


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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

CYSTIC FIBROSIS FOUNDATION - GROUP RETURN FOR THE CHAPTERS

Doing Business As

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

6931 ARLINGTON ROAD

Room/suite

City or town, state or country, and ZIP + 4

BETHESDA, MD 20814

D Employer identification number

13-6161105

E Telephone number

(301) 951-4422

G Gross receipts \$ 125,133,700

F Name and address of Principal Officer

ROBERT J BEALL PHD

6931 ARLINGTON ROAD STE 200

BETHESDA, MD 20814

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

☒ Yes ☐ No

H(b) Are all affiliates included?

☒ Yes ☐ No

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

H(c) Group Exemption Number

1393

I Tax-exempt status

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

J Web site:

WWW.CFF.ORG

K Type 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 OF THE FOUNDATION IS TO ASSURE THE DEVELOPMENT OF THE MEANS TO CURE AND CONTROL CYSTIC FIBROSIS AND TO IMPROVE THE QUALITY OF LIFE FOR THOSE WITH THE DISEASE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of employees (Part V, line 2a)	5	515
	6	Total number of volunteers (estimate if necessary)	6	250,000
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
			124,426,212	111,213,739
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,272,926
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,426,212	112,486,665
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,848,937	18,185,064
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 7,220,121)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	107,577,275	94,301,601
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	124,426,212	112,486,665
	19	Revenue less expenses Subtract line 18 from line 12		0
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	0	0
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances Subtract line 21 from line 20	0	0

Part II Signature Block

Please Sign Here

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

Signature of officer

2009-06-30

Date

ROBERT J BEALL PHD PRESIDENT & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

DAVID TRIMNER

Firm's name (or yours if self-employed), address, and ZIP + 4

ARGY WILTSE & ROBINSON PC

8405 GREENSBORO DRIVE 7TH FLOOR

MCLEAN, VA 22102

Date

Check if self-employed

☐

Preparer's PTIN (See Gen Inst)

EIN

Phone no

(703) 893-0600

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

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

MEDICAL PROGRAMS The Cystic Fibrosis Foundation has 80 offices in 39 states that help to communicate and distribute information about scientific studies and investigations, Cystic Fibrosis Centers and other medical programs

2

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

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

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

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

4a

(Code) (Expenses \$ 88,763,411 including grants of \$) (Revenue \$)

MEDICAL PROGRAMS The Cystic Fibrosis Foundation has 80 offices in 39 states that help to communicate and distribute information about scientific studies and investigations, Cystic Fibrosis Centers and other medical programs

4b

(Code) (Expenses \$ 9,540,874 including grants of \$) (Revenue \$)

PUBLIC INFORMATION AND EDUCATION To broaden its reach and to support its mission, the Cystic Fibrosis Foundation has programs designed to inform cystic fibrosis patients, their families and the general public regarding the disease In 2008, chapter offices prepared and distributed educational materials to the CF community, including audio and visual aids, exhibits and correspondence The Chapter offices also made available up to 20 publications and 3 informational webcasts that were developed specifically for the CF community by the Cystic Fibrosis Foundation

4c

(Code) (Expenses \$ 5,157,229 including grants of \$) (Revenue \$)

COMMUNITY SERVICE PROGRAMS The Cystic Fibrosis Foundation provides year-round efforts to educate, inform and empower patients and their families about the latest developments in treatment and care Consists of programs designed to help the general public and cystic fibrosis families in the detection of the disease by providing a referral service and handling inquiries concerning patients Approximately 25,000 patients were served in 2008, including approximately 1,000 patients who were newly diagnosed

4d

Other program services (Describe in Schedule O)







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

4e









Total program service expenses \$ 103,461,514 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	No
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	Yes
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV Checklist of Required Schedules *(Continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a804		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b40		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a515		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

17

b

Enter the number of voting members that 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?

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a

the governing body?

8a

Yes

b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

Yes

b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

Yes

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

a

The organization's CEO, Executive Director, or top management official?

15a

Yes

b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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?

