323,900.				RESEARCH
(8) BREATHE BRAVELY 305 W. 29TH STREET SIOUX FALLS, SD 57105	47-5334258	501C(3)	9,575.				COMMUNITY IMPACT
(9) CF SOCIETY INC. 4118-14TH AVENUE BROOKLYN, NY 11219	47-1569448	501C(3)	10,000.				COMMUNITY IMPACT
(10) CODY DIERUF BENEFIT FOUNDATION P.O. BOX 6044 BOZEMAN, MT 59771	20-4498266	501C(3)	8,000.				COMMUNITY IMPACT
(11) KID LOGISTICS 470 ARUNDEL DRIVE BRANDON, MS 39047	81-3019912	501C(3)	8,870.				COMMUNITY IMPACT
(12) MEGHAN'S LIGHT, INC. 71 HOMER ST FEEDING HILLS, MA 01030	47-5429549	501C(3)	10,000.				COMMUNITY IMPACT

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Schedule I (Form 990) (2017)

**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1) MILES FOR CYSTIC FIBROSIS, INC. P.O. BOX 2984 TUCKER, GA 30085	26-4020016	501C(3)	10,000.				COMMUNITY IMPACT
(2) PROJECT CF SPOUSE 170 DAVIS COURT HIRAM, GA 30141	81-3803502	501C(3)	9,000.				COMMUNITY IMPACT
(3) ROCK CF FOUNDATION 2990 WEST GRAND BOULEVARD DETROIT, MI 48202	13-4358351	501C(3)	10,000.				COMMUNITY IMPACT
(4) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, IN 4550 MONTGOMERY AVE BETHESDA, MD 20814	91-2059167	501C(3)	115,564,401.				GENERAL SUPPORT
(5) HEALTHWELL FOUNDATION P.O. BOX 4133 GAITHERSBURG, MD 20885	20-0413676	501C(3)	1,850,000.				PATIENT ASSISTANCE
(6) UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	600,000.				RESEARCH CENTER
(7) UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	63,100.				RESEARCH STUDY
(8) EASTERN VIRGINIA MEDICAL SCHOOL 601 CHILDREN'S LANE NORFOLK, VA 23507	54-6055378	501C(3)	54,000.				PILOT STUDY
(9) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501C(3)	85,796.				ADULT CARE
(10) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501C(3)	327,282.				CF CARE CENTER
(11) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501C(3)	68,750.				TRAINING
(12) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501C(3)	54,000.				PILOT STUDY

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Schedule I (Form 990) (2017)

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(1) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	IRC 115	220,060.				CF CARE CENTER
(2) OREGON STATE UNIVERSITY 312 KERR ADMIN BLDG CORVALLIS, OR 97331	61-1730890	IRC 115	50,000.				PILOT STUDY
(3) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	IRC 115	54,000.				PILOT STUDY
(4) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	IRC 115	108,000.				RESEARCH
(5) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 58 BEVIER ROAD PISCATAWAY, NJ 08854	46-2354111	IRC 115	41,142.				ADULT CARE
(6) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 58 BEVIER ROAD PISCATAWAY, NJ 08854	46-2354111	IRC 115	257,766.				CF CARE CENTER
(7) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501C(3)	288,440.				CF CARE CENTER
(8) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501C(3)	53,020.				PILOT STUDY
(9) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARC 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501C(3)	46,440.				ADULT CARE
(10) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARC 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501C(3)	304,923.				CF CARE CENTER
(11) THE JOHNS HOPKINS UNIVERSITY 600 N. WOLFE STREET BALTIMORE, MD 21205	52-0595110	501C(3)	77,559.				ADULT CARE
(12) THE JOHNS HOPKINS UNIVERSITY 600 N. WOLFE STREET BALTIMORE, MD 21205	52-0595110	501C(3)	514,483.				CF CARE CENTER

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(1) THE JOHNS HOPKINS UNIVERSITY 600 N. WOLFE STREET BALTIMORE, MD 21205	52-0595110	501C(3)	54,000.				PILOT STUDY
(2) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02115	04-2103547	501C(3)	54,000.				PILOT STUDY
(3) THE JOHNS HOPKINS UNIVERSITY 600 N. WOLFE STREET BALTIMORE, MD 21205	52-0595110	501C(3)	427,169.				RESEARCH
(4) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, 232 EPPS BRIDGE RD ATHENS, GA 30606	58-1353149	501C(3)	54,000.				PILOT STUDY
(5) THE UNIVERSITY OF MARYLAND, COLLEGE PARK 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	IRC 115	54,000.				PILOT STUDY
(6) THE UNIVERSITY OF MARYLAND, COLLEGE PARK 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	IRC 115	216,000.				RESEARCH
(7) VIRGINIA COMMONWEALTH UNIVERSITY BOX 2506 - VCU STATION RICHMOND, VA 23284	54-6001758	IRC 115	45,736.				ADULT CARE
(8) UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C(3)	53,906.				PILOT STUDY
(9) VIRGINIA COMMONWEALTH UNIVERSITY BOX 2506 - VCU STATION RICHMOND, VA 23284	54-6001758	IRC 115	273,070.				CF CARE CENTER
(10) VIRGINIA COMMONWEALTH UNIVERSITY BOX 2506 - VCU STATION RICHMOND, VA 23284	54-6001758	IRC 115	100,000.				RESEARCH
(11) VIRGINIA COMMONWEALTH UNIVERSITY BOX 2506 - VCU STATION RICHMOND, VA 23284	54-6001758	IRC 115	64,968.				TRAINING
(12) THE RECTOR AND VISITORS OF THE UNIVERSITY O P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501C(3)	40,483.				ADULT CARE

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE RECTOR AND VISITORS OF THE UNIVERSITY OF P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501C(3)	349,160.				CF CARE CENTER
(2) WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION PO BOX 6001 MORGANTOWN, WV 26506	55-0665758	501C(3)	182,567.				CF CARE CENTER
(3) WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION PO BOX 6001 MORGANTOWN, WV 26506	55-0665758	501C(3)	54,000.				PILOT STUDY
(4) DUKE UNIVERSITY BOX 104025 DURHAM, NC 27710	56-0532129	501C(3)	40,986.				ADULT CARE
(5) DUKE UNIVERSITY BOX 104025 DURHAM, NC 27710	56-0532129	501C(3)	212,563.				CF CARE CENTER
(6) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	37,301.				ADULT CARE
(7) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	491,780.				CF CARE CENTER
(8) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	486,000.				PILOT STUDY
(9) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	157,936.				QUALITY IMPROVEMENT
(10) BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 809 S. MARSHFIELD AVE CHICAGO, IL 60612	37-6000511	501C(3)	122,139.				RESEARCH
(11) BRIGHAM AND WOMEN'S HOSPITAL, BOSTON 10 VINING BOSTON, MA 02115	04-2312909	501C(3)	80,685.				RESEARCH
(12) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	681,562.				RESEARCH

