



Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization’s mission

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

2

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

☐ Yes

☒ No

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

3

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

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a	(Code ) (Expenses \$ 146,593,554 including grants of \$ 128,220,285 ) (Revenue \$ 2,216,198 )
	MEDICAL PROGRAMS SINCE 1955, THE CYSTIC FIBROSIS FOUNDATION HAS BEEN DEDICATED TO CURING AND CONTROLLING CYSTIC FIBROSIS (CF) THE CYSTIC FIBROSIS FOUNDATION IS THE WORLDS LEADER IN THE SEARCH FOR A CURE FOR CYSTIC FIBROSIS, A LIFE-THREATENING GENETIC DISEASE THAT AFFECTS MORE THAN 30,000 PEOPLE IN THE UNITED STATES, AND 70,000 PEOPLE WORLDWIDE THE TREATMENT AND CARE PROTOCOLS DEVELOPED BY THE CF FOUNDATION ARE HELPING TENS OF THOUSANDS OF PEOPLE WITH THE DISEASE LIVE LONGER, HEALTHIER LIVES TO SUPPORT ITS MISSION, THE FOUNDATION FUNDS AND ACCREDITS A NATIONWIDE NETWORK OF 120 CARE CENTERS THE CARE CENTER NETWORK PROVIDES THE BEST CARE FOR PEOPLE WITH CF AND HAS BEEN RECOGNIZED BY THE NATIONAL INSTITUTES OF HEALTH AS A MODEL OF CARE FOR A CHRONIC DISEASE BREAKTHROUGH TREATMENTS HAVE ADDED YEARS TO THE LIVES OF PEOPLE WITH CYSTIC FIBROSIS TODAY THE MEDIAN PREDICTED SURVIVAL AGE IS CLOSE TO 40 THIS IS A DRAMATIC IMPROVEMENT FROM THE 1950S, WHEN A CHILD WITH CF RARELY LIVED LONG ENOUGH TO ATTEND ELEMENTARY SCHOOL THE FOUNDATION PROVIDES MUCH-NEEDED SUPPORT FOR PATIENTS AND THEIR FAMILIES AS THEY MANAGE THE DIFFICULT CONSEQUENCES OF THE DISEASE FROM SUPPORTING SPECIALIZED, QUALITY CF CARE TO PROVIDING INFORMATION AND SUPPORT TO HELP PEOPLE WITH CF ACCESS THAT CARE THE FOUNDATIONS PATIENT REGISTRY COLLECTS INFORMATION ON THE HEALTH STATUS OF MORE THAN 28,900 PEOPLE WITH CF PROVIDING CAREGIVERS AND RESEARCHERS CRITICAL INFORMATION TO HELP IDENTIFY NEW HEALTH TRENDS AND EFFECTIVE TREATMENTS AND IMPROVE THE QUALITY OF CF CARE THE PATIENT REGISTRY IS AN INTERNATIONALLY RECOGNIZED MODEL FOR OTHER NONPROFIT HEALTH ORGANIZATIONS, INCLUDING CF ADVOCACY GROUPS MEDICAL PROGRAMS CONSIST OF APPROXIMATELY 527 GRANTS AND OTHER COSTS TO SUPPORT SCIENTIFIC STUDIES/INVESTIGATIONS AND CYSTIC FIBROSIS CENTERS APPROXIMATELY 307 GRANTS TOTALING \$22 5 MILLION WERE AWARDED TO CYSTIC FIBROSIS CARE CENTERS SERVING APPROXIMATELY 28,900 PATIENTS

























4b	(Code ) (Expenses \$ 8,089,310 including grants of \$ 4,391,727 ) (Revenue \$ )
	LACK OF ADEQUATE INSURANCE COVERAGE FOR CF MEDICATIONS HAS BEEN A CONSISTENT CONCERN FOR THOSE LIVING WITH THE DISEASE AND THEIR FAMILIES THE PATIENT ASSISTANCE RESOURCE CENTER (PARC) IS A HIGHLY PERSONALIZED SERVICE TAILORED TO AN INDIVIDUALS CIRCUMSTANCES RELATED TO COMPLEX INSURANCE, FINANCIAL, LEGAL AND OTHER ISSUES THAT CAN PREVENT ACCESS TO MUCH-NEEDED CF THERAPIES AND CARE IN 2015, SKILLED CASE MANAGERS HELPED MORE THAN 1,700 PEOPLE WITH CF AND THEIR FAMILIES UNDERSTAND AND MAXIMIZE THEIR INSURANCE COVERAGE AND BENEFITS CASE MANAGERS ALSO ASSISTED MANY OTHERS WITH FINDING RESOURCES FOR ISSUES RELATED TO LIFE WITH CF THAT CAN AFFECT ACCESS, INCLUDING BASIC LIVING AND FOOD EXPENSES CYSTIC FIBROSIS PATIENT ASSISTANCE FOUNDATION CLOSED ITS PROGRAM AS OF DECEMBER 31, 2015 STAFF HELPED MORE THAN 1,200 PEOPLE SUCCESSFULLY TRANSITION TO A NEW PROVIDER TO ENSURE THAT THOSE INDIVIDUALS MAINTAINED ACCESS TO FINANCIAL ASSISTANCE TO HELP WITH MEDICATION COPAYS

4c	(Code ) (Expenses \$ 12,455,800 including grants of \$ ) (Revenue \$ )
	PUBLIC AND PROFESSIONAL INFORMATION AND EDUCATION TO BROADEN ITS REACH AND TO SUPPORT ITS MISSION, THE CF FOUNDATION HAS PROGRAMS DESIGNED TO IMPROVE THE KNOWLEDGE OF PEOPLE WITH CF AND THEIR FAMILIES, MEDICAL PROFESSIONALS AND THE GENERAL PUBLIC REGARDING THE DISEASE IN 2015, THERE WERE 10 PUBLICATIONS AND 50 VIDEOS PRODUCED AND MADE AVAILABLE FOR PEOPLE WITH CF, FAMILIES, MEDICAL PROFESSIONALS, AND THE GENERAL PUBLIC YEAR-ROUND, MEETINGS AND CONFERENCES PROVIDE UPDATES FOR CF RESEARCHERS, PHYSICIANS AND ALLIED HEALTH PROFESSIONALS AND OPPORTUNITIES FOR COLLABORATION ON FUTURE CF RESEARCH PROJECTS AND TREATMENT/CARE EFFORTS IN 2015, OVER 2,902,412 UNIQUE VISITORS CAME TO THE CF FOUNDATIONS WEBSITE FORM 990, PART III - PROGRAM SERVICE, LINE 4D COMMUNITY SERVICES THE CYSTIC FIBROSIS FOUNDATION PROVIDES YEAR-ROUND EFFORTS TO EDUCATE, INFORM AND EMPOWER INDIVIDUALS WITH CF AND THEIR FAMILIES ABOUT THE LATEST DEVELOPMENTS IN TREATMENT AND CARE THE PROGRAMS ARE DESIGNED TO HELP THE GENERAL PUBLIC IN THE DETECTION OF THE DISEASE BY PROVIDING A REFERRAL SERVICE AND HANDLING INQUIRIES CONCERNING CYSTIC FIBROSIS APPROXIMATELY 28,900 PEOPLE WITH CF WERE SERVED IN 2015, INCLUDING APPROXIMATELY 850 INDIVIDUALS WHO WERE NEWLY DIAGNOSED

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 3,451,951 including grants of \$ ) (Revenue \$ )

4e	Total program service expenses	170,590,615
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	238			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	315			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	PRESTON W CAMPBELL MD 6931 ARLINGTON ROAD BETHESDA, MD 20814 (301) 951-4422

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

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

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

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

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	6,703,966	1,802,968	844,931

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 80

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUFIAN PASSAMANO, 712 MAIN STREET SUITE 2130 HOUSTON, TX 77002	HOTLINE/PATIENT ASSI	1,380,875
ARAMARK AVENTURA CATERING, 100 NORTH 3RD ST PHOENIX, AZ 85004	CONFERENCE CATERING	1,122,753
SCHANER LUBITZ PLLC, 6931 ARLINGTON ROAD BETHESDA, MD 20814	LEGAL/TRANSACTION	994,427
THREESpot MEDIA LLC, 806 7TH ST NW WASHINGTON, DC 20001	CONSULTING	911,468
GRANTMAIL DIRECT LTD, A01-01 15F WORLD TRADE CENTER NINGBO, CH	PRINTING	652,384

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 59

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	86,659,882			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,248,415			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		95,908,297			
Program Service Revenue			Business Code				
	2a	SCIENTIFIC CONFERENCE	611600	2,060,699	2,060,699		
	b	TRANSITION SERVICES	541610	155,499	155,499		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		2,216,198			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		67,810,170		-1,476	67,811,646
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		7,230,863			7,230,863
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss) 0		0			
	d	Net rental income or (loss) . . . . .		0			
	7a	(i) Securities		(ii) Other			
		2,551,737,405					
	b	Less cost or other basis and sales expenses		2,578,239,249	2,936		
	c	Gain or (loss) -26,501,844		-2,936			
	d	Net gain or (loss) . . . . .		-26,504,780			-26,504,780
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a			
	b	Less direct expenses . . . . .		b			
	c	Net income or (loss) from fundraising events . . . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a			
	b	Less direct expenses . . . . .		b			
	c	Net income or (loss) from gaming activities . . . . .			0		
10a	Gross sales of inventory, less returns and allowances . . . . .		a				
b	Less cost of goods sold . . . . .		b				
c	Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue		Business Code					
11a	LIST RENTAL	533110	249,439			249,439	
b	INSURANCE CLAIM PROCEEDS	900099	983,127			983,127	
c	REFUNDED OR CANCELLED GRANTS	900099	565,782	565,782			
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		1,798,348				
12	Total revenue. See Instructions . . . . .			148,459,096	2,781,980	-1,476	49,770,295

