Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. A For the 2009 calendar year, or tax year beginning

2009

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JSA 10 3.000	•		,	AC	r MOTICE,	, see the	separat	te instru	ictions.	*						- L	Yes	No.	-

-	art III Statement of Program Service Accomplishments	
.1	3. W. Co. Noe Accomplishments	P
• •	ATTACHMENT 4	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	services?	_
	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for cost of the	Yes X
ļ	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are	.,
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran allocations to others, the total expenses, and revenue, if any for each program services.	3.
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a ((Code:) (Expenses \$ 79,284,968, including grants of \$	
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	Part IV Checklist of Required Schedules			Page 3
				
	1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	٠ ٫	Y	es No
	A CONTRACT OF THE PROPERTY OF	·	1	X
			2	X
		- 1		
				X
		-		
				X
		. 5		1
			1	
	complete Schedule D, Part I			
	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic expressions at the conservation of the conservati	6		X
	the environment, historic land areas, or historic estructures a true area.			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
			1	
	complete Schedule D, Part III	8		x
		1	 	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		ł
1	complete Schedule D, Part IV	9		x
	O Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If" Yes," complete Schedule D. Root V.	-	+	 ^
1		100		x
•	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	10	┼	<u> </u>
	VII, VIII, IX, or X as applicable			· ·
	 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 	11	20050	X
	• Did the exercises		k.	
	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 Separate 9. 2. 44 "		k.	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	The organization report an amount for investments program as a latest to be a second			
	The disputite leport an amount for other assots in Dad V its discussion in the second in Dad V its discussion in the second in t			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	bit the organization report an amount for other liabilities in Dod V. II			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	William Service of the service of th		100	
	complete Schedule D, Parts XI, XII, and XIII		70	
12/	The state of the s	12		X
	The state of the s			
13				
14a		13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United State.	4a		X
	business, and program service activities outside the United State 2 transfer of the grantmaking, fundraising,			
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	4b	i	Х
			$\neg \vdash$	
16		5	- 1	х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-		
7		6		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	*	-+-	
		,		Y
-	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	7	-+-	<u>X</u>
			VI.	
		8	X	
a	If "Yes," complete Schedule G, Part III			
0	Tes. Complete Schedule H		X .	
	,	0	- 2	X

	Part IV Checklist of Required Schedules (continued)			Pag
٠.		-	Yes	T 1
2	21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	- [1.63	"
	in the Office States on Part IX, column (A), line 1? If "Yes" complete Schedule I. Parts Land II	21		,
2	2 Did the digarization report more than \$5,000 of grants and other assistance to individuals in the		+	+
	Onited States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	Ι,
2	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	┼─	+
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J		1	
2	4 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
	\$100,000 as of the last day of the year that was issued attached by the process of the last day of the year that was issued attached by the process of the last day of the year that was issued attached by the process of the process			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a	1	X
	The arrange of the process of tax-exempt bonds havened a temporary period execution?	24b		
	and the distriction maintain an escrow account other than a retunding escrow at any time during the year			
	to detease any tax-exempt bonds?	24c		
2.	bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	, a Section 30 (C)(3) and 301(C)(4) organizations. Did the organization engage in an excess benefit transposition			
	with a disqualitied person during the year? If "Yes." complete Schedule I Part I	25a		Х
	is the organization aware that it engaged in an excess benefit transaction with a disqualified posses in			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 000 and			
	350-LZ: II Tes, Complete Schedule L. Part I	25b		Х
26	was a total to or by a current or former officer, director, trustee, key employee, highly companyed a maleuse, and	230	┟──┤	
	usqualined person outstanding as of the end of the organization's tay year? If "Ves " complete School to the distance of the organization of the o	26		Х
27	of the digalization provide a grant of other assistance to an officer director trustee key ompletee	20		
	substantial Contributor, or a grant selection committee member or to a person related to such an individuous			
	" res, complete schedule L, Part III	2.7		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	- 12 G	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1.55	Add.
- 1	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
		:	- 1	.,
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b		_X
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	- 1		
29		28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		X
•	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	. [
32	Part I	31		X
U L	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II	32	- 1	Х
33	Did the digalization own 100% of an entity disregarded as separate from the organization under Doubleties.			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R Part I	33	ł	Х
34	was the diganization related to any tax-exempt or taxable entity? If "Vos." complete Schoolide D. D. J. W.			
	m, rv, and v, inte r	34	x	
35	is only rolated diganization a controlled entity within the meaning of eaction 512/6/42/2 is involved a controlled entity within the meaning of eaction 512/6/42/2 is involved a controlled entity within the meaning of eaction 512/6/42/2 is involved.	-	_	
	Concording the transfer of the	35	ľ	Х
36	obstront of (C)(3) organizations. Did the organization make any transfers to an example non-charitable related	-		 -
	organization: in res, complete scredule R. Part V. line ?	36	.	Х
37	bid the organization conduct more than 5% of its activities through an entity that is not a related assessment and	,,,		1.7
	and that is treated as a partnership for federal income tax numbers? If "Vee" complete Schooling to			
	1 WILTI A A A A A A A A A A A A A A A A A A A		1,	u-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	7		X
	13: NUIE, All FUIII MMU lifers are required to complete Cabadala A			
	3	8	X	