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

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

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

Schedule I (Form 990) (2017)

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL & RESEARCH CENTER AT OA 747 52ND STREET OAKLAND, CA 94609	94-0382330	501C(3)	108,000.				RESEARCH
(2) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	600,000.				RESEARCH CENTER
(3) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	65,364.				RESEARCH STUDY
(4) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN COLD SPRING HARBOR, NY 11724	11-2013303	501C(3)	107,428.				RESEARCH
(5) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL NC STATE TREASURER CHAPEL HILL, NC 27599	56-6001393	501C(3)	218,044.				TRAINING
(6) GEORGIA TECH RESEARCH CORPORATION P.O. BOX 100117 ATLANTA, GA 30384	58-0603146	501C(3)	105,200.				RESEARCH
(7) MEDICAL UNIVERSITY OF SOUTH CAROLINA PO BOX 997 CHARLESTON, SC 29402	57-6000722	501C(3)	32,400.				ADULT CARE
(8) NATIONAL DISEASE RESEARCH INTERCHANGE 8 PENN CTR 15TH FL PHILADELPHIA, PA 19103	23-2213205	501C(3)	320,000.				RESEARCH
(9) MEDICAL UNIVERSITY OF SOUTH CAROLINA PO BOX 997 CHARLESTON, SC 29402	57-6000722	501C(3)	193,180.				CF CARE CENTER
(10) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	78,329.				ADULT CARE
(11) ORGAN ALLIANCE INC. 344 W 23RD ST. #1A NEW YORK, NY 10011	46-0806598	501C(3)	185,020.				RESEARCH
(12) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	401,084.				CF CARE CENTER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►
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Schedule I (Form 990) (2017)

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" on Form 990, Part IV, line 21 or 22.

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	53,700.				PILOT STUDY
(2) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	556,561.				RESEARCH
(3) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	462,333.				RESEARCH CENTER
(4) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	126,200.				RESEARCH STUDY
(5) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C(3)	66,251.				TRAINING
(6) UNIVERSITY OF MIAMI 1601 N.W. 12TH AVENUE MIAMI, FL 33136	59-0624458	501C(3)	70,483.				ADULT CARE
(7) UNIVERSITY OF MIAMI 1601 N.W. 12TH AVENUE MIAMI, FL 33136	59-0624458	501C(3)	212,430.				CF CARE CENTER
(8) THE SCRIPPS RESEARCH INSTITUTE 10666 N. TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501C(3)	108,000.				RESEARCH
(9) UNIVERSITY OF MIAMI 1601 N.W. 12TH AVENUE MIAMI, FL 33136	59-0624458	501C(3)	108,000.				RESEARCH
(10) NEMOURS CHILDREN'S HEALTH SYSTEM 10140 CTN PARKWAY N. JACKSONVILLE, FL 32256	59-0634433	501C(3)	340,660.				CF CARE CENTER
(11) UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DR. SW HUNTSVILLE, AL 35899	63-0520830	IRC 115	125,000.				RESEARCH
(12) NICKLAUS CHILDREN'S HOSPITAL 3100 SW 60 COURT MIAMI, FL 33155	59-0638499	501C(3)	78,070.				CF CARE CENTER

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

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Schedule I (Form 990) (2017)

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" on Form 990, Part IV, line 21 or 22.

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Employer identification number

13-1930701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF FLORIDA 1600 SW ARCHER RD. GAINESVILLE, FL 32610	59-6002052	IRC 115	82,617.				ADULT CARE
(2) UNIVERSITY OF FLORIDA 1600 SW ARCHER RD. GAINESVILLE, FL 32610	59-6002052	IRC 115	372,833.				CF CARE CENTER
(3) UNIVERSITY OF FLORIDA 1600 SW ARCHER RD. GAINESVILLE, FL 32610	59-6002052	IRC 115	35,029.				QUALITY IMPROVEMENT
(4) UNIVERSITY OF SOUTH ALABAMA ADMIN. BLDG. 362 MOBILE, AL 36688	63-0477348	501C(3)	108,000.				RESEARCH
(5) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIO OFFICE OF GRANTS MGT LOUISVILLE, KY 40292	61-1029626	501C(3)	163,590.				CF CARE CENTER
(6) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIO OFFICE OF GRANTS MGT LOUISVILLE, KY 40292	61-1029626	501C(3)	53,609.				PILOT STUDY
(7) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S. THT422 BIRMINGHAM, AL 35294	63-6005396	501C(3)	431,239.				CF CARE CENTER
(8) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S. THT422 BIRMINGHAM, AL 35294	63-6005396	501C(3)	216,000.				PILOT STUDY
(9) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S. THT422 BIRMINGHAM, AL 35294	63-6005396	501C(3)	448,480.				RESEARCH
(10) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S. THT422 BIRMINGHAM, AL 35294	63-6005396	501C(3)	525,000.				RESEARCH CENTER
(11) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENT P.O. BOX 26901 OKLAHOMA CITY, OK 73190	73-6017987	IRC 115	58,906.				ADULT CARE
(12) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENT P.O. BOX 26901 OKLAHOMA CITY, OK 73190	73-6017987	IRC 115	289,680.				CF CARE CENTER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►
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Department of the Treasury
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Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A 7703 FLOYD CURL DRIVE, MAIL CODE 7828	74-1586031	IRC 115	79,454.				ADULT CARE
(2) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A 7703 FLOYD CURL DRIVE, MAIL CODE 7828	74-1586031	IRC 115	195,146.				CF CARE CENTER
(3) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	38,983.				ADULT CARE
(4) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	260,920.				CF CARE CENTER
(5) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	108,000.				PILOT STUDY
(6) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	324,000.				RESEARCH
(7) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	525,000.				RESEARCH CENTER
(8) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	65,450.				RESEARCH STUDY
(9) THE UNIVERSITY OF TEXAS AT AUSTIN P. O. BOX 7726 AUSTIN, TX 78713	74-6000203	IRC 115	54,000.				PILOT STUDY
(10) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CA BLVD. PASADENA, CA 91125	95-1643307	501C(3)	204,450.				RESEARCH STUDY
(11) THE UNIVERSITY OF TEXAS AT AUSTIN P. O. BOX 7726 AUSTIN, TX 78713	74-6000203	IRC 115	106,777.				RESEARCH
(12) THE UNIVERSITY OF TEXAS AT AUSTIN P. O. BOX 7726 AUSTIN, TX 78713	74-6000203	IRC 115	130,900.				RESEARCH STUDY