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	130,036,670	130,036,670		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	1,839,565	1,839,565		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	735,777	735,777		
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	6,449,238	4,163,714	1,290,927	994,597
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	20,235,358	12,827,875	4,362,801	3,044,682
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,018,805	662,520	207,263	149,022
9	Other employee benefits . . . . .	2,984,036	1,909,154	617,667	457,215
10	Payroll taxes . . . . .	1,551,761	959,736	324,237	267,788
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	720,995	649,960	71,035	
c	Accounting . . . . .	299,022	30,991	268,031	
d	Lobbying . . . . .	469,844	469,844		
e	Professional fundraising services See Part IV, line 17	192,000			192,000
f	Investment management fees . . . . .	5,013,975		5,013,975	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) . . . . .	4,157,288	3,640,198	142,745	374,345
12	Advertising and promotion . . . . .	6,706	3,889	872	1,945
13	Office expenses . . . . .	818,560	590,087	123,600	104,873
14	Information technology . . . . .	3,867,178	3,349,834	112,539	404,805
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,138,748	841,192	169,822	127,734
17	Travel . . . . .	885,874	762,884	51,620	71,370
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	4,122,590	3,848,113	80,947	193,530
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	500,221	342,076	91,462	66,683
23	Insurance . . . . .	355,238	264,491	58,986	31,761
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a	DIRECT MAIL PRINTING	1,890,346	536,858		1,353,488
b	DIRECT MAIL POSTAGE	1,301,504	369,627		931,877
c	MEDICAL QUALITY IMPROVEMENT	802,991	802,991		
d	TRAINING	510,125	310,454	77,050	122,621
e	All other expenses	1,082,346	642,115	209,876	230,355
25	Total functional expenses. Add lines 1 through 24e	192,986,761	170,590,615	13,275,455	9,120,691
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	4,854,387	1,378,646		3,475,741

Part X

Balance Sheet

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

☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .		0	1	0
	2	Savings and temporary cash investments . . . . .		200,542,178	2	284,143,149
	3	Pledges and grants receivable, net . . . . .		10,323,508	3	10,867,532
	4	Accounts receivable, net . . . . .		50,121,025	4	11,119,153
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				
				0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .				
				0	6	0
	7	Notes and loans receivable, net . . . . .		0	7	0
	8	Inventories for sale or use . . . . .		265,490	8	212,895
	9	Prepaid expenses and deferred charges . . . . .		923,653	9	956,650
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a 7,611,994			
	b	Less—accumulated depreciation . . . . .	10b 4,459,392	2,887,521	10c	3,152,602
	11	Investments—publicly traded securities . . . . .		2,473,908,461	11	1,769,524,290
	12	Investments—other securities. See Part IV, line 11 . . . . .		1,176,671,743	12	1,716,447,700
	13	Investments—program-related. See Part IV, line 11 . . . . .		0	13	0
14	Intangible assets . . . . .		0	14	0	
15	Other assets. See Part IV, line 11 . . . . .		7,045,114	15	7,061,332	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		3,922,688,693	16	3,803,485,303	
Liabilities	17	Accounts payable and accrued expenses . . . . .		16,831,621	17	18,195,708
	18	Grants payable . . . . .		28,741,961	18	44,046,759
	19	Deferred revenue . . . . .		3,325,808	19	3,422,898
	20	Tax-exempt bond liabilities . . . . .		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				
				0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		59,426,357	25	58,395,410
26	Total liabilities. Add lines 17 through 25 . . . . .		108,325,747	26	124,060,775	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets . . . . .		3,796,361,145	27	3,664,492,149
	28	Temporarily restricted net assets . . . . .		14,083,576	28	11,255,303
	29	Permanently restricted net assets . . . . .		3,918,225	29	3,677,076
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds . . . . .			30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			32	
	33	Total net assets or fund balances . . . . .		3,814,362,946	33	3,679,424,528
	34	Total liabilities and net assets/fund balances . . . . .		3,922,688,693	34	3,803,485,303

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	148,459,096
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,986,761
3	Revenue less expenses Subtract line 2 from line 1	3	-44,527,665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,814,362,946
5	Net unrealized gains (losses) on investments	5	-90,410,753
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,679,424,528

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-1930701

Name: CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL L BEATTY ESQ ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
RICHARD L DANDURAND ..... VICE CHAIRMAN	5 0 ..... 3 0	X						0	0	0
LOUIS DEFALCO ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
RICHARD J GRAY ESQ ..... VICE CHAIRMAN	5 0 ..... 3 0	X						0	0	0
CAROLE B GRIEGO MD ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
SUSAN L HOOK ..... TRUSTEE	5 0 ..... 3 0	X						0	0	0
CATHERINE C MCLOUD ..... CHAIR	8 0 ..... 6 0	X						0	0	0
CHAD T MOORE ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
DAVID A MOUNT ..... TREASURER	3 0 ..... 3 0	X						0	0	0
ROBERT H NIEHAUS ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
ERIC OLSON PHD ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
GRAY B SABIN ..... VICE CHAIRMAN	5 0 ..... 3 0	X						0	0	0
STEVEN SHAK MD ..... TRUSTEE	3 0 ..... 6 0	X						0	0	0
CHARLES J THAYER ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
THEODORE J TORPHY PHD ..... TRUSTEE	3 0 ..... 8 0	X						0	0	0
AMY S WEINBERG ..... TRUSTEE	3 0 ..... 3 0	X						0	0	0
PAUL W WHETSELL ..... EXECUTIVE VICE CHAIRMAN	5 0 ..... 3 0	X						0	0	0
KC BRYAN WHITE ..... TRUSTEE	5 0 ..... 3 0	X						0	0	0
PRESTON CAMPBELL MD ..... PRESIDENT & CEO (AS OF 10/1)	36 0 ..... 24 0	X		X				496,970	245,571	212,541
ROBERT BEALL PHD ..... PRESIDENT & CEO (UNTIL 9/30)	36 0 ..... 24 0	X		X				1,575,208	779,230	108,896
C RICHARD MATTINGLY ..... EXEC VP & COO	50 0 ..... 10 0			X				2,718,373	0	68,546
VERA H TWIGG ..... EXECUTIVE VP, CFO & SECRETARY	50 0 ..... 10 0			X				499,672	0	107,968
MAUREEN FRASER ..... VP OF FIELD MANAGEMENT	50 0 ..... 0 0				X			275,519	0	45,385
DAVID MCLOUGHLIN ..... SR VP OF OPERATIONS	35 0 ..... 15 0				X			253,478	108,101	60,349
AMY DEMARIA ..... SR VP OF COMMUNICATIONS	50 0 ..... 0 0					X		275,520	0	40,990

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS PENLAND PHD ..... VICE PRESIDENT OF RESEARCH	35 0 ..... 15 0					X		139,511	122,427	53,304
WILLIAM SKACH MD ..... SR VP OF RESEARCH AFFAIRS	12 0 ..... 38 0					X		74,887	233,504	48,493
MARY DWIGHT ..... SVP POLICY & PATIENT ASSIST	50 0 ..... 0 0					X		265,074	0	66,399
BRUCE MARSHALL MD ..... SR VP OF CLINICAL AFFAIRS	15 0 ..... 35 0					X		129,754	314,135	32,060

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
2015  
Open to Public Inspection

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	101,016,043	193,893,253	279,115,653	3,285,132,614	95,908,297	3,955,065,860
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	101,016,043	193,893,253	279,115,653	3,285,132,614	95,908,297	3,955,065,860
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						3,955,065,860

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	101,016,043	193,893,253	279,115,653	3,285,132,614	95,908,297	3,955,065,860
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,888,930	14,145,772	17,054,431	54,160,127	75,041,033	165,290,293
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	576,265	480,632	449,051	341,467	1,232,566	3,079,981
11 Total support. Add lines 7 through 10						4,123,436,134

12	Gross receipts from related activities, etc (see instructions)	12	63,484,498
13	First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶		

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95 917 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	97 650 %
16a	33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	☑
b	33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	☐
17a	10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	☐
b	10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	☐
18	Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	☐

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**Part VI** Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II - OTHER INCOME	THE FOUNDATION FOSTERS COLLABORATION WITHIN THE SCIENTIFIC COMMUNITY BY HOSTING A LARGE SCIENTIFIC CONFERENCE PROVIDING A FORUM FOR RESEARCHERS AND CAREGIVERS TO SHARE THEIR PRACTICES AND INVESTIGATE RESULTS WITH ONE ANOTHER FEES FOR ATTENDANCE AT THIS CONFERENCE ARE REPORTED ON LINE 12 TRANSITION SERVICES AMOUNT REPRESENTS FEES EARNED FOR TEMPORARY INFORMATION TECHNOLOGY AND TELECOMMUNICATIONS SERVICES PROVIDED BY THE FOUNDATION IN CONNECTION WITH THE SALE OF PHARMACY OPERATIONS IN DECEMBER 2012

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

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

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

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

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

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

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

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

1

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

▶

\$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

2

2

Enter the amount of any excise tax incurred by organization managers under section 4955

3

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a

Was a correction made?

☐ Yes

☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶

\$

3

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

4

Did the filing organization fileForm 1120-POL for this year?

☐ Yes

☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Part II-A

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

- A☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B☐ if the filing organization checked box A and "limited control" provisions apply

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

1a

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

b

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

c

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

d

Other exempt purpose expenditures

e

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

f

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

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

g

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

h

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

i

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

j

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

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

1

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

(a)

Yes

(b)

No

Amount

a

Volunteers?

Yes

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Yes

c

Media advertisements?

No

d

Mailings to members, legislators, or the public?

Yes

54,000

e

Publications, or published or broadcast statements?

No

f

Grants to other organizations for lobbying purposes?

No

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

Yes

793,824

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

No

i

Other activities?