16a

No

b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

AZ , AR , CA , CO , CT , FL , GA , IL , IN , KS , KY , MD , MA , MI , MN , MS , NH , NJ , NM , NY , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
ROBERT J BEALL PHD
6931 ARLINGTON ROAD STE 200
BETHESDA, MD 20814
(301) 951-4422

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form **990** (2008)

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(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				

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

		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>	3	No
4	For any individual listed online 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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SOFTREK CORP 30 BRYANT WOODS NORTH AMHERST, NY 14228	DATA PROCESSING	459,008
BOULDERS RESORT 34631 N TOM DARLINGTON DR CAREFREE, AZ 85377	EVENT SERVICES	374,543
WINGED FOOT GOLF CLUB FENIMORE RD MAMARONECK, NY 10543	event services	205,850
warner brothers studio facilities 4000 warner blvd BURBANK, CA 91522	event services	171,181
sheraton seattle hotel 1400 SIXTh AVE SEATTLE, WA 98101	event services	158,174

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII				Statement of Revenue					
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	1,828,424					
	b	Membership dues	1b						
	c	Fundraising events	1c	85,964,637					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,420,678					
	g	Noncash contributions included in lines 1a-1f \$ 10,849,517							
	h	Total (Add lines 1a-1f)						111,213,739	
Program Service Revenue	2a		Business Code						
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f							
	Other Revenue	3	Investment income (including dividends, interest other similar amounts)						
4		Income from investment of tax-exempt bond proceeds . . .							
5		Royalties							
6a		Gross Rents	(i) Real	(ii) Personal					
b		Less rental expenses							
c		Rental income or (loss)							
d		Net rental income or (loss)							
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b		Less cost or other basis and sales expenses							
c		Gain or (loss)							
d		Net gain or (loss)							
8a		Gross income from fundraising events (not including \$ 12,130,186 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a	85,964,637	0			0	
			b	Less direct expenses					12,130,186
			c	Net income or (loss) from fundraising events . . .					
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a	1,789,775	1,272,926			1,272,926		
		b	Less direct expenses					516,849	
		c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances	a							
		b	Less cost of goods sold						
		c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code							
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d								
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			112,486,665			1,272,926		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,380,200	9,347,130		4,026,456
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	626,099	406,964	43,827	175,308
9	Other employee benefits	1,995,161	1,296,855	139,661	558,645
10	Payroll taxes	1,183,604	769,343	82,852	331,409
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	869	565	61	243
12	Advertising and promotion				
13	Office expenses	2,785,052	1,810,283	194,955	779,814
14	Information technology	906,098	588,964	63,427	253,707
15	Royalties				
16	Occupancy	2,451,631	1,593,560	171,614	686,457
17	Travel	610,462	396,800	42,733	170,929
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	141,759	92,143	9,923	39,693
20	Interest				
21	Payments to affiliates	86,700,519	86,700,519		
22	Depreciation, depletion, and amortization	387,984	252,190	27,158	108,636
23	Insurance	5,529	3,594	387	1,548
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	TRAINING	12,638	8,215	884	3,539
b	MISCELLANEOUS	299,060	194,389	20,934	83,737
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	112,486,665	103,461,514	1,805,030	7,220,121
26	Joint Costs. Check <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost basis	10a	
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	10c
	11	Investments—publicly traded securities		11
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
	14	Intangible assets		14
	15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	0	160	
Liabilities	17	Accounts payable and accrued expenses		17
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>		25
	26	Total liabilities. Add lines 17 through 25	0	260
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	0	330
	34	Total liabilities and net assets/fund balances	0	340

Part XI

Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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?	2c	
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?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

2008

Open to Public Inspection

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization CYSTIC FIBROSIS FOUNDATION - GROUP RETURN FOR THE CHAPTERS	Employer identification number 13-6161105
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

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

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	94,893,704	107,506,623	108,122,039	124,426,212	111,213,739	546,162,317
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1 - 3	94,893,704	107,506,623	108,122,039	124,426,212	111,213,739	546,162,317
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						546,162,317

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	94,893,704		108,122,039	124,426,212	111,213,739	546,162,317
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,913					26,913
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	12,235,908	12,593,876	12,746,689	12,713,180	13,919,961	64,209,614
11 Total Support (Add lines 7 through 10)						610,398,844
12 Gross receipts from related activities, etc (See instructions)					12	62,238,923
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	89 476 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	99 914 %
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization CYSTIC FIBROSIS FOUNDATION - GROUP RETURN FOR THE CHAPTERS	Employer identification number 13-6161105
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