Page 4

	Part V Statements Regarding Other IRS Filings and Tax Compliance	Page 5
	1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	Yes No
	5.5. World along Neturia. Enter -t)- it not applicable	59
	The first of the f	
	The organization comply with packin withholding rules for repeated.	$\exists A A A$
		1c X
	o tation to the calendar year ending with or within the year sourced by the	3
	The contract of the contract o	- Address Control of the Control of
	or miles to diffe 2d is clienter than 750 you may be required to a first	2B A
		SHORT SHOW IN THE PROPERTY OF
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	
		3b
	account in a foleigh country (Such as a hank account convitting	
		4a X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
	The state of the s	
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
		5b X
		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? b If "Yes," did the organization include with oversteeling that are normally greater than \$100,000, and did the	6a X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	
	gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	6b
	a Did the organization receive a payment in excess of \$75 mode and a section (74(c).	
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a X
	TO THE PARTY OF THE PROPERTY OF THE PARTY OF	7b X
		_
	- " 100; indicate the number of Forms 8282 filed during the year	7c X
	The tried organization, during the year, receive any funds, directly or indirectly as	
•		7e X 7f X
	The state of the s	7g X
		7h X
8		7h X
	a manufacture overes propings includes at any time difficult the veets	8
9		ACEGN ELECTROPIC CONTRACTOR
	a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor depart depart depart departs as a lateral departs of the	a
10		ь
	1. V. A. G.	
4	The state of the part contributions included on Part VIII line 12	
11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Gross income from members and	
a h	Gross income from members or shareholders	
,	Closs income from other sources (Do not net amounts due or reid to the	
	amounto due of received flow them?	427
b	If "Yes." enter the amount of tax exempt interests. Is the organization filing Form 990 in lieu of Form 1041? 12	8
	since the amount of tax-exempt interest received or accrued during the year	District and Company of the Company