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

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Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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13-1930701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	IRC 115	435,875.				CF CARE CENTER
(2) UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	IRC 115	108,000.				RESEARCH
(3) UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	IRC 115	54,566.				RESEARCH STUDY
(4) UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	IRC 115	130,000.				TRAINING
(5) REGENTS OF THE UNIVERSITY OF COLORADO AT DE F428 FITZSIMONS BLDG 500 AURORA, CO 80045	84-6000555	501C(3)	45,014.				ADULT CARE
(6) REGENTS OF THE UNIVERSITY OF COLORADO AT DE F428 FITZSIMONS BLDG 500 AURORA, CO 80045	84-6000555	501C(3)	377,230.				CF CARE CENTER
(7) REGENTS OF THE UNIVERSITY OF COLORADO AT DE F428 FITZSIMONS BLDG 500 AURORA, CO 80045	84-6000555	501C(3)	117,274.				QUALITY IMPROVEMENT
(8) REGENTS OF THE UNIVERSITY OF COLORADO AT DE F428 FITZSIMONS BLDG 500 AURORA, CO 80045	84-6000555	501C(3)	255,000.				TRAINING
(9) UNIVERSITY OF UTAH 406 PARK BLDG. SALT LAKE CITY, UT 84112	87-6000525	501C(3)	32,400.				ADULT CARE
(10) UNIVERSITY OF UTAH 406 PARK BLDG. SALT LAKE CITY, UT 84112	87-6000525	501C(3)	354,070.				CF CARE CENTER
(11) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98105	91-6001537	IRC 115	257,980.				CF CARE CENTER
(12) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98105	91-6001537	IRC 115	217,093.				PILOT STUDY

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

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Schedule I (Form 990) (2017)

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98105	91-6001537	IRC 115	558,226.				RESEARCH
(2) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AV NE SEATTLE, WA 98105	91-6001537	IRC 115	600,000.				RESEARCH CENTER
(3) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98105	91-6001537	IRC 115	191,650.				RESEARCH STUDY
(4) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND, OR 97239	93-1176109	501C(3)	32,400.				ADULT CARE
(5) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND, OR 97239	93-1176109	501C(3)	390,048.				CF CARE CENTER
(6) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND, OR 97239	93-1176109	501C(3)	54,000.				PILOT STUDY
(7) KAISER PERMANENTE, CENTER FOR HEALTH RESEAR 3800 N. INTERSTATE AVE PORTLAND, OR 97227	94-1105628	501C(3)	312,060.				CF CARE CENTER
(8) BOARD OF TRUSTEES OF THE LELAND STANFORD JU 651 SERRA STREET STANFORD, CA 94305	94-1156365	501C(3)	395,334.				CF CARE CENTER
(9) BOARD OF TRUSTEES OF THE LELAND STANFORD JU 651 SERRA STREET STANFORD, CA 94305	94-1156365	501C(3)	415,984.				RESEARCH
(10) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501C(3)	363,410.				CF CARE CENTER
(11) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501C(3)	54,000.				PILOT STUDY
(12) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501C(3)	108,000.				RESEARCH

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501C(3)	430,000.				RESEARCH CENTER
(2) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501C(3)	128,550.				RESEARCH STUDY
(3) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501C(3)	391,250.				TRAINING
(4) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1200 DUTTON HALL DAVIS, CA 95616	94-6036494	501C(3)	46,440.				ADULT CARE
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1200 DUTTON HALL DAVIS, CA 95616	94-6036494	501C(3)	196,175.				CF CARE CENTER
(6) CHILDREN'S HOSPITAL OF ORANGE COUNTY P.O. BOX 5700 ORANGE, CA 92613	95-2321786	501C(3)	32,400.				ADULT CARE
(7) CHILDREN'S HOSPITAL OF ORANGE COUNTY P.O. BOX 5700 ORANGE, CA 92613	95-2321786	501C(3)	127,974.				CF CARE CENTER
(8) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C(3)	52,547.				ADULT CARE
(9) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C(3)	318,580.				CF CARE CENTER
(10) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C(3)	108,000.				RESEARCH
(11) ASTHMA AND ALLERGY SPECIALISTS, P.A. 411 BILLINGS RD CHARLOTTE, NC 28211	56-1913043	C CORP	59,200.				CF CARE CENTER
(12) ATLANTIC HEALTH SYSTEM 100 MADISON AVENUE MORRISTOWN, NJ 07962	52-1958352	501C(3)	41,922.				ADULT CARE

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

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

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

Schedule I (Form 990) (2017)

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-3956599	LLP	156,770.				CF CARE CENTER
(2) BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-3956599	LLP	54,000.				CF CARE CENTER
(3) CENTRAL FLORIDA PULMONARY GROUP 326 NORTH MILLS AVENUE ORLANDO, FL 32803	59-1760017	C CORP	99,420.				CF CARE CENTER
(4) CENTRAL FLORIDA PULMONARY GROUP 326 NORTH MILLS AVENUE ORLANDO, FL 32803	59-1760017	C CORP	49,950.				CF CARE CENTER
(5) CHILDREN'S SPECIALTY GROUP, PLLC 811 REDGATE AVE NORFOLK, VA 23507	54-1871633	LLC	99,369.				CF CARE CENTER
(6) FAIRFAX NEONATAL ASSOCIATES, PC 2730-B PROSPERITY AVENUE FAIRFAX, VA 22031	54-1110106	C CORP	61,260.				CF CARE CENTER
(7) LIFEUNIT, LLC 841 E. FAYETTE ST SYRACUSE, NY 13210	82-8741475	LLC	99,626.				RESEARCH
(8) LUTHERAN HOSPITAL OF INDIANA 7950 WEST JEFFERSON BLVD FT WAYNE, IN 46804	35-1963748	C CORP	55,950.				CF CARE CENTER
(9) NORTH SUBURBAN PULMONARY RESEARCH AND EDUCA 8780 W. GOLD , SUITE 102 NILES, IL 60714	36-4393617	C CORP	43,030.				CF CARE CENTER
(10) TENET ST. MARY'S INC /CYSTIC FIBROSIS CENTE PO BOX 24620 WEST PALM BEACH, FL 33407	75-2932830	C CORP	62,330.				CF CARE CENTER
(11) TENET ST. MARY'S INC /CYSTIC FIBROSIS CENTE PO BOX 24620 WEST PALM BEACH, FL 33407	75-2932830	C CORP	39,960.				CF CARE CENTER
(12) TENET ST. MARY'S INC /CYSTIC FIBROSIS CENTE PO BOX 24620 WEST PALM BEACH, FL 33407	75-2932830	C CORP	108,000.				CF CARE CENTER

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

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

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

Schedule I (Form 990) (2017)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PROCEDURES FOR MONITORING GRANT FUNDS INSIDE OF THE U.S.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION HAS PROCEDURES IN PLACE TO MONITOR THE SCIENTIFIC
PROGRESS AND FINANCIAL ASPECTS OF GRANT FUNDS AWARDED TO ENTITIES INSIDE
OF THE U.S. SPONSORED INSTITUTIONS ARE REQUIRED TO SUBMIT ANNUAL REPORTS
OF EXPENDITURES AS WELL AS SCIENTIFIC PROGRESS REPORTS. SCIENTIFIC
REPORTS ARE REVIEWED BY THE ORGANIZATION'S SCIENTIFIC STAFF TO ENSURE
PROGRESS HAS BEEN ATTAINED. THE FINAL GRANT PAYMENT IS CONTINGENT UPON
RECEIPT AND APPROVAL OF THE REPORT OF EXPENDITURES. REPORTS OF
EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

ARE APPROPRIATE. THE CF FOUNDATION'S INTERNAL AUDITORS CONDUCT AUDITS ON

SAMPLES OF GRANT EXPENDITURE REPORTS BY EXAMINING SUPPORTING RECORDS FROM

THE SPONSORED INSTITUTION.