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 activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<div>gala</div> (event type)	<div>gala</div> (event type)	<div>1,145</div> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	3,255,259	2,136,791	92,702,773
	2	Less Charitable contributions	3,016,175	1,790,911	81,157,551
	3	Gross revenue (line 1 minus line 2)	239,084	345,880	11,545,222
Direct Expenses	4	Cash Prizes		24,937	24,937
	5	Non-cash Prizes		856	149,488
	6	Rent/Facility costs	28,000		1,833,479
	7	Other direct expenses	211,084	345,024	9,537,318
	8	Direct expense summary Add lines 4 through 7 in column (d)			12,130,186
	9	Net income summary Combine lines 3 and 8 in column (d).			

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue			1,789,775	1,789,775
Direct Expenses	2 Cash prizes			6,415	6,415
	3 Non-cash prizes			414,730	414,730
	4 Rent/facility costs			2,500	2,500
	5 Other direct expenses			93,204	93,204
	6 Volunteer labor	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d)				516,849
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				1,272,926

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities	See Additional Data Table		
a	Is the organization licensed to operate gaming activities in each of these states?		9a Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?		11 Yes	
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?		12	No

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b 100 %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ► THE ORGANIZATION			
Address ► 6931 ARLINGTON ROAD STE 200 bethesda, MD 20814			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	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			
Name ►			
Address ►			
16 Gaming manager information			
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		17a	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____			

Schedule J

(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION - GROUP
RETURN FOR THE CHAPTERS

Employer identification number

13-6161105

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a	4a	No
a	Receive a severance payment or change of control payment?	4b	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c	No
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		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	5a	No
a	The organization?	5b	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	6a	No
a	The organization?	6b	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT J BEALL PHD	(i)	0	0	0	0	0	0	0
	(ii)	456,946	115,418	32,637	121,520	13,536	740,057	0
C RICHARD MATTINGLY	(i)	0	0	0	0	0	0	0
	(ii)	336,144	72,754	17,843	93,843	21,108	541,692	0
PRESTON W CAMPBELL MD	(i)	0	0	0	0	0	0	0
	(ii)	328,542	68,615	19,629	71,458	24,107	512,351	0
VERA H TWIGG	(i)	0	0	0	0	0	0	0
	(ii)	230,517	47,321	16,060	23,520	18,253	335,671	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2008

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CYSTIC FIBROSIS FOUNDATION - GROUP
RETURN FOR THE CHAPTERS

Employer identification number
13-6161105

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	142	79,679	Net receipts
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	133	1,259,376	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe <u>tangible and service auction items</u>)	X	20,543	9,510,462	selling price
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
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

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION - GROUP RETURN FOR THE CHAPTERS