No

j

Total Add lines 1c through 1i

847,824

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

No

b

If "Yes," enter the amount of any tax incurred under section 4912

c

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

Yes

No

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B

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

1

Dues, assessments and similar amounts from members

2

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a

Current year

2a

b

Carryover from last year

2b

c

Total

2c

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

3

4

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

4

5

Taxable amount of lobbying and political expenditures (see instructions)

5

Part IV

Supplemental Information

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

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

Employer identification number  
13-1930701

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

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

(continued)

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,553,944	739,641	814,303
d Equipment . . . . .		6,058,050	3,719,751	2,338,299
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,152,602



<b>Part XI    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	

<b>Part XII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

<b>Part XIII    Supplemental Information</b>
--

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

Return Reference	Explanation
SCHEDULE D, PART X	FIN 48 FOOTNOTE THE FOUNDATION, CFFT, AND CFPAF ARE NOT-FOR-PROFIT VOLUNTARY HEALTH ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND FROM STATE TAXES AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 509(A) OF THE CODE. THE FOUNDATION DOES NOT HAVE ANY UNRELATED BUSINESS INCOME TAX LIABILITY AS OF DECEMBER 31, 2015 AND 2014. CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION TO THE EXTENT PROVIDED BY SECTION 170 OF THE CODE. CFPAF IS ORGANIZED AS A SINGLE MEMBER LIMITED LIABILITY COMPANY THAT IS A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES. THE SOLE MEMBER OF CFPAF IS THE FOUNDATION. THE FOUNDATION IS NOT AWARE OF ANY TAX POSITION TAKEN THAT REQUIRES DISCLOSURE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE FOUNDATION ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 13-1930701

Name: CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other		
(A) US GOVERNMENT TREASURY SEC	139,950,688	F
(B) CORPORATE DEBT SECURITIES	100,346,121	F
(C) US GOVERNMENT AGENCY ASSET	26,573,141	F
(D) COMMERCIAL AND OTHER ASSET	49,625,087	F
(E) FIXED INCOME INDEX COMMINGLED	121,683,775	F
(F) PUBLIC EQUITY COMMINGLED	815,609,324	F
(G) OTHER PUBLIC EQUITY BASED	101,139,800	F
(H) HEDGED STRATEGIES	316,136,265	F
(I) PVT EQTY & OTHR ILLIQUID FUNDS	41,260,923	F
(J) OTHR GLOBAL EQTY SECURITIES	445,500	F
(K) PERPETUAL TRUSTS	3,677,076	F

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

Employer identification number  
13-1930701

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					565,822,777
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					565,822,777

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 8
- 3 Enter total number of other organizations or entities . . . . . ▶

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

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

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☒

Yes

☐

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Grantmaking	NONE	141,777
Europe (Including Iceland and Greenland)			Grantmaking	NONE	324,000
East Asia and the Pacific			Grantmaking	NONE	162,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking	NONE	108,000
Central America and the Caribbean			Investments		456,095,000
East Asia and the Pacific			Investments		932,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		105,879,000
North America			Investments		2,181,000

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	PILOT STUDY	97,077	CHECK			
		North America	PILOT STUDY	43,200	CHECK			
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	108,000	WIRE			

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

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2015

Open to Public  
Inspection

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

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

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

<b>a</b> <input checked="" type="checkbox"/> Mail solicitations	<b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input checked="" type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input checked="" type="checkbox"/> In-person solicitations	
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NNE MARKETING	MAIL COUNSEL		No	7,622,757	368,000	7,254,757
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				7,622,757	368,000	7,254,757

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

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

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Part II Fundraising Events.

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

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .				
	2 Less Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV

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

Return Reference	Explanation
PROFESSIONAL FUNDRAISING SERVICES	SCHEDULE G, PART I, LINE 2B CFF HAD A WRITTEN CONTRACT WITH NNE MARKETING TO CONSULT ON ITS DIRECT MARKETING EFFORTS THE EXPENSE FOR THE PROJECT IS \$16,000 PER MONTH OR \$192,000 PER YEAR, PLUS CREATIVE DEVELOPMENT, WHICH IS BILLED SEPARATELY AND ACCOUNTS FOR THE DIFFERENCE IN THE TOTAL AMOUNT PAID AND THOSE CONSULTING ACTIVITIES THAT MAY BE CONSIDERED PROFESSIONAL FUNDRAISING SERVICES ALL DONATIONS FROM MAIL, WHICH NNE ASSISTS WITH, ARE MADE PAYABLE DIRECTLY TO THE FOUNDATION

OMB No 1545-0047

▶ **Attach to Form 990.**

# 2015

Employer identification number

## Part I General Information on Grants and Assistance

- ☒
- Yes
- ☐
- No

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

**3** Enter total number of other organizations listed in the line 1 table. 13

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT ASSISTANCE PROGRAM	1016	1,817,226			
(2) FELLOWSHIPS	4	22,339			