Page 5

	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	-, ,		Page
` _	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes Schedule O. See instructions.	/b be , or cl	elow, hangi	and 98 ii
5	Section A. Governing Body and Management			·
			Yes	N
		L7		\dagger
	b Enter the number of voting members that are independent	6		
	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	1	X
	3 Did the organization delegate control over management duties customarily performed by or under the direct		1	1
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
	The trie digalization make any significant changes to its organizational documents since the prior Form 000 was filed?	ا ما		X
	bid the organization become aware during the year of a material diversion of the organization's assets?	5	1	X
	boes the organization have members or stockholders?	6	†	X
•	Does the organization have members, stockholders, or other persons who may elect one or more members		1	
	of the governing body?	. 7a		Х
	Are any decisions of the governing body subject to approval by members, stockholders, or other porcess?	7b	†	X
	bid the organization contemporaneously document the meetings held or written actions undertaken during		4.75	
	the year by the following:			
	a The governing body?	8a	х	
	b Each committee with authority to act on behalf of the governing body?	8b	X	
.g	1 IS UIBLE BUV DINCER DIRECTOR TRUSTED OF KON AMPIONO Biologic in the Company of		 " 	
-	The state of the s	9a		Х
86	ction B. Policies (This Section B requests information about policies not required by the Internal	1	- 1.0	
			Yes	No
10	Does the organization have local chapters, branches, or affiliates?	400	X	
	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	405	x	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b		
	form?		x	
11/	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11		ar was
1 23	Does the organization have a written conflict of interest nolicy? If "No " go to line 12	12a	x	Mile.
· Ł	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120	 +	
	rise to connects!	12b	х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 +	
	describe in Schedule O how this is done		x	
13	Does the organization have a written whistleblower policy?	12c	$\frac{x}{x}$	
14	Does the organization have a written document retention and destruction policy?	13		
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	Start St.
	independent persons, comparability data, and contemporance as substantial as a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.			
b	Other officers or key employees of the organization	-, -, -, -	X	
	Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	X	
16a	Did the organization invest in contribute secrets to an autisist in the process in Schedule O. (See Instructions.)			
	The second state of the second			10.4
ь	with a taxable entity during the year?	16a	X	
	100, the tric organization adopted a written policy of procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Sect	the organization's exempt status with respect to such arrangements?	16b		
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 (504) (20)			
	available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request	only)		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st		
	policy, and intericial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBERT J. BEALL, PH.D. 6931 ARLINGTON ROAD, STE 200 BETHESDA, MD 301-951-4422	2081	4	

Part VII Compensation of Officers D	·	—								Page 7
Employees, and independent	t Contrac	tors								ed
Section A. Officers, Directors, Trustees, K	ey Emplo	yees,	an	id F	ligh	est C	om	pensated Em	plovees	
1a Complete this table for all persons required organization's tax year. Use Schedule J-2 if ad	to he liste	d Re	300	rt cc	mn	ensat	ion	for the calend	ar year ending v	vith or within the
 List all of the organization's current office of compensation. Enter -0- in columns (D), (E), 	ers directo	rs tri	ıeta	96	hwha	ether	indi s pa	viduals or orga	inizations), regar	dless of amount
 List all of the organization's current key 	emplovees	. See	ins	truc	tion	s for	defi	nition of "key a	emnlovee "	
 List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations. 	t compane	a hate	mn	Jane		latha.	- 46	· · · · · · · · · · · · · · · · · · ·		r key employee) 00,000 from the
 List all of the organization's former office \$100,000 of reportable compensation from the 	rs, key em organizatio	ploye n and	es, i an	and	l hig elate	hest	com	npensated emp	oloyees who rece	eived more than
 List all of the organization's former directive organization, more than \$10,000 of reportation. 	ctors or tr	u stee isatio	s th	hat om	rece the	eived, organ	in t nizal	the capacity as	elated organizatio	nne ´
List persons in the following order: individua compensated employees; and former such pers	l trustees	or di	rec	tors	; in	stituti	ona	I trustees; off	icers; key empl	oyees; highest
Check this box if the organization did not co	mpensate	any c	urre	ent (offic	er. di	rect	or, or trustee		
(A)	(B)				(C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
EE SCHEDULE J-2										