Employer identification number

13-6161105

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	PART IV, LINE 12, PART XI, LINE 2B	The Foundation obtained an independent audit of its consolidated financial statements for the year ended December 31, 2008 The consolidated financial statements include the operations of Cystic Fibrosis Foundation - HEADQUARTERS, THE CYSTIC FIBROSIS FOUNDATION CHAPTERS, Cystic Fibrosis Foundation Therapeutics, Inc , and Cystic Fibrosis Services, Inc
AUDIT COMMITTEE	PART XI, LINE 2C	The Foundation has an audit committee w hich is responsible for oversight of the audit of the financial statements and the selection of the independent auditors
REVIEW OF 990 BY GOVERNING BODY	PART VI, LINE 10	The Cystic Fibrosis Foundation Board of Trustees receives a copy of the Form 990 prior to its being filed, w ith sufficient time for comment allow ed The Compensation Committee of the Board of Trustees and the Foundation's ERISA attorneys review the EXECUTIVE compensation sections of the Form 990 to ensure completeness and accuracy Beginning w ith the 2008 Form 990, the Audit Committee of the Board of Trustees also review s the Form 990 as part of its chartered responsibilities
CONFLICT OF INTEREST MONITORING	PART VI, LINE 12C	A conflict of interest disclosure statement is completed annually by each Board member and officer Disclosures provided are reported to the Nominating and Governance Committee, the Audit Committee and the Board of Trustees As required w ithin the bylaw s, 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 w hich 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 enforces the policy and had no conflicts of interest as defined by the policy during 2008
DETERMINING COMPENSATION	PART VI, LINE 15	The total compensation of executives at the Cystic Fibrosis Foundation is specifically designed to attract and retain the highest qualified executive, medical and administrative talent, to fulfill the critically important mission of assuring the development of the means to cure and control CF and improving the quality of life for those w ith the disease The independent Compensation Committee of the CF Foundation's Board of Trustees follow s the process described in the IRS intermediate sanctions rules w hen determning compensation Specifically, the Committee (1) is composed entirely of non-employee volunteer directors w ho have no famial, business or significant personal relationships w ith 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 w ith w hom the CF Foundation competes for executive talent) for Committee reliance The Committee meets w ith representatives of the consulting firm to review this data in detail (4) review s all elements of each executives' total compensation, including but not limited to base salary, bonuses, perquisites, fringe benefits, and incentive and deferred compensation arrangements Upon the executive's hire, and at each point in time thereafter at w hich a new or revised compensation arrangement is under consideration w ith respect to the executive, the Committee meets w ith 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 w ith its determination, the basis for its determination in the minutes of its meeting These minutes are review ed, revised if necessary and approved at the follow ing meeting of the Committee (6) obtains a w ritten legal opinion concerning the Committee's compliance w ith the IRS intermediate sanctions rules The process described above w as used to establish compensation for the follow ing offices or positions President & CEO Executive Vice President & COO Executive Vice President FOR Medical Affairs Senior Vice President & CFO THE PROCESS WAS LAST UNDERTAKEN IN 2006
PUBLIC INSPECTION	PART VI, LINES 18 AND 19	Form 1023 for the Organization is available on its Web site, CFF.org The Organization's Web site provides a link to Guidestar.org for access to Form 990 The Foundation's governing documents (Bylaw s and Articles of Incorporation) are available upon request by contacting the National Office of the Cystic Fibrosis Foundation in w riting or by phone Information on how to obtain the governing documents is also available on the Foundation's Web site, w w w .cff.org The Board and Officer Conflict of Interest Policy and the audited financial statements are available on the Foundation's Web site, w w w .cff.org
Gaming activity	Sch G, Part III	Gaming conducted by the organization consisted primarily of raffles Two charity poker events w ere also held in 2008, in w hich only non-cash prizes w ere aw arded

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization CYSTIC FIBROSIS FOUNDATION - GROUP RETURN FOR THE CHAPTERS	Employer identification number 13-6161105
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Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(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
cystic fibrosis foundation therapeutics 6931 ARLINGTON RD BETHESDA, MD20814 91-2059167	RESEARCH	MD	501(C)(3)	11A	cff hq
Cystic fibrosis foundation- headquarters 6931 ARLINGTON RD BETHESDA, MD20814 13-1930701	research	DE	501(c)(3)	7	na

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

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

(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
CYSTIC FIBROSIS SERVICES INC 6931 ARLINGTON RD BETHESDA, MD20814 52-1850490	PHARMACY	MD	CFF PHARMACY	c	0	0	0 %

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Cystic fibrosis foundation - headquarters	1b	86,700,519
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 13-6161105
Name: CYSTIC FIBROSIS FOUNDATION - GROUP
RETURN FOR THE CHAPTERS

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	A Z, C A, C T, F L, G A, I D, I L, I N, I A, K S, K Y, M D, M A, M I, M N, M S, M O, N E, N H, N J, N M, N C, O H, O K, O R, P A, S C, T N, T X, V A, W A, W I
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Software ID:
Software Version:
EIN: 13-6161105
Name: CYSTIC FIBROSIS FOUNDATION - GROUP
RETURN FOR THE CHAPTERS