FOR GRANTS TO FOR-PROFIT ORGANIZATIONS THE CF FOUNDATION HAS PROCEDURES

IN PLACE TO 1) SEE THAT THE GRANT FUNDS AWARDED ARE SPENT ONLY FOR THE

PURPOSE FOR WHICH THE GRANT IS MADE AND 2) OBTAIN FULL AND COMPLETE

REPORTS FROM THE GRANTEE ORGANIZATION ON HOW THE FUNDS ARE SPENT

CONSISTENT WITH IRS GUIDELINES FOR EXPENDITURE RESPONSIBILITY. THE

ORGANIZATION PERFORMS PRE-GRANT INQUIRIES DEALING WITH MATTERS SUCH AS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

THE IDENTITY, HISTORY, ACTIVITIES, AND PRACTICES OF THE GRANTEE TO GAIN
REASONABLE ASSURANCE THAT THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE
FOR WHICH RECEIVED. ONCE A GRANT IS APPROVED, A WRITTEN AGREEMENT IS
SIGNED BY BOTH THE ORGANIZATION AND THE GRANTEE THAT INCLUDES THE
FOLLOWING AGREEMENTS: ANY AMOUNTS NOT USED FOR PURPOSES OF THE GRANT WILL
BE REPAID, THE GRANTEE WILL KEEP RECORDS OF RECEIPTS AND EXPENDITURES AND
MAKE THEM AVAILABLE TO THE GRANTOR AT REASONABLE TIMES, AND FUNDS CANNOT
BE USED TO INFLUENCE LEGISLATION OR UNDERTAKE ANY NONEXEMPT ACTIVITY.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART III

FELLOWSHIPS ARE AWARDED TO INVESTIGATORS CONDUCTING RESEARCH RELATED TO GRANTS REPORTED IN PART II. SEE SUPPLEMENTAL INFORMATION FOR PART I, LINE 2 FOR PROCEDURES USED TO MONITOR THESE GRANTS. PRIOR TO MAKING FELLOWSHIP PAYMENTS, SUPPORTING DOCUMENTATION OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1930701

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Schedule J (Form 990) 2017

Part III Supplemental Information

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

PART I, LINE 4A - SEVERANCE PAYMENTS:

A FORMER OFFICER LISTED ON THE FORM 990, PART VII, SECTION A RECEIVED
PAYMENTS UNDER A SEVERANCE ARRANGEMENT, AS DESCRIBED IN FURTHER DETAIL IN
SCHEDULE J, PART III, FOOTNOTE 9, BELOW.

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

CERTAIN PERSONS LISTED IN FORM 990, PART VII, SECTION A PARTICIPATE IN A
NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH INTERESTS ARE
FORFEITED BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES
EMPLOYMENT PRIOR TO THE DESIGNATED VESTING DATE. FURTHER INFORMATION
ABOUT THE NONQUALIFIED DEFERRED COMPENSATION PLAN IN WHICH THOSE PERSONS
PARTICIPATE, INCLUDING THE AMOUNT OF ANY PAYMENT MADE BY THE PLAN DURING
THE REPORTING YEAR, IS PROVIDED IN THE ADDITIONAL INFORMATION FOR
SCHEDULE J, PART II, BELOW.

PART I, LINE 7

SEVERAL INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A,
PARTICIPATED IN THE FOUNDATION'S INCENTIVE COMPENSATION PLAN, FROM WHICH
NON-FIXED PAYMENTS NOT DESCRIBED IN LINES 5 AND 6 WERE PAID. THE

Part III Supplemental Information

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

INCENTIVE COMPENSATION PLAN PAYS NON-FIXED PAYMENTS SUBJECT TO, AND BASED ON, THE ACHIEVEMENT OF ANNUAL PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. IN ADDITION, THE INCENTIVE COMPENSATION PLAN PAYS NON-FIXED PAYMENTS THAT RELATE TO A THREE-YEAR PERFORMANCE PERIOD, SUBJECT TO, AND BASED ON, THE ACHIEVEMENT OF LONG-TERM PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS.

PART II

CYSTIC FIBROSIS FOUNDATION. (A) NAME: P. CAMPBELL, M.D.; (B)(I) BASE COMPENSATION: BASE SALARY - \$369,858; (B)(II) BONUS & INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) - \$128,875, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$67,175, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$70,350; (B)(III) OTHER REPORTABLE COMPENSATION: TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE

Part III Supplemental Information

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

INSURANCE PREMIUM - \$7,524, AUTOMOBILE ALLOWANCE - \$4,824, OTHER BENEFITS
- \$8,825, VESTED SERP ACCOUNT (8) - \$148,334; (C) DEFERRED COMPENSATION:
RETIREMENT BENEFIT (2) - \$27,312, LONG-TERM INCENTIVE PLAN BENEFIT (6) -
\$103,762; (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL
ORGANIZATION HEALTH PLAN BENEFIT - \$17,173, EMPLOYEE CONTRIBUTION TO
FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO
GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$5,253; (F) COMPENSATION
REPORTED IN PRIOR FORM 990 (3) - \$132,835.

CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC. EIN 91-2059167. (A) NAME:
P. CAMPBELL, M.D.; (B)(I) BASE COMPENSATION: BASE SALARY - \$186,037;
(B)(II) BONUS & INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1)
- \$63,476, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY
REPORTED (6) - \$33,086, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10)
\$34,650; (B)(III) OTHER REPORTABLE COMPENSATION: AUTOMOBILE ALLOWANCE -
\$2,376, OTHER BENEFITS - \$4,125, VESTED SERP ACCOUNT (8) - \$73,060; (C)
DEFERRED COMPENSATION: LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$51,107;
(F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$65,426.