Part VII	Section A. Officers, Directors, T	rustees, Ke	y Em	ploy	/ees	s. an	ıd Hia	hes	st Compensate	ed Emple	WARE (C	Pa
,	(A)	(B)	T		((C)			(D)		E)	(F)
	Name and title	Average	Posi	tion ((chec	k all	that ap	ply)	Reportable	1	, ortable	Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from	nsation related izations 99-MISC)	amount of other compensation from the organization and related organizations
	to the general season											
		-										
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		· ·		+	+	+		+				
				+	+	+		+				
			-	+	+	+	-	+				
				-	-	-		1				
th Tatal			\bot	\perp	\perp							
1b Total		<u> </u>	···			•	. ▶	Ι	221,507	3,162	623	419,41
reportable	nber of individuals (including but no e compensation from the organizati	on ►	those	e list	ted	abo	ve) wi	ho i	received more	than \$1	00,000 ir	Yes No
Did the or employee	rganization list any former officer, on line 1a? <i>If "Yes," complete Scl</i>	director or nedule J for	trusto such	ee, ina	key livid	em <i>ual</i>	ploye	e, c	or highest com	pensate	d a	
For any in	idividual listed on line 1a, is the su zation and related organizations or	m of reports	ahla d	m	200		on and s," <i>col</i>	d of	ther compensate the schedule .	ation from Ufor suc	h 🔛	
Did any p services re	erson listed on line 1a receive or endered to the organization? If "Ye	accrue co	mpen	sati	on i	ron	any	uni	related organi	 zation fo	. 4	X
ection B. Ind	lependent Contractors									· · · ·	. 5	
Complete t compensat	this table for your five highest com tion from the organization.	pensated in	depe	nde	nt c	ontr	actors	th	at received mo	ore than	\$100,000	0 of
	(A) Name and business addres	s					T	D	(B) escription of service	200		(C)
TACHMENT	6						_				Com	pensation
							-					
							+					
Total numb	er of independent contractors (inclu \$100,000 in compensation from the	ding but no organizati	t limit on ▶	ed t	o th	ose	listed	ab	ove) who rece	ived		

•		T				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	s, giffs, grants milar amounts	1	b Membership dues		77,420,773.				
:	and other simil		e Government grants (contributions, gifts, grand similar amounts not include Noncash contributions include Total. Add lines 1a-1f	rants, led above . 1f	21,003,952. 13,345,381.				
-	Program Service Revenue	2 t			Business Code	100,206,974.			
	Program S	e f g	All other program service re Total. Add lines 2a-2f Investment income (including	<u></u>	.	0.			Andrew Market
		4 5	other similar amounts) Income from investment of Royalties · · · · · · ·	tax-exempt bond j	proceeds	0. 0, 0.			
		6a b c d	Gross Rents			0.			
		b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
Other Revenue	1.	а	events (not including $\$ \frac{77}{100}$, of contributions reported on li	ndraising 420,773. ne 1c).		0.			
Other	94	b i	See Part IV, line 18 Less: direct expenses	Iraising events	11,215,698. 11,215,698.	0.			0.
	10a	; i 1 :	See Part IV, line 19 Less: direct expenses Net income or (loss) from game Bross sales of inventory	a	1,389,321. 459,376.	929,945.			929, 945 .
	b c	r L	eturns and allowances ess: cost of goods sold let income or (loss) from sales Miscellaneous Revenue	of inventory.	b	0.			
	11a b c	_			usilless Code				
	d e 2	To	l other revenue			0.			929,945.

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. (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 0. Grants and other assistance to individuals in the U.S. See Part IV, line 22 0. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 0. Ō. Compensation of current officers, directors, 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) . . . 0 12,864,835. 8,362,143. 900,538. 3,602,154. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . 596,183 387,519. 41,733. 166,931. Other employee benefits 2,218,501. 1,442,026 155,295. 621,180. 10 1,126,487 732,217. 78,854. 315,416. Fees for services (non-employees): 0 0 Õ 0. Professional fundraising services. See Part IV, line 17 Ō. f investment management fees 0. 3,205. 2,083 225. 897. C 13 2,400,788. 1,560,512. 168,055. 672,221. Information technology 791,007. 514,154. 55,371. 221,482. 15 0. 16 2,428,637 1,578,614. 170,005 680,018. 583,850 379,503. 40,869. 163,478. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 95,523 62,090 6,687. 26,746. 21 77,384,799. 77,384,799 Depreciation, depletion, and amortization 321,597 209,038 22,512. 90,047. 23 insurance 19,590 12,733. 1,372. 5,485. 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 1,177. 765. 82 b MISCELLANEOUS 330. 300,740. 195,481. 21,050 84,209. All other expenses ____ n 25 Total functional expenses. Add lines 1 through 24f 101, 136, 919. 92,823,677. 1,662,648. 6,650,594. Joint Costs. Check here 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