Part IV

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

Return Reference	Explanation
PROCEDURES FOR MONITORING GRANT FUNDS INSIDE OF THE U S	PART I, LINE 2 THE ORGANIZATION HAS PROCEDURES IN PLACE TO MONITOR THE SCIENTIFIC PROGRESS AND FINANCIAL ASPECTS OF GRANT FUNDS AWARDED TO ENTITIES INSIDE OF THE U S SPONSORED INSTITUTIONS ARE REQUIRED TO SUBMIT ANNUAL REPORTS OF EXPENDITURES AS WELL AS SCIENTIFIC PROGRESS REPORTS SCIENTIFIC REPORTS ARE REVIEWED BY THE ORGANIZATION'S SCIENTIFIC STAFF TO ENSURE PROGRESS HAS BEEN ATTAINED THE FINAL GRANT PAYMENT IS CONTINGENT UPON RECEIPT AND APPROVAL OF THE REPORT OF EXPENDITURES REPORTS OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE THE CF FOUNDATION'S INTERNAL AUDITORS CONDUCT AUDITS ON SAMPLES OF GRANT EXPENDITURE REPORTS BY EXAMINING SUPPORTING RECORDS FROM THE SPONSORED INSTITUTION FOR GRANTS TO FOR-PROFIT ORGANIZATIONS THE CF FOUNDATION HAS PROCEDURES IN PLACE TO 1) SEE THAT THE GRANT FUNDS AWARDED ARE SPENT ONLY FOR THE PURPOSE FOR WHICH THE GRANT IS MADE AND 2) OBTAIN FULL AND COMPLETE REPORTS FROM THE GRANTEE ORGANIZATION ON HOW THE FUNDS ARE SPENT CONSISTENT WITH IRS GUIDELINES FOR EXPENDITURE RESPONSIBILITY THE ORGANIZATION PERFORMS PRE-GRANT INQUIRIES DEALING WITH MATTERS SUCH AS THE IDENTITY, HISTORY, ACTIVITIES, AND PRACTICES OF THE GRANTEE TO GAIN REASONABLE ASSURANCE THAT THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE FOR WHICH RECEIVED ONCE A GRANT IS APPROVED, A WRITTEN AGREEMENT IS SIGNED BY BOTH THE ORGANIZATION AND THE GRANTEE THAT INCLUDES THE FOLLOWING AGREEMENTS ANY AMOUNTS NOT USED FOR PURPOSES OF THE GRANT WILL BE REPAID, THE GRANTEE WILL KEEP RECORDS OF RECEIPTS AND EXPENDITURES AND MAKE THEM AVAILABLE TO THE GRANTOR AT REASONABLE TIMES, AND FUNDS CANNOT BE USED TO INFLUENCE LEGISLATION OR UNDERTAKE ANY NONEXEMPT ACTIVITY SCHEDULE I, PART III CFF PERFORMS EXTENSIVE MONITORING OF PATIENT ASSISTANCE GRANTS IN ACCORDANCE WITH DHHS OIG REGULATIONS FELLOWSHIPS ARE AWARDED TO INVESTIGATORS CONDUCTING RESEARCH RELATED TO GRANTS REPORTED IN PART II SEE SUPPLEMENTAL INFORMATION FOR PART I, LINE 2 FOR PROCEDURES USED TO MONITOR THESE GRANTS PRIOR TO MAKING FELLOWSHIP PAYMENTS, SUPPORTING DOCUMENTATION OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATE HOPE CHILDREN'S HOSPITAL 4440 WEST 95TH STREET OAK LAWN,IL 60453	36-2169147	501C(3)	29,160				CF CARE CENTER
ADVOCATE HOPE CHILDREN'S HOSPITAL 4440 WEST 95TH STREET OAK LAWN,IL 60453	36-2169147	501C(3)	36,445				RESEARCH
ADVOCATE MEDICAL GROUP 701 LEE ST DES PLAINES,IL 60016	36-2169147	501C(3)	23,220				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY MEDICAL COLLEGE ELSMERE A-107 ALBANY,NY 12208	14-1338310	501C(3)	241,529				CF CARE CENTER
ALFRED I DUPONT INSTITUTE OF THE NEMOURS FOUNDATI 1600 ROCKLAND ROAD PO BOX 269 WILMINGTON,DE 19899	59-0634433	501C(3)	57,540				CF CARE CENTER
ALL CHILDREN'S HOSPITAL DEPT 9010 PO BOX 31020 ST PETERSBURG,FL 33731	59-0683252	501C(3)	171,598				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHI 2300 CHILDRENS PLAZA - BOX 205 CHICAGO,IL 60614	36-2170833	501C(3)	196,771				CF CARE CENTER
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHI 2300 CHILDRENS PLAZA - BOX 205 CHICAGO,IL 60614	36-2170833	501C(3)	43,200				PILOT STUDY
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHI 2300 CHILDRENS PLAZA - BOX 205 CHICAGO,IL 60614	36-2170833	501C(3)	118,800				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHI 2300 CHILDRENS PLAZA - BOX 205 CHICAGO,IL 60614	36-2170833	501C(3)	122,433				RESEARCH
ARIZONA BOARD OF REGENTS UNIVERSITY OF ARIZONA 888 N EUCLID ROOM 510 TUCSON,AZ 857223308	74-2652689	IRC 115	91,411				CF CARE CENTER
ARIZONA BOARD OF REGENTS UNIVERSITY OF ARIZONA 888 N EUCLID ROOM 510 TUCSON,AZ 857223308	74-2652689	IRC 115	17,280				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE I 800 MARSHALL STREET SLOT 512-17 LITTLE ROCK, AR 72202	71-0694931	501C(3)	95,226				CF CARE CENTER
ASTHMA AND ALLERGY SPECIALISTS PA 411 BILLINGS ROAD SUITE 104 CHARLOTTE, NC 28211	56-1913043	C CORP	58,541				CF CARE CENTER
ATLANTIC HEALTH SYSTEM 100 MADISON AVENUE MORRISTOWN, NJ 07962	52-1958352	501C(3)	58,994				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC HEALTH SYSTEM 100 MADISON AVENUE MORRISTOWN,NJ 07962	52-1958352	501C(3)	50,122				PILOT STUDY
ATLANTIC HEALTH SYSTEM 100 MADISON AVENUE MORRISTOWN,NJ 07962	52-1958352	501C(3)	39,383				RESEARCH STUDY
BAYLOR COLLEGE OF MEDICINE PO BOX 1 HOUSTON,TX 77212	74-1613878	501C(3)	32,379				ADULT CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE PO BOX 1 HOUSTON,TX 77212	74-1613878	501C(3)	393,780				CF CARE CENTER
BAYSTATE MEDICAL CENTER (95-196) 759 CHESTNUT STREET SPRINGFIELD,MA 01199	04-2790311	501C(3)	48,221				CF CARE CENTER
BETH ISRAEL MEDICAL CENTER 160 WATER STREET 24TH FLOOR NEW YORK,NY 10038	13-5564934	501C(3)	135,875				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL MEDICAL CENTER 160 WATER STREET 24TH FLOOR NEW YORK, NY 10038	13-5564934	501C(3)	21,460				QUALITY IMPROVEMENT
BILLINGS CLINIC 2800 10TH AVENUE NORTH BILLINGS, MT 59107	81-0231784	501C(3)	78,664				CF CARE CENTER
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SY 750 UNIVERSITY AVENUE MADISON, WI 53706	39-6006492	IRC 115	191,092				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SY 750 UNIVERSITY AVENUE MADISON,WI 53706	39-6006492	IRC 115	17,280				QUALITY IMPROVEMENT
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY PO BOX 19636 SPRINGFIELD,IL 62794	37-6005961	501C(3)	21,190				CF CARE CENTER
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UN 651 SERRA STREET SUITE 220 STANFORD,CA 943056215	94-1156365	501C(3)	322,016				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UN 651 SERRA STREET SUITE 220 STANFORD,CA 943056215	94-1156365	501C(3)	68,750				TRAINING
BOWLING GREEN STATE UNIVERSITY 106 UNIVERSITY HALL BOWLING GREEN,OH 43403	34-6402018	IRC 115	54,000				CF CARE CENTER
BRIGHAM AND WOMEN'S HOSPITAL BOSTON 10 VINING STREET BOSTON,MA 02115	04-2312909	501C(3)	32,385				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL BOSTON 10 VINING STREET BOSTON,MA 02115	04-2312909	501C(3)	97,200				RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITU 2200 WEBSTER STREET ROOM 405 SAN FRANCISCO,CA 94115	94-0562680	501C(3)	33,386				CF CARE CENTER
CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE PO BOX 765 CHARLESTON,WV 25323	55-0753754	501C(3)	53,546				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLE FOUNDATION HOSPITAL 611 W PARK STREET URBANA,IL 61801	37-1119538	501C(3)	33,945				CF CARE CENTER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 441067037	34-1018992	501C(3)	194,916				PILOT STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 441067037	34-1018992	501C(3)	518,400				RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 441067037	34-1018992	501C(3)	923,133				RESEARCH CENTER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 441067037	34-1018992	501C(3)	46,250				RESEARCH STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 441067037	34-1018992	501C(3)	100,000				TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MEDICAL TECHNOLOGY POLICY 401 EAST PRATT STREET SUITE 631 BALTIMORE,MD 21202	27-1203017	501C(3)	150,418				QUALITY IMPROVEMENT
CENTRAL FLORIDA PULMONARY GROUP 326 NORTH MILLS AVENUE ORLANDO,FL 32803	59-1760017	C CORP	73,916				CF CARE CENTER
CHEST MEDICINE ASSOCIATES 100 FODEN ROAD SOUTH PORTLAND,ME 04106	01-0461391	C CORP	27,000				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S & WOMEN'S PHYSICIANS OF WESTCHESTER 40 SUNSHINE COTTAGE ROAD SKLYLINE VALHALLA,NY 10595	13-3956599	LLP	89,654				CF CARE CENTER
CHILDREN'S HEALTH CARE 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS,MN 55404	41-1754276	501C(3)	114,819				CF CARE CENTER
CHILDREN'S HEALTHCARE OF ATLANTA 1001 JOHNSON FERRY ROAD NORTH ATLANTA,GA 30342	58-2367819	501C(3)	105,579				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 747 52ND STREET OAKLAND,CA 94609	94-0382330	501C(3)	40,432				CF CARE CENTER
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 747 52ND STREET OAKLAND,CA 94609	94-0382330	501C(3)	125,000				RESEARCH
CHILDREN'S HOSPITAL CENTRAL CALIFORNIA 9300 VALLEY CHILDRENS PLACE MADERA,CA 93638	94-1294954	501C(3)	87,067				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S 300 LONGWOOD AVE BOSTON,MA 021155737	04-2774441	501C(3)	32,200				ADULT CARE
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S 300 LONGWOOD AVE BOSTON,MA 021155737	04-2774441	501C(3)	414,097				CF CARE CENTER
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S 300 LONGWOOD AVE BOSTON,MA 021155737	04-2774441	501C(3)	33,264				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S 300 LONGWOOD AVE BOSTON,MA 021155737	04-2774441	501C(3)	235,000				TRAINING
CHILDREN'S HOSPITAL MEDICAL CENTER RESEARCH ACCOUNTING CINCINNATI,OH 45229	31-0833936	501C(3)	197,897				CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER RESEARCH ACCOUNTING CINCINNATI,OH 45229	31-0833936	501C(3)	470,000				RESEARCH CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL MEDICAL CENTER RESEARCH ACCOUNTING CINCINNATI,OH 45229	31-0833936	501C(3)	127,500				TRAINING
CHILDREN'S HOSPITAL MEDICAL CENTER AKRON ONE PERKINS SQUARE AKRON,OH 443081062	34-0714357	501C(3)	237,827				CF CARE CENTER
CHILDREN'S HOSPITAL OF MICHIGAN 3663 WOODWARD AVE S STE 200 DETROIT,MI 48201	38-1357994	501C(3)	79,423				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF ORANGE COUNTY PO BOX 5700 ORANGE, CA 926135700	95-2321786	501C(3)	127,743				CF CARE CENTER
CHILDREN'S HOSPITAL OF ORANGE COUNTY PO BOX 5700 ORANGE, CA 926135700	95-2321786	501C(3)	17,280				QUALITY IMPROVEMENT
CHILDREN'S HOSPITAL OF PITTSBURGH 3705 FIFTH AVENUE PITTSBURGH, PA 15213	25-0402510	501C(3)	370,914				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES,CA 90027	95-1690977	501C(3)	135,628				CF CARE CENTER
CHILDREN'S LUNG SPECIALISTS 3838 MEADOWS LANE LAS VEGAS,NV 89107	88-0271963	C-CORP	105,565				CF CARE CENTER
CHILDREN'S MEDICAL CENTER ONE CHILDRENS PLAZA DAYTON,OH 454041815	31-0672132	501C(3)	99,563				CF CARE CENTER

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CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY,MO 64108	44-0605373	501C(3)	149,817				CF CARE CENTER
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY,MO 64108	44-0605373	501C(3)	17,280				QUALITY IMPROVEMENT
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	52-1640403	501C(3)	117,654				CF CARE CENTER

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CHILDREN'S RESEARCH INSTITUTE (AT CNMC) 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1654453	501C(3)	108,000				RESEARCH
CHILDREN'S SPECIALTY GROUP PLLC 811 REDGATE AVE NORFOLK, VA 23507	54-1871633	LLC	95,676				CF CARE CENTER
CHRISTUS SANTA ROSA HEALTHCARE 333 NORTH SANTA ROSA SAN ANTONIO, TX 78207	74-1109665	501C(3)	24,410				CF CARE CENTER

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CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD,CT 06106	06-0646755	501C(3)	56,059				CF CARE CENTER
COOK CHILDREN'S MEDICAL CENTER CF CENTER 801 SEVENTH AVENUE FT WORTH,TX 76104	75-2051646	501C(3)	184,912				CF CARE CENTER
DAUGHTERS OF CHARITY HEALTH SERVICES OF AUSTIN PO BOX 1 HOUSTON,TX 77212	74-1109643	501C(3)	218,074				CF CARE CENTER

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PHILADELPHIA HEALTH & EDUCATION CORPORATION 3201 ARCH STREET SUITE 420 PHILADELPHIA,PA 19104	23-2979433	501C(3)	185,068				CF CARE CENTER
DUKE UNIVERSITY BOX 104025 DURHAM,NC 27710	56-0532129	501C(3)	116,829				CF CARE CENTER
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION IN 2100 CLINCH AVENUE 310 KNOXVILLE,TN 37916	62-6002604	501C(3)	158,780				CF CARE CENTER

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EASTERN MAINE MEDICAL CENTER 417 STATE STREET SUITE 305 BANGOR, ME 04401	01-0211501	501C(3)	39,461				CF CARE CENTER
EASTERN VIRGINIA MEDICAL SCHOOL 601 CHILDRENS LANE NORFOLK, VA 23507	54-6055378	501C(3)	54,000				QUALITY IMPROVEMENT
EMORY UNIVERSITY 1380 SOUTH OXFORD ROAD ATLANTA, GA 30322	58-0566256	501C(3)	59,400				ADULT CARE

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EMORY UNIVERSITY 1380 SOUTH OXFORD ROAD ATLANTA, GA 30322	58-0566256	501C(3)	317,678				CF CARE CENTER
EMORY UNIVERSITY 1380 SOUTH OXFORD ROAD ATLANTA, GA 30322	58-0566256	501C(3)	97,200				RESEARCH
EMORY UNIVERSITY 1380 SOUTH OXFORD ROAD ATLANTA, GA 30322	58-0566256	501C(3)	562,333				RESEARCH CENTER