Part III Supplemental Information

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

CYSTIC FIBROSIS FOUNDATION. (A) NAME: M. GINSKY.; (B)(I) BASE
COMPENSATION: BASE SALARY - \$467,890; (B)(II) BONUS & INCENTIVE
COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) - \$81,980, LONG-TERM
INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$68,247,
LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$24,000; (B)(III) OTHER
REPORTABLE COMPENSATION: OTHER BENEFITS INCLUDING TAXABLE GENERAL
ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$3,094, SECTION 457(B)
PLAN (5) - \$18,000; (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) -
\$27,312, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$136,717, SERP (4) -
\$26,874; (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL
ORGANIZATION HEALTH PLAN BENEFIT - \$24,855, EMPLOYEE CONTRIBUTION TO
FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO
GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$7,655; (F) COMPENSATION
REPORTED IN PRIOR FORM 990 (3) - \$68,247.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: V. TWIGG; (B)(I) BASE
COMPENSATION: BASE SALARY - \$328,670; (B)(II) BONUS & INCENTIVE

Part III Supplemental Information

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

COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) - \$84,478, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$41,058, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (10) \$52,500; (B)(III) OTHER REPORTABLE COMPENSATION: SECTION 457(B) PLAN (5) - \$18,000; (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) - \$27,312, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$57,391, SERP (4) - \$7,937; (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$24,855, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$7,655; (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$41,058.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: J. MAHLER; (B)(I) BASE COMPENSATION: BASE SALARY - \$542,149; (B)(II) BONUS & INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) - \$650,000; (B)(III) OTHER REPORTABLE COMPENSATION: OTHER BENEFITS INCLUDING TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$4,903; (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) - \$27,312, SERP (4) - \$100,000; (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH

Part III Supplemental Information

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

PLAN BENEFIT - \$17,174, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING

ACCOUNT BENEFIT - \$2,600, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION

HEALTH PLAN BENEFIT - \$5,252.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: R. BEALL, PH.D.; (B)(I) BASE

COMPENSATION: EXECUTIVE ADVISORY CONSULTING SERVICES FEES - \$269,500;

(B)(II) BONUS & INCENTIVE COMPENSATION: LONG-TERM INCENTIVE PLAN

TREATMENT AWARD (10) \$70,350; (B)(III) OTHER REPORTABLE COMPENSATION:

SECTION 457(B) PLAN DISTRIBUTION (7) - \$43,244; (F) COMPENSATION REPORTED

IN PRIOR FORM 990 (3) - \$28,879.

CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC. EIN 91-2059167. (A)

NAME: R. BEALL, PH.D.; (B)(II) BONUS & INCENTIVE COMPENSATION: LONG-TERM

INCENTIVE PLAN TREATMENT AWARD (10) \$34,650; (B)(III) OTHER REPORTABLE

COMPENSATION: SECTION 457(B) PLAN DISTRIBUTION (7) - \$21,299 (F)

COMPENSATION REPORTED IN PRIOR FORM 990 (3) - \$14,224.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: R. MATTINGLY; (B)(III) OTHER

Part III Supplemental Information

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

REPORTABLE COMPENSATION: SECTION 457(B) PLAN DISTRIBUTION (7) - \$92,255;

SEVERANCE PAY (9) - \$104,755; (F) COMPENSATION REPORTED IN PRIOR FORM 990

(3) - \$72,855.

(1) THIS IS AN AWARD SUBJECT TO, AND BASED ON, ACHIEVEMENT OF ANNUAL PERFORMANCE STANDARDS ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS.

(2) THIS IS THE EMPLOYER CONTRIBUTION MADE UNDER THE CYSTIC FIBROSIS FOUNDATION 401(K) PLAN FOR THE 2017 PLAN YEAR.

(3) THIS AMOUNT IS INCLUDED IN COLUMN B OF THIS FORM 990 AND HAS ALREADY BEEN PREVIOUSLY REPORTED AS COMPENSATION ON PRIOR YEARS' FORM 990S, AND THEREFORE (AS REQUIRED BY THE INSTRUCTIONS) IS DOUBLE-REPORTED.

Part III Supplemental Information

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

(4) A. THIS IS AN UNVESTED EMPLOYER CONTRIBUTION TO THE SERP.

B. SERP INTERESTS ARE FORFEITED BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT PRIOR TO ATTAINING THE VESTING DATE DESIGNATED BY CFF (WHICH IS EITHER A SPECIFIED AGE OR DATE, DEPENDING ON THE PARTICIPANT).

C. SERP INTERESTS ARE HELD IN A TRUST SUBJECT TO THE CLAIMS OF CFF'S BANKRUPTCY CREDITORS. IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS WOULD BECOME GENERAL UNSECURED CREDITORS OF CFF.

D. THE SERP IS A NONQUALIFIED DEFERRED COMPENSATION PLAN. THIS MEANS THAT PARTICIPANTS DO NOT RECEIVE THE TAX BENEFITS AVAILABLE TO PARTICIPANTS IN TAX QUALIFIED RETIREMENT PLANS. FOR EXAMPLE, UNDER CURRENT LAW, INTERESTS UNDER SERPS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE

Part III Supplemental Information

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

PARTICIPANT).

E. THE SERP'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE
BY AN INDEPENDENT COMPENSATION CONSULTANT. SERP CONTRIBUTION AMOUNTS
WERE DETERMINED BY AN INDEPENDENT ACTUARY.

F. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE SERP AT ANY
TIME.

(5) A. THIS IS A VESTED CONTRIBUTION TO THE 457(B) PLAN FOR THE
REPORTING PERIOD.

B. IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS ARE GENERAL
UNSECURED CREDITORS OF CFF.

C. DISTRIBUTIONS FROM THE 457(B) PLAN MAY NOT BE ROLLED-OVER TO
AN IRA OR QUALIFIED PLAN (BUT MAY ONLY BE ROLLED-OVER TO ANOTHER 457(B)
PLAN).

Part III Supplemental Information

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

D. THE 457(B) PLAN'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT. AN INDEPENDENT ACTUARY DEVELOPED THE CONTRIBUTION FORMULA PURSUANT TO WHICH 457(B) CONTRIBUTION AMOUNTS ARE DETERMINED. CONTRIBUTIONS TO THE 457(B) PLAN ARE SUBJECT TO ANNUAL IRS LIMITS (\$18,000 FOR 2017).

E. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE 457(B) PLAN AT ANY TIME.

(6) THIS PLAN PROVIDES FOR AWARDS THAT RELATE TO A THREE-YEAR PERFORMANCE PERIOD, SUBJECT TO, AND BASED ON, ACHIEVEMENT OF PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS. EACH YEAR, A NEW THREE-YEAR PERFORMANCE PERIOD BEGINS. AS

Part III Supplemental Information

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

REQUIRED BY THE FORM 990 INSTRUCTIONS, THE AMOUNTS REPORTED IN COLUMN (C) ON THIS FORM 990 REFLECT AN ESTIMATE OF THE PORTION OF EACH AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE IN 2017 (I.E., WITH RESPECT TO THE 2015-2017, 2016-2018 AND THE 2017-2019 PERFORMANCE PERIODS), BUT THE AMOUNTS REPORTED IN COLUMN (C) HAVE NOT BEEN EARNED, AWARDED OR PAID UNDER THE PLAN. THE INDIVIDUAL MUST BE EMPLOYED ON 12/31/17, 12/31/18 AND 12/31/19 TO BE ELIGIBLE TO RECEIVE FULL PAYMENT OF THE AWARD FOR THE 2015-2017, 2016-2018 AND THE 2017-2019 PERFORMANCE PERIODS, RESPECTIVELY. THE AWARD RELATING TO THE 3-YEAR PERFORMANCE PERIOD ENDING 12/31/16 WAS PAID IN 2017, AND IS PROPERLY REPORTED AGAIN (AS COMPENSATION IN COLUMN (B)(II)) ON THIS FORM 990 (EVEN THOUGH AN ESTIMATE OF THE PORTION OF THIS AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE IN

PART II, CONTINUED

2016, 2015 AND 2014 WAS REPORTED IN COLUMN (C) OF THE FORM 990 FOR EACH OF THOSE YEARS).