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	Part I, Line 4b	Certain persons listed in Form 990, Part VII, Section A, Line 1a participated in a nonqualified deferred compensation plan, under which interests are forfeited by the participant if the participant voluntarily terminates employment prior to designated vesting date Further information about the nonqualified deferred compensation plan in which those persons participate is provided in the additional information for Schedule J, Part II, below
compensation	Part II	<p>Cystic Fibrosis Foundation - Headquarters EIN 13-1930701 (A) Name R Beall, Ph D , (B)(i) Base Compensation base salary - \$291,261, 401(k) bonus - \$13,735, (B)(ii) Bonus & Incentive Compensation annual incentive plan benefit (1) - \$76,325, one-time discretionary (non-fixed) incentive payment - \$1,500, (B)(iii) Other Reportable Compensation health insurance benefit - \$2,418, automobile allowance - \$4,824, other benefits including taxable general organization group term life insurance premiums - \$17,703, (C) Deferred Compensation retirement benefit (2) - \$23,520, SERP (4) - \$65,660 (Line 4b), (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$10,026, employee contributions to flexible spending account benefit - \$3,510 Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167 (A) Name R Beall, Ph D , (B)(i) Base Compensation base salary - \$145,185, 401(k) bonus - \$6,765, (B)(ii) Bonus & Incentive Compensation annual incentive plan benefit (1) - \$37,593, (B)(iii) Other Reportable Compensation health insurance benefit - \$1,191, automobile allowance - \$2,376, other benefits including general organization group term life insurance premiums - \$4,125, (C) Deferred Compensation SERP (4) - \$32,340, (D) Nontaxable Benefits \$0 Cystic Fibrosis Foundation - Headquarters EIN 13-1930701 (A) Name P Campbell, M D , (B)(i) Base Compensation base salary - \$216,773, (B)(ii) Bonus & Incentive Compensation annual incentive plan benefit (1) - \$45,972, (B)(iii) Other Reportable Compensation Section 457(b) Plan (3) - \$10,385, other benefits including taxable general organization group term life insurance premiums - \$4,129, (C) Deferred Compensation retirement benefit (2) - \$23,520, SERP (5) - \$32,118, (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$13,956, employee contribution to flexible spending account benefit - \$5,000, employee contribution to general organization health plan benefit - \$5,151 Cystic Fibrosis Foundation Therapeutics, Inc EIN 91-2059167 (A) Name P Campbell, M D , (B)(i) Base Compensation base salary - \$111,769, (B)(ii) Bonus & Incentive Compensation annual incentive plan benefit (1) - \$22,643, (B)(iii) Other Reportable Compensation Section 457(b) Plan (3) - \$5,115, (C) Deferred Compensation SERP (5) - \$15,820, (D) Nontaxable Benefits \$0 Cystic Fibrosis Foundation - Headquarters EIN 13-1930701 (A) Name R Mattingly, (B)(i) Base Compensation base salary - \$336,144, (B)(ii) Bonus & Incentive Compensation annual incentive plan benefit (1) - \$72,754, (B)(iii) Other Reportable Compensation Section 457(b) Plan (3) - \$15,500, other benefits including taxable general organization group term life insurance premiums - \$2,343, (C) Deferred Compensation retirement benefit (2) - \$23,520, SERP (5) - \$70,323, (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$13,956, employee contribution to flexible spending account benefit - \$2,000, employee contribution to general organization health plan benefit - \$5,152 Cystic Fibrosis Foundation - Headquarters EIN 13-1930701 (A) Name V Twigg, (B)(i) Base Compensation base salary - \$230,517, (B)(ii) Bonus & Incentive Compensation annual incentive plan benefit (1) - \$47,321, (B)(iii) Other Reportable Compensation Section 457(b) Plan (3) - \$14,616, taxable general organization group term life insurance premiums - \$1,444, (C) Deferred Compensation retirement benefit (2) - \$23,520 (D) Nontaxable Benefits employer contribution to general organization health plan benefit - \$9,485, employee contribution to flexible spending account benefit - \$5,000, employee contribution to general organization health plan benefit - \$3,768 (1) This is an award based on achievement of annual performance standards established in advance by the Compensation Committee of the Board (2) Employer contributions made under the Cystic Fibrosis Foundation 401(k) Plan related to Plan year 2008 (3) A In the event of a CFF bankruptcy, participants are general unsecured creditors of CFF B 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) C 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 (currently \$15,500) D CFF retains the right to amend or terminate the 457(b) Plan at any time (4) A SERP interests are forfeited by the participant if the participant voluntarily terminates employment prior to December 31, 2009 B 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 C 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 D 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 E CFF retains the right to amend or terminate the SERP at any time (5) A SERP interests are forfeited by the participant if the participant voluntarily terminates employment prior to attaining age 60 B In the event of a CFF bankruptcy, participants are general unsecured creditors of CFF C 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 D The SERP's design was reviewed and opined upon as reasonable by an independent compensation consultant An independent actuary developed the contribution formula pursuant to which SERP contribution amounts are determined E CFF retains the right to amend or terminate the SERP at any time</p>