Balance Sheet (A) Beginning of year End of year 1 2 3 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10c 11 11 Investments - other securities. See Part IV, line 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 18 Grants navable

1 Accounting method wood to account the Foundation		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual 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?			l
b Were the organization's financial statements audited by an independent accountant?	2a	<u> </u>	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2b	Х	L
the audit review or compilation of its financial attenuant and assumes responsibility for oversight of			ľ
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	- V		
issued on a consolidated basis, separate basis, or both:			4
Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A 1222	1 1		
the Single Audit Act and OMB Circular A-133?	3a	.	Χ
and the organization didergo the required audit of 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.	3ь	į	
	Form §	90 (2009)

Cim 220 Ot 230-EV

Status and Public Support

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

Department of the Treasury Internal Revenue Service

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

Name of the organization CYSTIC FIBROSIS FOUNDATION - GROUP Employer identification number RETURN FOR THE CHAPTERS 13-6161105 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. Type I Type II Type III - Functionally integrated C Type III - Other 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the organization (vii) Amount of (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.7 No Yes Yes Total

or Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

· C	Support Schedule for C (Complete only if you che ection A. Public Support	cked the box	on line 5, 7, or	8 of Part I.)			(~)(VI)
		1					
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	107,506,623	3. 108,122,039	124,426,212	. 111,213,739	100,206,974	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3					527,773,36
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	107,506,623	. 108,122,039.	124,426,212.	111,213,739	100,206,974.	551,475,587
5	The portion of total contributions by each						331,473,387
	person (other than a governmental unit or					Francisco de la Constantina del Constantina de la Constantina del Constantina de la	
	publicly supported organization) included	7.0					
	on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	A Company	1,77		4		
6	Public support. Subtract line 5 from line 4.						£51 405 500
<u>>ec</u>	tion B. Total Support						551,475,587
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	107,506,623.	108,122,039.	124,426,212.	111,213,739.	100, 206, 974.	551,475,587.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					330,200,374.	331,475,587.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	12,593,876.	12,746,689.	12,713,180.	13,919,961.	12,605,019.	64 570 705
	Total support. Add lines 7 through 10					12,003,019.	64,578,725.
2	Gross receipts from related activities, etc. (se	e instructions) .				43	616,054,312.
_	indi ilab angler il lub bulun dali je te	r the example at					61,218,713.
41	organization, check this box and stop here ion C. Computation of Public Supp	• • • • • • • •		• • • • • • • • •	niii tax year	as a section 5	01(c)(3)
							••••
ا, ا	Public support percentage for 2009 (line	e 6. column (f)	divided by line 1	1. column (f))	T	14	89.52%
	apple arbbeit beicelifade Holli Solly 2	Chedille A Pari	l II lino 1 <i>1</i>		- 1		
٠. ٠	to the support test - 2009. If the Old	Janization did n	int check the he	von line 40 -			
	The state in the organization	i uuaiilies as a r	HIDHCIV CHADAMA	d oronal-alia-			1 1
	The blue of the state of the blue of the b	uzaikui unammes	26 2 NIINIIAN 611		41		1 1
	The second secon	vo. II uie uiumii	וא זהת חוח חחנווגעו	100k a hawaa ii	40 40	A4	•
	The state of garinzation integral tile	; iacis-and-cir	:UMSTANCAC" tact	The erecime	Line		an n
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		vo. II me maai	11/2/2000 DIA DAT	chack a hau a.	- lim- 40 40-	4-04	
	- is in the or more, and it the organi	zauun meeis r	DA "TACTE AND A	roumoteenell A			
							nere.
	- PP						
P	rivate foundation. If the organization	did not check a	a box on line 1:	3. 16a 16b 1	79 or 17h	nole thin to	▶∟
•	-441		··· · · · · · · · · · · · · · · · ·	-, , -, -, , , , , , , , , , , , , , ,	. ra. vet 1771 CD	INIC DAY AS	7 BAA