(7) THIS PAYMENT IS A DISTRIBUTION FROM THE 457(B) PLAN DESCRIBED IN FOOTNOTE (5) ABOVE. AS REQUIRED BY THE FORM 990 INSTRUCTIONS, BECAUSE

Part III Supplemental Information

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

CONTRIBUTIONS TO THIS PLAN ARE FULLY VESTED WHEN MADE, CONTRIBUTIONS TO THIS PLAN WERE PREVIOUSLY REPORTED IN THE YEARS CONTRIBUTED, IN COLUMN B(III) AS "OTHER REPORTABLE COMPENSATION". THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F OF THIS FORM 990.

(8) THIS AMOUNT BECAME VESTED AND TAXABLE IN 2017 UNDER THE SERP DESCRIBED IN FOOTNOTE (4) ABOVE, UNDER WHICH DR. CAMPBELL RECEIVED CONTRIBUTIONS FROM 2016-2017. AS REQUIRED, A PORTION OF THE CONTRIBUTIONS TO THIS SERP THAT GENERATED THE AMOUNT REPORTED IN COLUMN B(III) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN COLUMN (C). THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F OF THIS FORM 990.

(9) AS PART OF A SEVERANCE AGREEMENT, THE EXECUTIVE RECEIVED THIS AMOUNT, WHICH RELATES TO (1) A PORTION OF THE AMOUNT THAT WOULD HAVE BEEN PAID TO HIM UNDER THE ORGANIZATION'S LONG TERM INCENTIVE COMPENSATION PLAN HAD HE CONTINUED EMPLOYMENT WITH THE ORGANIZATION THROUGH 12/31/16 AND (2) THE LONG TERM INCENTIVE PLAN TREATMENT AWARD (DESCRIBED IN

Part III Supplemental Information

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

FOOTNOTE 10, BELOW) THAT WOULD HAVE BEEN PAID TO HIM HAD HE CONTINUED EMPLOYMENT WITH THE ORGANIZATION THROUGH 12/31/18. THE LONG TERM INCENTIVE COMPENSATION PLAN AMOUNT RELATED TO A PORTION OF THE THREE-YEAR PERFORMANCE PERIOD (I.E., THE PORTION OF THE 2014-2016 PERFORMANCE PERIOD DURING WHICH THE EXECUTIVE WAS EMPLOYED BY THE ORGANIZATION), AND WAS SUBJECT TO, AND BASED ON, ACHIEVEMENT OF PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS. (NOTE THAT AN ESTIMATE OF THE PORTION OF THIS AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE WAS REPORTED IN COLUMN (C) OF THE FORM 990 FOR THE APPLICABLE YEARS. THE PREVIOUSLY REPORTED AMOUNT IS REFLECTED IN COLUMN F OF THIS FORM 990.) THE SEVERANCE AMOUNT WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT AND APPROVED BY THE ORGANIZATION'S COMPENSATION COMMITTEE IN ACCORDANCE WITH THE IRS'S INTERMEDIATE SANCTIONS RULES.

Part III Supplemental Information

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

(10) THIS IS AN AWARD UNDER A PLAN THAT PAYS A SPECIFIED DOLLAR AMOUNT ONLY IF AND WHEN THE FDA APPROVES CERTAIN PRE-SPECIFIED TYPES OF THERAPIES. IN THE EVENT THE EMPLOYEE TERMINATES EMPLOYMENT PRIOR TO FDA APPROVAL OF THE SPECIFIED THERAPY TYPE AND PAYMENT OF THE AWARD, THE EMPLOYEE WILL FORFEIT HIS OR HER RIGHT TO RECEIVE PAYMENT, UNLESS THE EMPLOYEE IS AN OFFICER AND HIS/HER TERMINATION IS DUE TO RETIREMENT OR DISABILITY. THE PLAN TERMINATES ON DECEMBER 31, 2018.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	63.	33,360.	NET CASH RECEIPTS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	150.	1,076,018.	NET CASH RECEIPTS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		23,125.	9,408,003.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1.

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

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

Schedule M (Form 990) (2017)

JSA

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V 17-7F

3213409

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

THIRD PARTY SELLER

SCHEDULE M, PART I, LINE 6

CYSTIC FIBROSIS FOUNDATION CONTRACTS WITH A THIRD PARTY TO ADMINISTER ITS
VEHICLE DONATION PROGRAM AND SELL DONATED VEHICLES. THE THIRD PARTY DOES
NOT SOLICIT DONATIONS.

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

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
TANGIBLE AND SERVICE AUCT	X	23124.	9,193,003.	NET CASH RECEIPTS
MORTGAGE RECEIVABLE	X	1.	215,000.	SALES PRICE
TOTALS		<u>23,125.</u>	<u>9,408,003.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1930701

REVIEW OF 990 BY GOVERNING BODY

PART VI, SECTION B, LINE 11B

THE CYSTIC FIBROSIS FOUNDATION BOARD OF TRUSTEES RECEIVES A DRAFT OF THE FORM 990 PRIOR TO ITS BEING FILED, WITH SUFFICIENT TIME FOR REVIEW AND COMMENT ALLOWED. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AND THE FOUNDATION'S ERISA ATTORNEYS REVIEW THE EXECUTIVE COMPENSATION SECTIONS OF THE FORM 990. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ALSO REVIEWS THE FORM 990 AS PART OF ITS CHARTERED RESPONSIBILITIES. IN ALL CASES THE CYSTIC FIBROSIS FOUNDATION BOARD OF TRUSTEES RECEIVES A COMPLETE COPY OF THE FINAL FORM 990 BEFORE IT IS FILED.

CONFLICT OF INTEREST MONITORING

PART VI, SECTION B, LINE 12C

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE. DISCLOSURES PROVIDED ARE REPORTED TO THE GOVERNANCE COMMITTEE AND THE BOARD OF TRUSTEES. AS REQUIRED WITHIN THE BYLAWS, ANY POTENTIAL CONFLICTS OF INTEREST MUST BE REPORTED TO THE BOARD AS THEY ARISE. WHEN ANY MATTER IS DEEMED A POTENTIAL CONFLICT OF INTEREST AND REQUIRES ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED TRUSTEE OR OFFICER IS REQUIRED TO RETIRE FROM THE ROOM IN WHICH THE BOARD OR ITS COMMITTEE IS MEETING, MAY NOT PARTICIPATE IN THE FINAL DELIBERATION OF THE MATTER, AND MAY NOT VOTE ON THE MATTER. THE ORGANIZATION ENFORCED THE POLICY DURING 2017 AND HAD NO CONFLICTS OF INTEREST AS DEFINED BY THE POLICY.