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EMORY UNIVERSITY 1380 SOUTH OXFORD ROAD ATLANTA,GA 30322	58-0566256	501C(3)	46,250				RESEARCH STUDY
EMORY UNIVERSITY 1380 SOUTH OXFORD ROAD ATLANTA,GA 30322	58-0566256	501C(3)	62,750				TRAINING
ERLANGER HEALTH SYSTEM 975 EAST THIRD STREET CHATTANOOGA,TN 37403	62-6000101	501C(3)	46,560				CF CARE CENTER

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FACULTY PHYSICIANS & SURGEONS OF LLUSM PO BOX 2000 LOMA LINDA,CA 92350	33-0672915	501C(3)	59,711				CF CARE CENTER
FAIRFAX NEONATAL ASSOCIATES PC DBAPEDIATRIC LUNG 2730-B PROSPERITY AVENUE FAIRFAX,VA 22031	54-1110106	C CORP	32,671				CF CARE CENTER
FLETCHER ALLEN HEALTH CARE 111 COLCHESTER AVE BURLINGTON,VT 05401	03-0219309	501C(3)	32,157				ADULT CARE

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FLETCHER ALLEN HEALTH CARE 111 COLCHESTER AVE BURLINGTON, VT 05401	03-0219309	501C(3)	162,935				CF CARE CENTER
GEISINGER MEDICAL CENTER N ACADEMY DRIVE DANVILLE, PA 17822	23-6291113	501C(3)	73,805				CF CARE CENTER
GEORGIA HEALTH SCIENCES UNIVERSITY 1120 15TH STREET AUGUSTA, GA 309128300	58-6002053	501C(3)	180,013				CF CARE CENTER

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GLYCOMIMETICS INC 401 PROFESSIONAL DRIVE SUITE 250 GAITHERSBURG,MD 20879	06-1686563	C CORP	70,750				RESEARCH
GOOD SAMARITAN HOSPITAL 1000 MONTAUK HIGHWAY NEWYORK,NY 11795	11-1888924	501C(3)	15,540				CF CARE CENTER
GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE,SC 29605	57-6007863	501C(3)	44,149				CF CARE CENTER

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GUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE,WI 54601	39-1249705	501C(3)	21,840				CF CARE CENTER
HARTFORD HOSPITAL (CENTRAL CONNECTICUT CYSTIC FIBR 80 SEYMOUR STREET HARTFORD,CT 06102	06-0646668	501C(3)	121,777				CF CARE CENTER
HARTFORD HOSPITAL (CENTRAL CONNECTICUT CYSTIC FIBR 80 SEYMOUR STREET HARTFORD,CT 06102	06-0646668	501C(3)	17,280				QUALITY IMPROVEMENT

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HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF 1404 ROCKVILLE PIKE SUITE 600 ROCKVILLE,MD 20852	52-1317896	501C(3)	38,505				CF CARE CENTER
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF 1404 ROCKVILLE PIKE SUITE 600 ROCKVILLE,MD 20852	52-1317896	501C(3)	86,400				PILOT STUDY
IOWA HEALTH FOUNDATION (BLANK CHILDREN'S CF CENTER 1440 INGERSOLL AVENUE DES MOINES,IA 50309	42-1467682	501C(3)	63,993				CF CARE CENTER

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KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 94612	94-1105628	501C(3)	229,679				CF CARE CENTER
KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 94612	94-1105628	501C(3)	17,280				QUALITY IMPROVEMENT
KALEIDA HEALTH 219 BRYANT STREET BUFFALO,NY 14209	16-1533232	501C(3)	78,280				CF CARE CENTER

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LANDON PEDIATRIC FOUNDATION 3291 LOMA VISTA ROAD VENTURA,CA 93003	93-1097216	501C(3)	32,742				CF CARE CENTER
LEE MEMORIAL HEALTH SYSTEM FOUNDATION INC 16451 HEALTHPARK COMMONS 200 FT MYERS,FL 339083630	65-0645343	501C(3)	26,589				CF CARE CENTER
LEHIGH VALLEY HOSPITAL 2545 SCHOENERSVILLE ROAD BETHLEHEM,PA 18017	23-1689692	501C(3)	23,665				CF CARE CENTER

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LIFE SCIENCES RESEARCH FOUNDATION 3520 SAN MARTIN DRIVE BALTIMORE, MD 212182440	52-1231801	501C(3)	61,000				RESEARCH
LONG BEACH MEMORIAL MEDICAL CENTER 2801 ATLANTIC AVENUE LONG BEACH,CA 90806	95-3527031	501C(3)	27,000				ADULT CARE
LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSHHOLLOW ROAD WESTBURY,NY 11590	11-2241326	501C(3)	165,240				CF CARE CENTER

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LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSHHOLLOW ROAD WESTBURY, NY 11590	11-2241326	501C(3)	241,952				QUALITY IMPROVEMENT
LOYOLA UNIVERSITY OF CHICAGO 2160 S FIRST AVENUE MAYWOOD,IL 60153	36-1408475	501C(3)	57,082				CF CARE CENTER
LSUMC - SHREVEPORT P O BOX 33932 SHREVEPORT,LA 71130	72-0702002	501C(3)	89,853				CF CARE CENTER

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LUTHERAN HOSPITAL OF INDIANA 7950 WEST JEFFERSON BOULEVARD FT WAYNE,IN 46804	35-1963748	C CORP	47,047				RESEARCH
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND,ME 04102	01-0238552	501C(3)	189,931				CF CARE CENTER
MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 NORTH OAK AVENUE MARSHFIELD,WI 54449	39-0452970	501C(3)	29,666				CF CARE CENTER

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MARY BRIDGE CHILDREN'S FOUNDATION 311 SOUTH L STREET TACOMA, WA 98405	94-3030039	501C(3)	48,527				CF CARE CENTER
UCLA DEPARTMENT OF PEDIATRIC GROUP PRACTICE 10833 LE CONTE AVE MDCC 22-412 LOS ANGELES, CA 90095	95-4372298	501C(3)	5,069				CF CARE CENTER
MAYO CLINIC ROCHESTER 200 FIRST STREET SW PLUMMER 5 ROCHESTER, MN 55905	41-6011702	501C(3)	55,271				CF CARE CENTER

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MEDICAL UNIVERSITY OF SOUTH CAROLINA PO BOX 997 CHARLESTON, SC 29402	57-6000722	115	119,607				CF CARE CENTER
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVENUE LONG BEACH, CA 908011428	95-6105984	501C(3)	151,209				CF CARE CENTER
MIAMI CHILDREN'S HOSPITAL 3200 SW 60TH COURT MIAMI, FL 33155	59-0638499	501C(3)	58,617				CF CARE CENTER

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MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG EAST LANSING,MI 488241046	38-6005984	501C(3)	52,040				CF CARE CENTER
MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG EAST LANSING,MI 488241046	38-6005984	501C(3)	21,882				CF CARE CENTER
WESTERN MICHIGAN UNIVERSITY SCHOOL OF MEDICINE 1000 OAKLAND DRIVE KALAMAZOO,MI 49001	45-4135256	501C(3)	24,860				CF CARE CENTER

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MISSION HEALTHCARE FOUNDATION INC 980 HENDERSONVILLE ROAD ASHEVILLE,NC 28803	56-1881331	501C(3)	10,388				CF CARE CENTER
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH,NJ 07740	22-2456079	501C(3)	128,004				CF CARE CENTER
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER,CO 80206	74-2044647	501C(3)	210,500				CF CARE CENTER

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NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	17,280				QUALITY IMPROVEMENT
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	291,600				RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	525,000				RESEARCH CENTER

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NEMOURS CHILDREN'S CLINIC JACKSONVILLE 807 NIRA STREET JACKSONVILLE, FL 32207	59-0634433	501C(3)	32,400				ADULT CARE
NEMOURS CHILDREN'S CLINIC JACKSONVILLE 807 NIRA STREET JACKSONVILLE, FL 32207	59-0634433	501C(3)	74,356				CF CARE CENTER
NEMOURS CHILDREN'S CLINIC ORLANDO 496 S DELANEY AVENUE SUITE 408 ORLANDO, FL 32801	59-0634433	501C(3)	47,070				CF CARE CENTER

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NEMOURS CHILDREN'S CLINIC ORLANDO 496 S DELANEY AVENUE SUITE 408 ORLANDO, FL 32801	59-0634433	501C(3)	13,230				QUALITY IMPROVEMENT
NEMOURS CHILDREN'S CLINIC PENSACOLA 5153 NORTH 9TH AVENUE PENSACOLA, FL 32504	59-0634433	501C(3)	53,761				CF CARE CENTER
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	27,000				ADULT CARE

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NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	116,580				CF CARE CENTER
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	21,600				QUALITY IMPROVEMENT
NORTH SUBURBAN PULMONARY 8780 W GOLF ROAD SUITE 102 NILES, IL 60714	36-4393017	C CORP	21,750				CF CARE CENTER

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NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DRIVE CHICAGO,IL 606113008	36-2167817	501C(3)	79,547				CF CARE CENTER
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DRIVE CHICAGO,IL 606113008	36-2167817	501C(3)	54,000				PILOT STUDY
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND,OR 97239	23-7083114	501C(3)	32,400				ADULT CARE

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OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND,OR 97239	23-7083114	501C(3)	314,635				CF CARE CENTER
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND,OR 97239	23-7083114	501C(3)	32,400				QUALITY IMPROVEMENT
ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COMMERCE BLVD ORLANDO,FL 32806	59-2244943	501C(3)	60,522				CF CARE CENTER

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ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COMMERCE BLVD ORLANDO,FL 32806	59-2244943	501C(3)	17,280				QUALITY IMPROVEMENT
OSF SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVENUE PEORIA,IL 61637	37-0662569	501C(3)	62,455				QUALITY IMPROVEMENT
PENNSYLVANIA STATE UNIVERSITY OFFICE OF RESEARCH AFFAIRS H138 HERSHEY,PA 17033	24-6000376	IRC 115	76,116				CF CARE CENTER