	ction A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(D. T.
1	Gifts, grants, contributions, and				(4)2000	(6) 2009	(f) To
	membership fees received. (Do not include						
	any "unusual grants.")				1	1	
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	}		1			
3	Gross receipts from activities that are not an			-	 		
	unrelated trade or business under section 513	1		1			
4	Tax revenues levied for the organization's			 	 		
	benefit and either paid to or expended on	1					
	its behalf						
5	The value of services or facilities			 			
	furnished by a governmental unit to the	1		1			
	organization without charge			ĺ]	1	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ĺ					
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified	1	-				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13	ł			•		
	for the year						
ر ئ 1 د €	Add lines 7a and 7b	CYCLES VINNELS AND	PANE VISION STORY				
,	Public support (Subtract line 7c from					Programme and State of the Control o	
cti	on B. Total Support						
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
a C	Amounts from line 6						(4) 1010.
p	payments received on securities loans,						
re	ents, royalties and income from similar			j		ļ	
S	ources						
b U	Inrelated business taxable income (less						
	ection 511 taxes) from businesses	İ					
	cquired after June 30, 1975	_			1		
c A	dd lines 10a and 10b						
-N	et income from unrelated business						
ac	clivities not included in line 10b,	1	[·	
W	hether or not the business is regularly arried on						
Ca							
	THE INCOME. Do not include asia or		1	1			
Ol	ther income. Do not include gain or		İ	j			
Ol	ss from the sale of capital assets				77		
Ol los (E	ss from the sale of capital assets xplain in Part IV.)						
OI los (E To	ss from the sale of capital assets xplain in Part IV.)						
Oi los (E To ar	xplain in Part IV.)						
OI los (E To ar Fir	explain in Part IV.) tal support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the	organization's f	irst, second, th	ird, fourth, or fi		a section 501(c)(3)
OI los (E To ar Fir	ss from the sale of capital assets xplain in Part IV.) ptal support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here.		<u> </u>	ird, fourth, or fi		a section 501(c)(3)
OI los (E To ar Fir org	ss from the sale of capital assets xplain in Part IV.) that support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here n C. Computation of Public Support	Parcentage	• • • • • • •	•••••	fth tax year as	a section 501(c)(:	3)
OI los (E To ar Fir org tion	ss from the sale of capital assets xplain in Part IV.) tal support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here n. C. Computation of Public Support blic support percentage for 2009 (line 8, columns)	Percentage	ling 12 celum	(6)	fth tax year as	• • • • • • • • • • • • • • • • • • • •	▶
Ol los (E To ar Fir org tion	ss from the sale of capital assets explain in Part IV.) ptal support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here. In C. Computation of Public Support blic support percentage for 2009 (line 8, columbic support percentage from 2008 Schedule A	Percentage mn (f) divided by	line 13, column	(6)	fth tax year as	5	▶ [
Ollos los (E To ar Fir org tion Pul	ss from the sale of capital assets explain in Part IV.) partial support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here. n. C. Computation of Public Support blic support percentage for 2009 (line 8, columbic support percentage from 2008 Schedule And D. Computation of investment inc.	Percentage mn (f) divided by A, Part III, line 15	line 13, column	(f))	fth tax year as	• • • • • • • • • • • • • • • • • • • •	▶ [
Ollos (E To ar Fir org tion Pul	ss from the sale of capital assets xplain in Part IV.) patal support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here n C. Computation of Public Support bild support percentage for 2009 (line 8, columbic support percentage from 2008 Schedule A D. Computation of Investment Incestment income percentage for 2009 (line 10c)	Percentage mn (f) divided by A, Part III, line 15 come Percent	viine 13, column	(f))	fth tax year as	5 6	▶∫ ?