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

DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15A AND 15B

THE TOTAL COMPENSATION OF EXECUTIVES AT THE CYSTIC FIBROSIS FOUNDATION IS SPECIFICALLY DESIGNED TO ATTRACT AND RETAIN THE HIGHEST QUALIFIED EXECUTIVE AND MEDICAL TALENT TO FULFILL THE CRITICALLY IMPORTANT MISSION OF CURING CYSTIC FIBROSIS AND PROVIDING ALL PEOPLE WITH THE DISEASE THE OPPORTUNITY TO LEAD FULL, PRODUCTIVE LIVES.

THE INDEPENDENT COMPENSATION COMMITTEE OF THE CF FOUNDATION'S BOARD OF TRUSTEES FOLLOWS THE PROCESS DESCRIBED IN THE IRS INTERMEDIATE SANCTIONS RULES WHEN DETERMINING COMPENSATION. SPECIFICALLY, THE COMMITTEE:

(1) IS COMPOSED ENTIRELY OF NON-EMPLOYEE VOLUNTEER DIRECTORS WHO HAVE NO FAMILIAL, BUSINESS OR SIGNIFICANT PERSONAL RELATIONSHIPS WITH THE CF FOUNDATION OR ITS EXECUTIVES.

(2) ASSESSES THE SHORT-TERM AND LONG-TERM CONTRIBUTION AND PERFORMANCE OF EACH EXECUTIVE IN MEETING VERY DEFINITIVE AND QUANTIFIABLE OBJECTIVES FOCUSED ON THE CF FOUNDATION'S MISSION SUCCESS.

(3) ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO COMPILE APPROPRIATE COMPARABILITY DATA (INCLUDING COMPENSATION MARKET INFORMATION FOR PEERS WITH WHOM THE CF FOUNDATION COMPETES FOR EXECUTIVE TALENT) FOR COMMITTEE RELIANCE. THE COMMITTEE MEETS WITH REPRESENTATIVES OF THE CONSULTING FIRM TO REVIEW THIS DATA IN DETAIL.

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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(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 KEY EMPLOYEES OF THE ORGANIZATION:

PRESIDENT & CEO

EXECUTIVE VICE PRESIDENT, COO AND SECRETARY

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

EXECUTIVE VICE PRESIDENT AND CFO

CHIEF INVESTMENT OFFICER

SENIOR VP, RESEARCH AFFAIRS

SENIOR VP, CLINICAL AFFAIRS

THE PROCESS WAS LAST UNDERTAKEN IN 2016, WITH THE EXCEPTION OF THAT FOR
THE CEO POSITION WHICH WAS LAST CONDUCTED IN 2015.

PART VI, SECTION C, LINE 19

PUBLIC INSPECTION

FORMS 1023 AND 990-T FOR THE ORGANIZATION WERE AVAILABLE ON ITS WEBSITE,
CFF.ORG AND THE ORGANIZATION'S WEBSITE PROVIDED A DIRECT LINK TO ITS FORM
990 ON GUIDESTAR.ORG.

THE FOUNDATION'S GOVERNING DOCUMENTS (BYLAWS AND ARTICLES OF
INCORPORATION) WERE AVAILABLE UPON REQUEST BY CONTACTING THE NATIONAL
OFFICE OF THE CYSTIC FIBROSIS FOUNDATION IN WRITING OR BY PHONE.
INFORMATION ON HOW TO OBTAIN THE GOVERNING DOCUMENTS WAS AVAILABLE ON THE
FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2017. THE BOARD AND OFFICER
CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS WERE
AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2017.

FORM 990, PART X, LINE 27

UNRESTRICTED NET ASSETS - BOARD DESIGNATED

THE FOUNDATION'S UNRESTRICTED NET ASSETS TOTALED \$4,181,431,067 AS OF

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

DECEMBER 31, 2017. OF THIS AMOUNT, THE FOUNDATION'S BOARD OF TRUSTEES HAS DESIGNATED \$3,300,000,000 TO BE SPENT IN SUPPORT OF THE MISSION OF THE FOUNDATION OVER THE LONG TERM.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS

PROVISION FOR LEASE COMMITMENTS.....-4,358,356

ATTACHMENT 1

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

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

ATTACHMENT 2

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

MEDICAL PROGRAMS - SINCE 1955, THE CYSTIC FIBROSIS FOUNDATION HAS BEEN DEDICATED TO CURING AND CONTROLLING CYSTIC FIBROSIS (CF).

THE CYSTIC FIBROSIS FOUNDATION IS THE WORLD'S LEADER IN THE SEARCH FOR A CURE FOR CYSTIC FIBROSIS, A LIFE-THREATENING GENETIC DISEASE

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

ATTACHMENT 2 (CONT'D)

THAT AFFECTS MORE THAN 30,000 PEOPLE IN THE UNITED STATES, AND
70,000 WORLDWIDE.

THE TREATMENT AND CARE PROTOCOLS DEVELOPED BY THE CF FOUNDATION
ARE HELPING TENS OF THOUSANDS OF PEOPLE WITH THE DISEASE LIVE
LONGER, HEALTHIER LIVES.

TO SUPPORT ITS MISSION, THE FOUNDATION FUNDS AND ACCREDITS A
NATIONWIDE NETWORK OF 120 CARE CENTERS. THE CARE CENTER NETWORK
PROVIDES THE BEST CARE FOR PEOPLE WITH CF AND HAS BEEN RECOGNIZED
BY THE NATIONAL INSTITUTES OF HEALTH AS A MODEL OF CARE FOR A
CHRONIC DISEASE.

BREAKTHROUGH TREATMENTS HAVE ADDED YEARS TO THE LIVES OF PEOPLE
WITH CYSTIC FIBROSIS. TODAY THE MEDIAN SURVIVAL AGE IS OVER 40.
THIS IS A DRAMATIC IMPROVEMENT FROM THE 1950S, WHEN A CHILD WITH
CF RARELY LIVED LONG ENOUGH TO ATTEND ELEMENTARY SCHOOL.

THE FOUNDATION PROVIDES MUCH-NEEDED SUPPORT FOR PATIENTS AND THEIR
FAMILIES AS THEY MANAGE THE DIFFICULT CONSEQUENCES OF THE DISEASE
- FROM SUPPORTING SPECIALIZED, QUALITY CF CARE TO PROVIDING
INFORMATION AND SUPPORT TO HELP PEOPLE WITH CF ACCESS THAT CARE.