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PENNSYLVANIA STATE UNIVERSITY OFFICE OF RESEARCH AFFAIRS H138 HERSHEY, PA 17033	24-6000376	IRC 115	79,713				QUALITY IMPROVEMENT
PHOENIX CHILDREN'S HOSPITAL 1300 NORTH 12TH STREET PHOENIX, AZ 85006	86-0422559	501C(3)	258,524				CF CARE CENTER
PROVIDENCE ALASKA MEDICAL CENTER 3200 PROVIDENCE DRIVE ANCHORAGE, AK 995196604	92-0016429	501C(3)	36,053				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE PHYSICIAN SERVICE 101 W 8TH AVE SPOKANE, WA 99204	91-1216033	C CORP	87,207				TRAINING
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER F428 FITZSIMONS BUILDING 500 AURORA, CO 800450508	84-6000555	501C(3)	248,497				CF CARE CENTER
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER F428 FITZSIMONS BUILDING 500 AURORA, CO 800450508	84-6000555	501C(3)	32,376				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENOWN HEALTH FOUNDATION 1155 MILL ST Z-5 RENO, NV 89502	94-2872749	501C(3)	23,430				CF CARE CENTER
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE,RI 02903	05-0258954	501C(3)	50,758				ADULT CARE
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE,RI 02903	05-0258954	501C(3)	71,248				CF CARE CENTER

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

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RUSH UNIVERSITY MEDICAL CENTER ST LUKE'S MEDICA 1725 WEST HARRISON SUITE 718 CHICAGO,IL 60612	36-2174823	501C(3)	27,000				ADULT CARE
RUSH UNIVERSITY MEDICAL CENTER ST LUKE'S MEDICA 1725 WEST HARRISON SUITE 718 CHICAGO,IL 60612	36-2174823	501C(3)	87,915				CF CARE CENTER
RUSH UNIVERSITY MEDICAL CENTER ST LUKE'S MEDICA 1725 WEST HARRISON SUITE 718 CHICAGO,IL 60612	36-2174823	501C(3)	33,264				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 58 BEVIER ROAD PISCATAWAY,NJ 088548010	46-2354111	IRC 115	71,717				CF CARE CENTER
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 58 BEVIER ROAD PISCATAWAY,NJ 088548010	46-2354111	IRC 115	54,000				PILOT STUDY
SAINT BARNABAS MEDICAL CENTER 200 SOUTH ORANGE AVENUE LIVINGSTON,NJ 07039	22-1494440	501C(3)	26,578				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH'S HOSPITAL AND MEDICAL CENTER 703 MAIN STREET PATERSON,NJ 07503	22-1487602	501C(3)	75,733				CF CARE CENTER
SAMARITAN MEDICAL CENTER 513 WASHINGTON STREET WATERTOWN,NY 13601	15-0533577	501C(3)	8,797				CF CARE CENTER
SANFORD CHILDREN'S SPECIALTY CLINIC 1305 W 18TH STREET SIOUX FALLS,SD 571175039	46-0447693	501C(3)	83,337				CF CARE CENTER

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

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SANTA BARBARA COTTAGE HOSPITAL 2405 DE LA VINA STREET SANTA BARBARA, CA 93105	95-1644629	501C(3)	13,853				CF CARE CENTER
SCOTT & WHITE MEMORIAL HOSPITAL 2401 SOUTH 31ST STREET TEMPLE, TX 76508	74-1166904	501C(3)	29,875				CF CARE CENTER
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE MS T-0111 SEATTLE, WA 98105	91-0564748	501C(3)	30,200				QUALITY IMPROVEMENT

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

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SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE MS T-0111 SEATTLE,WA 98105	91-0564748	501C(3)	181,203				CF CARE CENTER
SOUTH BROWARD HOSPITAL DISTRICT CYSTIC FIBROSIS CLINIC HOLLYWOOD,FL 33321	59-6014973	501C(3)	144,432				CF CARE CENTER
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MC 004 GRAND RAPIDS,MI 49503	38-2752328	501C(3)	229,641				CF CARE CENTER

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

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ST ALEXIUS MEDICAL CENTER PO BOX 5510 BISMARCK,ND 585065510	45-0226711	501C(3)	29,433				CF CARE CENTER
ST JOSEPH'S REGIONAL MEDICAL CENTER INC 611 EAST CEDAR STREET SUITE 405 MISHAWAKA,IN 465451468	35-1568821	501C(3)	31,007				CF CARE CENTER
ST LOUIS UNIVERSITY 3500 LINDELL BLVD ST LOUIS,MO 63103	43-0654872	501C(3)	111,319				CF CARE CENTER

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

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ST LUKE'S REGIONAL MEDICAL CENTER 100 EAST IDAHO SUITE 200 BOISE,ID 83712	82-0161600	501C(3)	177,516				CF CARE CENTER
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY O PO BOX 9 ALBANY,NY 122010009	14-1368361	501C(3)	17,280				QUALITY IMPROVEMENT
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY O PO BOX 9 ALBANY,NY 122010009	14-1368361	501C(3)	187,191				CF CARE CENTER

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

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SUTTER MEDICAL CENTER SACRAMENTO 5609 J STREET SUITE C SACRAMENTO,CA 95819	94-1156621	501C(3)	54,864				CF CARE CENTER
SYNEDGEN INC 1420 CLAREMONT BLVD SUITE 105D CLAREMONT,CA 91711	80-0384893	C CORP	236,299				RESEARCH
TENET ST MARY'S INC CYSTIC FIBROSIS CENTER PO BOX 24620 901 45TH STREET WEST PALM BEACH,FL 33407	75-2932830	C CORP	50,705				CF CARE CENTER

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

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TENET ST MARY'S INC CYSTIC FIBROSIS CENTER PO BOX 24620 901 45TH STREET WEST PALM BEACH,FL 33407	75-2932830	C CORP	17,280				QUALITY IMPROVEMENT
TENET ST MARY'S INC CYSTIC FIBROSIS CENTER PO BOX 24620 901 45TH STREET WEST PALM BEACH,FL 33407	75-2932830	C CORP	54,000				RESEARCH
TENNESSEE DEPARTMENT OF HEALTHLAB SERVICES 710 JAMES ROBERTSON PARKWAY 6TH FL NASHVILLE,TN 37243	62-6001445	OTHER GOV'T	20,000				CF CARE CENTER

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

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TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER 3601 4TH STREET LUBBOCK,TX 79430	75-2668014	IRC 115	27,178				CF CARE CENTER
THE ADULT CYSTIC FIBROSIS CENTER OF JACKSONVILLE 425 N LEE STREET SUITE 202 JACKSONVILLE,FL 32204	20-4055796	501C(3)	26,305				CF CARE CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CENTER BLVD PHILADELPHIA,PA 191044318	23-1352166	501C(3)	32,400				ADULT CARE

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

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THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CENTER BLVD PHILADELPHIA, PA 191044318	23-1352166	501C(3)	244,895				CF CARE CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CENTER BLVD PHILADELPHIA, PA 191044318	23-1352166	501C(3)	100,000				RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211	43-6003859	IRC 115	26,998				ADULT CARE

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THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211	43-6003859	IRC 115	172,980				CF CARE CENTER
THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211	43-6003859	IRC 115	54,000				PILOT STUDY
THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211	43-6003859	IRC 115	33,264				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211	43-6003859	IRC 115	216,000				RESEARCH
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GE PO BOX 414876 BOSTON,MA 02114	04-2697983	501C(3)	192,638				CF CARE CENTER
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GE PO BOX 414876 BOSTON,MA 02114	04-2697983	501C(3)	95,932				RESEARCH STUDY

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THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GE PO BOX 414876 BOSTON,MA 02114	04-2697983	501C(3)	227,500				TRAINING
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON,NH 03756	02-0222139	501C(3)	194,670				CF CARE CENTER
THE JOHNS HOPKINS UNIVERSITY 600 N WOLFE STREET PARK 316 BALTIMORE,MD 21205	52-0595110	501C(3)	344,986				CF CARE CENTER

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

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THE JOHNS HOPKINS UNIVERSITY 600 N WOLFE STREET PARK 316 BALTIMORE,MD 21205	52-0595110	501C(3)	43,200				PILOT STUDY
THE JOHNS HOPKINS UNIVERSITY 600 N WOLFE STREET PARK 316 BALTIMORE,MD 21205	52-0595110	501C(3)	108,000				RESEARCH
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	39-0806261	501C(3)	301,404				CF CARE CENTER

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THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	39-0806261	501C(3)	81,000				QUALITY IMPROVEMENT
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	IRC 115	54,000				ADULT CARE
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	IRC 115	97,200				CF CARE CENTER

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THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	IRC 115	46,250				RESEARCH STUDY
THE PRESIDENT & FELLOWS OF HARVARD COLLEGE 25 SHATTUCK STREET BOSTON,MA 02115	04-2103580	501C(3)	47,930				RESEARCH STUDY
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGI PO BOX 400195 CHARLOTTESVILLE,VA 229044195	54-6001796	501C(3)	247,972				CF CARE CENTER

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THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGI PO BOX 400195 CHARLOTTESVILLE,VA 229044195	54-6001796	501C(3)	26,460				QUALITY IMPROVEMENT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501C(3)	90,381				CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN D 9500 GILMAN DRIVE DEPT 0934 LA JOLLA,CA 920930954	95-6006144	501C(3)	172,247				CF CARE CENTER

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

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN F 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 941430962	94-6036493	501C(3)	64,800				ADULT CARE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN F 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 941430962	94-6036493	501C(3)	158,730				CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN F 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 941430962	94-6036493	501C(3)	54,000				PILOT STUDY

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

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN F 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO,CA 941430962	94-6036493	501C(3)	430,000				RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN F 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO,CA 941430962	94-6036493	501C(3)	196,750				TRAINING
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 3089 ANN ARBOR, MI 481091274	38-6006309	501C(3)	32,400				ADULT CARE