TY 2008 Affiliate Listing

Name: CYSTIC FIBROSIS FOUNDATION - GROUP
RETURN FOR THE CHAPTERS

EIN: 13-6161105

Name	Address	EIN	Name control
NORTHERN NEW ENGLAND CHAPTER	114 Perimeter Rd Units G and H Nashua, NH 03063	02-6013029	CYST
MASSACHUSETTS-RHODE ISLAND CHAPTER	220 North Main St Suite 104 Natick, MA 01760	04-2297106	CYST
CONNECTICUT CHAPTER	185 Silas Deane Hwy Wethersfield, CT 06109	06-0834391	CYST
GREATER NEW YORK CHAPTER	205 E 42nd St Suite 1821 New York, NY 10017	13-3133923	CYST
NORTHEASTERN NEW YORK CHAPTER	423A New Kerner Rd Albany, NY 12205	14-6027360	CYST
WESTERN NEW YORK CHAPTER	4976 Transit Rd Depew, NY 14043	16-0869529	CYST
ROCHESTER CHAPTER	550 Latona Rd D-408 Rochester, NY 14626	16-0875760	CYST
CENTRAL NEW YORK CHAPTER	7445 Morgan Road Liverpool, NY 13090	16-0919466	CYST
GREATER NEW JERSEY CHAPTER	117 Kinderkamack Rd River Edge, NJ 07661	22-1901115	CYST
DELAWARE VALLEY CHAPTER	2004 Sproul Rd Suite 208 Broomall, PA 19008	23-1518199	CYST
CENTRAL PENNSYLVANIA CHPATER	55 S Progress Ave Harrisburg, PA 17109	23-1683126	CYST
NORTHEASTERN PENNSYLVANIA CHAPTER	1541 Alta Dr Suite 204 Whitehall, PA 18052	23-2299592	CYST
INDIANA CHAPTER	1261 W 86th St Suite E-2 Indianapolis, IN 46260	23-7117120	CYST
WESTERN PA CHAPTER	810 River Ave Suite 100 Pittsburgh, PA 15212	25-1155227	CYST
CENTRAL OHIO CHAPTER	740 Lakeview Plaza Blvd Ste 225 Worthington, OH 43085	31-0680391	CYST

Name	Address	EIN	Name control
GREATER CINCINNATI CHAPTER	4420 Carver Woods Dr Cincinnati, OH 45242	31-0708677	CYST
GREATER ILLINOIS CHAPTER	150 N Michigan 4th Floor Chicago, IL 60601	36-2468111	CYST
METRO DETROIT CHAPTER	2265 Livernois Suite 410 Troy, MI 48083	38-1723341	CYST
GREATER MICHIGAN EASTERN REGION	3064 Boardwalk Dr Saginaw, MI 48603	38-1966896	CYST
WISCONSIN CHAPTER	20875 Crossroads Ctr Suite 350 Waukesha, WI 53186	39-0987132	CYST
MINNESOTA CHAPTER	1611 W Cty Rd B Suite 221 St Paul, MN 55113	41-0877670	CYST
IOWA CHAPTER	1025 Ashworth Rd 512 W Des Moines, IA 50265	42-6096497	CYST
HEART OF AMERICA CHAPTER	6950 Squibb Rd Suite 310 Mission, KS 66202	43-0814799	CYST
GATEWAY CHAPTER	1801 Pear Tree Lane Suite 110 St Ann, MO 63074	43-6016821	CYST
NEBRASKA CHAPTER	11917 Pierce Plaza Omaha, NE 68144	47-0527737	CYST
MARYLAND CHAPTER	10155 York Rd Suite 101 Cockeysville, MD 21030	52-6019357	CYST
METROPOLITAN WASHINGTON DC CHAPTER	6917 Arlington Rd Suite 308 Bethesda, MD 20814	52-6068825	CYST
VIRGINIA CHAPTER	2727 Enterprise Parkway Suite 104 Richmond, VA 23294	54-0859311	CYST
NORTH CAROLINA CHAPTER	2301 Stonehenge Dr 200 Raleigh, NC 27615	56-0902621	CYST
SOUTH CAROLINA CHAPTER	215 E Bay St Suite 205B Charleston, SC 29401	57-0539635	CYST