THE FOUNDATION'S PATIENT REGISTRY COLLECTS INFORMATION ON THE
HEALTH STATUS OF MORE THAN 29,800 PEOPLE WITH CF, PROVIDING

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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ATTACHMENT 2 (CONT'D)

CAREGIVERS AND RESEARCHERS CRITICAL INFORMATION TO HELP IDENTIFY NEW HEALTH TRENDS AND EFFECTIVE TREATMENTS AND IMPROVE THE QUALITY OF CF CARE. THE PATIENT REGISTRY IS AN INTERNATIONALLY RECOGNIZED MODEL FOR OTHER NONPROFIT HEALTH ORGANIZATIONS, INCLUDING CF ADVOCACY GROUPS.

MEDICAL PROGRAMS CONSIST OF APPROXIMATELY 738 GRANTS AND OTHER COSTS TO SUPPORT SCIENTIFIC STUDIES/INVESTIGATIONS AND CYSTIC FIBROSIS CENTERS. APPROXIMATELY 426 GRANTS TOTALING \$32.1 MILLION WERE AWARDED TO CYSTIC FIBROSIS CARE CENTERS SERVING APPROXIMATELY 29,800 PATIENTS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNITY SERVICES - THE CYSTIC FIBROSIS FOUNDATION PROVIDES YEAR-ROUND EFFORTS TO EDUCATE, INFORM, AND EMPOWER INDIVIDUALS WITH CF AND THEIR FAMILIES ABOUT THE LATEST DEVELOPMENTS IN TREATMENT AND CARE. THE PROGRAMS ARE DESIGNED TO HELP THE GENERAL PUBLIC IN THE DETECTION OF THE DISEASE BY PROVIDING A REFERRAL SERVICE AND HANDLING INQUIRIES CONCERNING CF. APPROXIMATELY 29,800 PEOPLE WITH CF WERE SERVED IN 2017, INCLUDING APPROXIMATELY 880 INDIVIDUALS WHO WERE NEWLY DIAGNOSED.

LACK OF ADEQUATE INSURANCE COVERAGE FOR CF MEDICATIONS HAS BEEN A CONSISTENT CONCERN FOR THOSE LIVING WITH THE DISEASE AND THEIR

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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ATTACHMENT 3 (CONT'D)

FAMILIES. COMPASS IS A HIGHLY PERSONALIZED SERVICE TAILORED TO AN INDIVIDUAL'S CIRCUMSTANCES RELATED TO COMPLEX INSURANCE, FINANCIAL, LEGAL, AND OTHER ISSUES THAT CAN PREVENT ACCESS TO MUCH-NEEDED CF THERAPIES AND CARE.

IN 2017, SKILLED CASE MANAGERS ADDRESSED MORE THAN 5,000 CASES FOR PEOPLE WITH CF, THEIR FAMILIES, AND THEIR PROVIDER NETWORK, INCLUDING UNDERSTANDING AND MAXIMIZING THEIR INSURANCE COVERAGE AND BENEFITS, AS WELL AS GETTING HELP WITH OTHER NEEDS RELATED TO DAILY LIFE WITH CF. CASE MANAGERS ALSO ASSISTED WITH FINDING RESOURCES FOR ISSUES RELATED TO LIFE WITH CF THAT CAN AFFECT ACCESS, INCLUDING BASIC LIVING AND FOOD EXPENSES.

TODAY, MORE THAN HALF OF ALL PEOPLE WITH CF ARE AGE 18 OR OLDER. IN 2017, NEARLY 550 ADULTS WITH CF JOINED VIRTUAL EVENTS DESIGNED BY AND FOR ADULTS WITH CF, INCLUDING BREATHECON, CF MINICON: TRANSPLANT, AND CF MINICON: YOUNG ADULT TRANSITIONS, THAT PROVIDE AN OPPORTUNITY FOR THE CF COMMUNITY TO CONNECT, SHARE, AND LEARN FROM PEERS THROUGH OPEN AND HONEST DIALOGUE.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PUBLIC AND PROFESSIONAL INFORMATION AND EDUCATION - TO BROADEN ITS REACH AND TO SUPPORT ITS MISSION, THE CF FOUNDATION HAS PROGRAMS DESIGNED TO IMPROVE THE KNOWLEDGE OF PEOPLE WITH CF AND THEIR

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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ATTACHMENT 4 (CONT'D)

FAMILIES, MEDICAL PROFESSIONALS AND THE GENERAL PUBLIC REGARDING THE DISEASE. IN 2017, THERE WERE MORE THAN EIGHT PUBLICATIONS AND 30 VIDEOS/SERIES PRODUCED AND MADE AVAILABLE FOR PEOPLE WITH CF, FAMILIES, MEDICAL PROFESSIONALS, AND THE GENERAL PUBLIC. YEAR-ROUND, MEETINGS AND CONFERENCES PROVIDE UPDATES FOR CF RESEARCHERS, PHYSICIANS AND ALLIED HEALTH PROFESSIONALS AND OPPORTUNITIES FOR COLLABORATION ON FUTURE CF RESEARCH PROJECTS AND TREATMENT/CARE EFFORTS. IN 2017, OVER 1,984,433 UNIQUE VISITORS CAME TO THE CF FOUNDATION'S WEBSITE. NEW CONTENT ON CFF.ORG IN 2017 INCLUDED THE LAUNCH OF NINE NEW SECTIONS AND 126 BLOG POSTS.

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NTC MAZZUCA CONTRACTING, INC. 10907 GUILFORD RD, STE A ANNAPOLIS JUNCTION, MD 20701	GENERAL CONTRACTING	2,818,532.
CELERITY IT, LLC 8401 GREENSBORO DR, SUITE 500 MCLEAN, VA 22102	IT CONSULTING	2,054,243.

Name of the organization	Employer identification number
CYSTIC FIBROSIS FOUNDATION	13-1930701
ATTACHMENT 6 (CONT'D)	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SUFIAN & PASSAMANO 712 MAIN STREET, SUITE 2130 HOUSTON, TX 77002	PATIENT ASSISTANCE	1,950,500.
BARES CAPITAL MANAGEMENT, INC. 12600 HILL COUNTRY BLVD, SUITE R-230 AUSTIN, TX 78738	INVESTMENT MGMT	1,669,042.
GARDNER RUSSO & GARDNER LLC 223 E CHESTNUT ST LANCASTER, PA 17602	INVESTMENT MGMT	1,665,599.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CYSTIC FIBROSIS PATIENT ASSISTANCE FDN 90-0350985 4550 MONTGOMERY AVE, SUITE 110 BETHESDA, MD 20814	PATIENT ASST	DE	0.	0.	CFF
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS 91-2059167 4550 MONTGOMERY AVE, SUITE 110 BETHESDA, MD 20814	RESEARCH	MD	501(C)(3)	12A	CFF		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	B	115,564,401.	FMV
(2) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	N	1,181,050.	COST
(3) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	O	3,700,317.	COST
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.