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

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 3089 ANN ARBOR, MI 481091274	38-6006309	501C(3)	391,989				CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 3089 ANN ARBOR, MI 481091274	38-6006309	501C(3)	54,000				PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 3089 ANN ARBOR, MI 481091274	38-6006309	501C(3)	32,400				QUALITY IMPROVEMENT

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

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 3089 ANN ARBOR, MI 481091274	38-6006309	501C(3)	233,000				RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ROOM 3089 ANN ARBOR, MI 481091274	38-6006309	501C(3)	61,250				TRAINING
THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 554552070	41-6007513	IRC 115	32,400				ADULT CARE

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THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 554552070	41-6007513	IRC 115	339,509				CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 554552070	41-6007513	IRC 115	161,250				TRAINING
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HO HUNTINGTON NATIONAL BANK COLUMBUS, OH 43260	31-6056230	501C(3)	43,200				PILOT STUDY

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

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THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HO 700 CHILDRENS DRIVE COLUMBUS,OH 43260	31-6056230	501C(3)	33,264				QUALITY IMPROVEMENT
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HO 700 CHILDRENS DRIVE COLUMBUS,OH 43260	31-6056230	501C(3)	284,495				CF CARE CENTER
THE TAMPA GENERAL HOSPITAL FOUNDATION PO BOX 1289 TAMPA,FL 33601	23-7354477	501C(3)	110,492				CF CARE CENTER

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

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF 351 ENGINEERING TERRACE NEWYORK,NY 10027	13-5598093	501C(3)	32,400				ADULT CARE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF 351 ENGINEERING TERRACE NEWYORK,NY 10027	13-5598093	501C(3)	185,030				CF CARE CENTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF 351 ENGINEERING TERRACE NEWYORK,NY 10027	13-5598093	501C(3)	33,264				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF 351 ENGINEERING TERRACE NEWYORK,NY 10027	13-5598093	501C(3)	66,250				TRAINING
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S THT422 BIRMINGHAM,AL 352940006	63-6005396	501C(3)	327,460				CF CARE CENTER
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S THT422 BIRMINGHAM,AL 352940006	63-6005396	501C(3)	42,966				QUALITY IMPROVEMENT

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

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THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S THT422 BIRMINGHAM,AL 352940006	63-6005396	501C(3)	108,000				RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S THT422 BIRMINGHAM,AL 352940006	63-6005396	501C(3)	525,000				RESEARCH CENTER
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S THT422 BIRMINGHAM,AL 352940006	63-6005396	501C(3)	47,930				RESEARCH STUDY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501C(3)	82,149				CF CARE CENTER
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350	56-6001393	501C(3)	421,387				CF CARE CENTER
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350	56-6001393	501C(3)	97,200				PILOT STUDY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL,NC 275991350	56-6001393	501C(3)	42,727				QUALITY IMPROVEMENT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL,NC 275991350	56-6001393	501C(3)	305,200				RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL,NC 275991350	56-6001393	501C(3)	600,000				RESEARCH CENTER

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350	56-6001393	501C(3)	94,180				RESEARCH STUDY
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH CHAPEL HILL, NC 275991350	56-6001393	501C(3)	127,500				TRAINING
THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	56-0791228	501C(3)	47,930				RESEARCH STUDY

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

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THE UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7726 AUSTIN,TX 787137726	74-6000203	IRC 115	43,567				RESEARCH STUDY
TOLEDO CHILDREN'S HOSPITAL 2142 N COVE BLVD TOLEDO,OH 43606	34-4428256	501C(3)	106,198				CF CARE CENTER
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER,NH 037551404	02-0222111	501C(3)	868,198				QUALITY IMPROVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 037551404	02-0222111	501C(3)	520,000				RESEARCH CENTER
TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 BLOOMINGTON, IN 462666057	35-6001673	501C(3)	32,400				ADULT CARE
TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 BLOOMINGTON, IN 462666057	35-6001673	501C(3)	341,021				CF CARE CENTER

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

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TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 BLOOMINGTON,IN 462666057	35-6001673	501C(3)	21,600				QUALITY IMPROVEMENT
TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 BLOOMINGTON,IN 462666057	35-6001673	501C(3)	227,500				TRAINING
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 133 SOUTH 36TH STREET MEZZANINE PHILADELPHIA,PA 191043246	23-1352685	501C(3)	27,000				ADULT CARE

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

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 133 SOUTH 36TH STREET MEZZANINE PHILADELPHIA, PA 191043246	23-1352685	501C(3)	54,000				PILOT STUDY
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (ON BEH 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501C(3)	166,458				CF CARE CENTER
TULANE UNIVERSITY MEDICAL SCHOOL 6401 FRERET ST NEW ORLEANS, LA 70118	72-0423889	501C(3)	32,400				ADULT CARE

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

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TULANE UNIVERSITY MEDICAL SCHOOL 6401 FRERET ST NEW ORLEANS,LA 70118	72-0423889	501C(3)	251,489				CF CARE CENTER
UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATES 219 BRYANT STREET BUFFALO,NY 14222	16-1238821	501C(3)	80,223				PILOT STUDY
UNIVERSITY HOSPITALS OF CLEVELAND RAINBOW BABIES 2074 ABINGDON ROAD CLEVELAND,OH 44106	34-0714775	501C(3)	26,336				ADULT CARE

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

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UNIVERSITY HOSPITALS OF CLEVELAND RAINBOW BABIES 2074 ABINGDON ROAD CLEVELAND, OH 44106	34-0714775	501C(3)	217,059				CF CARE CENTER
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM STREET LITTLE ROCK,AR 72205	71-6046242	IRC 115	62,063				CF CARE CENTER
UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PARKWAY SUITE 501 ORLANDO,FL 32826	59-3086453	501C(3)	108,000				CF CARE CENTER

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

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UNIVERSITY OF CINCINNATI PHYSICIANS COMPANY 231 ALBERT SABIN WAY CINCINNATI, OH 452670564	31-1435820	501C(3)	162,305				CF CARE CENTER
UNIVERSITY OF CINCINNATI PHYSICIANS COMPANY 231 ALBERT SABIN WAY CINCINNATI, OH 452670564	31-1435820	501C(3)	92,161				QUALITY IMPROVEMENT
UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER 4200 E 9TH AVENUE DENVER, CO 80262	84-6000555	501C(3)	127,500				TRAINING

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

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UNIVERSITY OF FLORIDA 1600 SW ARCHER RD SUITE D2-15 GAINESVILLE, FL 32610	59-6002052	IRC 115	104,670				CF CARE CENTER
UNIVERSITY OF FLORIDA 1600 SW ARCHER RD SUITE D2-15 GAINESVILLE, FL 32610	59-6002052	IRC 115	55,109				RESEARCH STUDY
UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	IRC 115	181,163				CF CARE CENTER

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

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UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY,IA 52242	42-6004813	IRC 115	97,200				PILOT STUDY
UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY,IA 52242	42-6004813	IRC 115	600,000				RESEARCH CENTER
UNIVERSITY OF IOWA B 5 JESSUP HALL IOWA CITY,IA 52242	42-6004813	IRC 115	61,250				TRAINING

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

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UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTI 3901 RAINBOW BOULEVARD MSN 1039 KANSAS CITY, KS 661032937	48-1108830	501C(3)	27,000				ADULT CARE
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTI 3901 RAINBOW BOULEVARD MSN 1039 KANSAS CITY, KS 661032937	48-1108830	501C(3)	186,117				CF CARE CENTER
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 740 SOUTH LIMESTONE LEXINGTON, KY 405360284	61-6033693	501C(3)	163,858				CF CARE CENTER

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC JOUETT HALL BELKNAP CAMPUS LOUISVILLE,KY 40292	61-1029626	501C(3)	145,765				CF CARE CENTER
UNIVERSITY OF MARYLAND 650 WBALTIMORE ST - 8 SOUTH BALTIMORE,MD 21201	52-6002033	IRC 115	43,200				ADULT CARE
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 55 LAKE AVENUE WORCESTER,MA 10655	04-3167352	IRC 115	25,240				CF CARE CENTER

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UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 55 LAKE AVENUE WORCESTER,MA 10655	04-3167352	IRC 115	84,954				PILOT STUDY
UNIVERSITY OF MIAMI 1601 NW 12TH AVENUE MIAMI,FL 33136	59-0624458	501C(3)	145,129				CF CARE CENTER
UNIVERSITY OF MIAMI 1601 NW 12TH AVENUE MIAMI,FL 33136	59-0624458	501C(3)	445,025				QUALITY IMPROVEMENT

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UNIVERSITY OF MIAMI 1601 NW 12TH AVENUE MIAMI,FL 33136	59-0624458	501C(3)	97,200				RESEARCH
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON,MS 392164505	64-6008520	501C(3)	171,258				CF CARE CENTER
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA,NE 681987835	47-0049123	501C(3)	27,000				ADULT CARE

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UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA,NE 681987835	47-0049123	501C(3)	193,275				CF CARE CENTER
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER HEALTH SCIENCES AND SERVICES BLDG ALBUQUERQUE,NM 871315041	85-6000642	IRC 115	94,328				CF CARE CENTER
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PO BOX 26901 OKLAHOMA CITY,OK 73190	73-6017987	IRC 115	99,213				CF CARE CENTER

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UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PO BOX 26901 OKLAHOMA CITY,OK 73190	73-6017987	IRC 115	112,692				PILOT STUDY
UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C(3)	27,000				ADULT CARE
UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C(3)	139,508				QUALITY IMPROVEMENT

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UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C(3)	194,400				RESEARCH
UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C(3)	500,000				RESEARCH CENTER
UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C(3)	46,250				RESEARCH STUDY

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UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH,PA 15260	25-0965591	501C(3)	124,370				TRAINING
UNIVERSITY OF ROCHESTER 1325 MT HOPE AVENUE SUITE 260 ROCHESTER,NY 14642	16-0743209	501C(3)	165,281				CF CARE CENTER
UNIVERSITY OF SOUTH CAROLINA RESEARCH FOUNDATION 901 SUMTER STREET SUITE 501 COLUMBIA,SC 29208	57-0967350	501C(3)	48,928				CF CARE CENTER