Name	Address	EIN	Name control
GEORGIA CHAPTER	2302 Parklake Dr NE Suite 210 Atlanta, GA 30345	58-0943901	CYST
RAINBOW CHAPTER	4635 Richmond Rd Suite 103 Warrensville Heights, OH 44128	58-1315123	CYST
FLORIDA CHAPTER	3443 NW 55th St Bldg 7 Ft Lauderdale, FL 33309	59-1280455	CYST
KENTUCKY-WEST VIRGINIA CHAPTER	1230 Hurstbourne Pkwy Suite 255 Louisville, KY 40222	61-0673019	CYST
TENNESSEE CHAPTER	4825 Trousdale Dr Suite 238 Nashville, TN 37220	62-0851705	CYST
ALABAMA CHAPTER	3918 Montclair Rd Suite 201 Mountain Brook, AL 35213	63-0511731	CYST
MISSISSIPPI CHAPTER	1907 Dunbarton Dr Suite C Jackson, MS 39216	64-0473630	CYST
SACRAMENTO CHAPTER	4600 Roseville Rd Suite 140 Northern Highlands, CA 95660	68-0448497	CYST
ARKANSAS CHAPTER	200 S Commerce Suite 100 Little Rock, AR 72201	71-6053928	CYST
LOUISIANA CHAPTER	4621 W Napoleon Ave Suite 207 Metairie, LA 70001	72-0572440	CYST
SOONER CHAPTER	2642 E 21st St Suite 100 Tulsa, OK 74114	73-0932820	CYST
TEXAS GULF COAST	50 Briar Hollow Lane Suite 310W Houston, TX 77027	74-1400718	CYST
LONE STAR CHAPTER	8620 N New Braunfels Ave Ste 110 San Antonio, TX 78217	74-1487797	CYST
CENTRAL TEXAS CHAPTER	3316 Bee Cave Rd Suite A Austin, TX 78746	74-2326310	CYST
NORTH-EAST TEXAS CHAPTER	2929 Carlisle St Suite 230 Dallas, TX 75204	75-1233021	CYST

Name	Address	EIN	Name control
COLORADO CHAPTER	1355 S Colorado Blvd Suite C200 Denver, CO 80222	84-0513516	CYST
NEW MEXICO CHAPTER	4004 Carlisle NE Suite B Albuquerque, NM 87107	85-0193380	CYST
ARIZONA CHAPTER	3800 North Central Suite 700 Phoenix, AZ 85012	86-0185398	CYST
UTAH CHAPTER	151 E 5600 St Suite 210 Murray, UT 84107	87-6127344	CYST
NEVADA CHAPTER	2990 Sunridge Heights Pkwy Ste 110 Henderson, NV 89052	88-0364349	CYST
WASHINGTON CHAPTER	520 Pike St Suite 1075 Seattle, WA 98101	91-1742590	CYST
GREATER MICHIGAN WESTERN REGION	551 36th St SE C Grand Rapids, MI 49548	91-2031303	CYST
OREGON MONTANA CHAPTER	9320 SW Barbur Blvd Suite 210 Portland, OR 97219	93-6038596	CYST
NORTHERN CALIFORNIA	100 Bush St Suite 210 San Francisco, CA 94104	94-1710453	CYST
SAN DIEGO AND IMPERIAL COUNTIES CHP	9820 Willow Creek Rd Suite 245 San Diego, CA 92131	95-2248725	CYST
SOUTHERN CALIFORNIA CHAPTER	2150 Town Center Pl Suite 120 Anaheim, CA 92806	95-6219308	CYST