Ollos los (E To ar Fir org tion Pul tior Inve	ss from the sale of capital assets xplain in Part IV.) total support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here In C. Computation of Public Support bilic support percentage for 2009 (line 8, column bilic support percentage from 2008 Schedule And D. Computation of Investment Incestment income percentage from 2009 (line 10cestment income percentage from 2008 Schedule And D. Computation of Investment Incestment Income percentage from 2008 Schedule And D. Computation of Investment Incestment Income percentage from 2008 Schedule And D. Computation of Investment Incestment Income percentage from 2008 Schedule And D. Computation of Investment Incestment Income percentage from 2008 Schedule And D. Computation of Investment Incestment Incestment Income percentage from 2008 Schedule And D. Computation of Investment Incestment Incest	Percentage mn (f) divided by A, Part III, line 15 come Percent c, column (f) div ule A. Part III, line	line 13, column tage ided by line 13, one 17	(f))	fth tax year as	5 6	► 9 9
Ollos (E To ar Fir org tion Pul tior Inve	ss from the sale of capital assets xplain in Part IV.) total support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here n. C. Computation of Public Support blic support percentage for 2009 (line 8, column blic support percentage from 2008 Schedule And D. Computation of Investment Incestment income percentage from 2009 (line 10cestment income percentage from 2008 Schedule 1/3% support tests - 2009. If the organization in Part IV.)	Percentage mn (f) divided by A, Part III, line 15 come Percent C, column (f) div ule A, Part III, line ation did not ci	line 13, column tage rided by line 13, one 17	(f))	fth tax year as	5 6 7 8	▶ 9 9
Ollos (E To ar Fir org tion Pul tior Inve 33	ss from the sale of capital assets explain in Part IV.) patal support. (Add lines 9, 10c, 11, and 12.) st five years. If the Form 990 is for the ganization, check this box and stop here. n. C. Computation of Public Support blic support percentage for 2009 (line 8, column blic support percentage from 2008 Schedule And D. Computation of Investment Income percentage from 2008 Schedule And D. Computation of Investment Income percentage from 2008 Schedule 1/3% support tests - 2009. If the organization more than 33 1/3%, check this box and support tests - 2009. If the organization more than 33 1/3%, check this box and support tests - 2009.	Percentage mn (f) divided by A, Part III, line 15 come Percent C, column (f) div ule A, Part III, lir ation did not ch x and stop he	tage vided by line 13, one 17 heck the box of	(f))	fth tax year as	5 6 7 8 han 331/3% and	% % % line
Ollos (E To ar Fir org tion Pul Pul Inve 33 17	ss from the sale of capital assets explain in Part IV.) Intal support. (Add lines 9, 10c, 11, and 12.) Intal support. (Add lines 9, 10c, 11, and 12.) Interest five years. If the Form 990 is for the ganization, check this box and stop here. In C. Computation of Public Support bilic support percentage for 2009 (line 8, column bilic support percentage from 2008 Schedule And D. Computation of Investment Income percentage for 2009 (line 10c estment income percentage from 2008 Schedule 1/3% support tests - 2009. If the organization of more than 33 1/3%, check this box 1/3% support tests - 2008. If the organization of the	Percentage mn (f) divided by A, Part III, line 15 come Percent C, column (f) div ule A, Part III, lir ation did not che c and stop he con did not cher	tage vided by line 13, one 17 heck the box or	(f)) column (f)) n line 14, and lization qualifies a	fth tax year as	5 6 7 8 nan 331/3%, and ported organization	9 9 9 9 1ine
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Page 3

Part IV Supplemental Ir	nformation. Con ir 17b; or Part III	mplete this p I, line 12. Pro	art to provide vide any other a	the explanation	nation. See instru	art II, line 10; uctions		
•					ATTACHMENT 1			
SCHEDULE A, PART II - OTHER IN	ICOME							
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL		
INSURANCE CLAIM PROCEEDS		180,916.				180,916.		
GROSS FUNDRAISING REVENUE	12,593,876.	12,565,773.	12,713,180.	12,130,186.	11,215,698.	61,218,713.		
GROSS GAMING REVENUE	स्तर क्षेत्र १ - २ १			1,789,775.	1,389,321.	3,179,096.		
TOTALS	12,593,876.	12,746,689.	12,713,180.	13,919,961.	12,605,019.	64,578,725.		