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UNIVERSITY OF SOUTH FLORIDA 17 DAVIS BOULEVARD SUITE 200 TAMPA,FL 33606	59-3102112	IRC 115	28,676				CF CARE CENTER
UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR STREET LOS ANGELES,CA 900339002	95-1642394	501C(3)	95,280				RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA KECK SCHOOL OF M 1540 ALCAZAR STREET CHP-100 LOS ANGELES,CA 90033	95-1642394	501C(3)	167,216				CF CARE CENTER

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UNIVERSITY OF TENNESSEE 62 S DUNLAP MEMPHIS,TN 38163	62-6001636	IRC 115	97,449				CF CARE CENTER
UNIVERSITY OF TENNESSEE MEDICAL CENTER 1940 ALCOA HWY SUITE E-110 KNOXVILLE,TN 37920	31-1626179	501C(3)	40,500				CF CARE CENTER
UNIVERSITY OF TENNESSEE MEDICAL CENTER 1940 ALCOA HWY SUITE E-110 KNOXVILLE,TN 37920	31-1626179	501C(3)	40,204				PILOT STUDY

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UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN A 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 782293900	74-1586031	IRC 115	27,000				ADULT CARE
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN A 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 782293900	74-1586031	IRC 115	64,362				CF CARE CENTER
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN A 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 782293900	74-1586031	IRC 115	17,280				QUALITY IMPROVEMENT

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

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UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER 11937 US HWY 271 TYLER,TX 75708	75-6001354	IRC 115	92,775				CF CARE CENTER
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON,TX 77030	74-6001118	IRC 115	35,000				RESEARCH
UNIVERSITY OF UTAH 406 PARK BLDG SALT LAKE CITY,UT 84112	87-6000525	501C(3)	127,313				PATIENT REGISTRY

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

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UNIVERSITY OF UTAH 406 PARK BLDG SALT LAKE CITY, UT 84112	87-6000525	501C(3)	284,909				CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE BOX 359472 SEATTLE, WA 981959472	91-6001537	IRC 115	396,137				CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE BOX 359472 SEATTLE, WA 981959472	91-6001537	IRC 115	647,930				RESEARCH

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UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE BOX 359472 SEATTLE,WA 981959472	91-6001537	IRC 115	195,161				RESEARCH STUDY
UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS,TX 753909040	75-6002868	IRC 115	178,397				ADULT CARE
UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS,TX 753909040	75-6002868	IRC 115	337,785				CF CARE CENTER

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UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS, TX 753909040	75-6002868	IRC 115	53,835				QUALITY IMPROVEMENT
UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS, TX 753909040	75-6002868	IRC 115	46,250				RESEARCH STUDY
UTAH DEPARTMENT OF HEALTH 44 MARIO CAPECCHI DRIVE SALT LAKE CITY, UT 84114	87-6000545	OTHER'GOV'T	15,377				CF CARE CENTER

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VANDERBILT UNIVERSITY PO BOX 30195 NASHVILLE, TN 372410195	62-0476822	501C(3)	246,237				CF CARE CENTER
VANDERBILT UNIVERSITY PO BOX 30195 NASHVILLE, TN 372410195	62-0476822	501C(3)	100,000				TRAINING
VIA CHRISTI REGIONAL MEDICAL CENTER CF CLINIC 3311 EAST MURDOCK STREET WICHITA, KS 67218	48-1172106	501C(3)	68,572				CF CARE CENTER

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VIRGINIA COMMONWEALTH UNIVERSITY BOX 2506 - VCU STATION RICHMOND,VA 232842506	54-6001758	IRC 115	54,000				ADULT CARE
VIRGINIA COMMONWEALTH UNIVERSITY BOX 2506 - VCU STATION RICHMOND,VA 232842506	54-6001758	IRC 115	138,725				CF CARE CENTER
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTONSALEM,NC 271571064	22-3849199	501C(3)	87,375				CF CARE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTONSALEM, NC 271571064	22-3849199	501C(3)	43,200				PILOT STUDY
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTONSALEM, NC 271571064	22-3849199	501C(3)	92,016				RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS, MO 631121408	43-0653611	501C(3)	310,130				CF CARE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY GRANTS CONTRACTS OFFICE III DETROIT,MI 48201	38-6028425	501C(3)	51,820				CF CARE CENTER
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION PO BOX 6001 MORGANTOWN,WV 265066001	55-0665758	501C(3)	129,385				CF CARE CENTER
YALE UNIVERSITY 47 COLLEGE STREET SUITE 203 NEW HAVEN,CT 065208047	06-0646973	501C(3)	59,309				ADULT CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 47 COLLEGE STREET SUITE 203 NEW HAVEN,CT 065208047	06-0646973	501C(3)	173,041				CF CARE CENTER
YALE UNIVERSITY 47 COLLEGE STREET SUITE 203 NEW HAVEN,CT 065208047	06-0646973	501C(3)	43,200				PILOT STUDY
YALE UNIVERSITY 47 COLLEGE STREET SUITE 203 NEW HAVEN,CT 065208047	06-0646973	501C(3)	222,200				RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHWELL FOUNDATION PO BOX 4133 GAITHERSBURG,MD 20885	20-0413676	501C(3)	2,574,502				PATIENT ASSISTANCE
CYSTIC FIBROSIS FOUNDATION THERAPEUTICS INC 6931 ARLINGTON ROAD SUITE 200 BETHESDA,MD 20814	91-2059167	501C(3)	86,230,120				GENERAL SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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 on 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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization  a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a 4b 4c	Yes Yes No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5a 5b	No No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6a 6b	No No
7	For persons listed on 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	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A - SEVERANCE PAYMENT	MR MATTINGLY RECEIVED SEVERANCE PAY UPON HIS RETIREMENT AS EXECUTIVE VICE PRESIDENT AND COO. HE HAD EXTRAORDINARY SUCCESSES ACHIEVED OVER HIS 37-YEAR TENURE. THE SEVERANCE WAS REVIEWED AND OPINED ON AS REASONABLE FROM A COMPETITIVE MARKET PERSPECTIVE BY THE BOARDS INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWED IN DETAIL AND APPROVED (IN THE MANNER SPECIFIED IN IRS REGULATIONS) BY THE BOARD'S INDEPENDENT COMPENSATION COMMITTEE. ADDITIONAL INFORMATION, INCLUDING THE DOLLAR AMOUNT OF THE AWARD, IS PROVIDED IN THE ADDITIONAL INFORMATION FOR SCHEDULE J, PART II, BELOW.
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>CERTAIN PERSONS LISTED IN FORM 990, PART VII, SECTION A PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH INTERESTS ARE FORFEITED BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT PRIOR TO THE DESIGNATED VESTING DATE. FURTHER INFORMATION ABOUT THE NONQUALIFIED DEFERRED COMPENSATION PLAN IN WHICH THOSE PERSONS PARTICIPATE, INCLUDING THE AMOUNT OF ANY PAYMENT MADE BY THE PLAN DURING THE REPORTING YEAR, IS PROVIDED IN THE ADDITIONAL INFORMATION FOR SCHEDULE J, PART II, BELOW.</p> <p>PART I, LINE 7. SEVERAL INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A, (WHO ARE IDENTIFIED IN PART II, BELOW) PARTICIPATED IN THE FOUNDATION'S INCENTIVE COMPENSATION PLAN, FROM WHICH NON-FIXED PAYMENTS NOT DESCRIBED IN LINES 5 AND 6 WERE PAID. THE INCENTIVE COMPENSATION PLAN PAYS NON-FIXED PAYMENTS SUBJECT TO, AND BASED ON, THE ACHIEVEMENT OF ANNUAL PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. IN ADDITION, THE INCENTIVE COMPENSATION PLAN PAYS NON-FIXED PAYMENTS THAT RELATE TO A THREE-YEAR PERFORMANCE PERIOD, SUBJECT TO, AND BASED ON, THE ACHIEVEMENT OF LONG-TERM PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES (SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, OTHER PROGRAM-RELATED INCOME, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES) RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS.</p> <p>PART II. CYSTIC FIBROSIS FOUNDATION - HEADQUARTERS. EIN 13-1930701. (A) NAME: P. CAMPBELL, M.D., (B)(I) BASE COMPENSATION: BASE SALARY - \$284,125, (B)(II) BONUS &amp; INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) \$60,446, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$62,015, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (3) - \$67,000, (B)(III) OTHER REPORTABLE COMPENSATION: OTHER BENEFITS INCLUDING TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$11,324, SECTION 457(B) PLAN (5) - \$12,060, (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) \$27,060, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$63,020, SERP (4) - \$41,789, (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$19,409, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,550, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$7,090, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (9) - \$62,015.</p> <p>CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC. EIN 91-2059167. (A) NAME: P. CAMPBELL, M.D., (B)(I) BASE COMPENSATION: BASE SALARY - \$144,690, (B)(II) BONUS &amp; INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) \$29,772, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$30,544, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (3) - \$33,000, (B)(III) OTHER REPORTABLE COMPENSATION: OTHER BENEFITS - \$1,625, SECTION 457(B) PLAN (5) - \$5,940, (C) DEFERRED COMPENSATION: LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$31,040, SERP (4) - \$20,583, (D) NONTAXABLE BENEFITS: \$0, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (9) - \$30,544.</p> <p>CYSTIC FIBROSIS FOUNDATION - HEADQUARTERS. EIN 13-1930701. (A) NAME: R. BEALL, PH.D., (B)(I) BASE COMPENSATION: BASE SALARY - \$396,148, 401(K) BONUS \$16,080, (B)(II) BONUS &amp; INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) \$97,988, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$84,244, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (3) - \$93,800, (B)(III) OTHER REPORTABLE COMPENSATION: HEALTH INSURANCE BENEFIT - \$3,260, AUTOMOBILE ALLOWANCE - \$4,824, OTHER BENEFITS - \$8,925, ADDITIONAL AWARD (7) - \$670,000, VESTED SERP ACCOUNT (8) \$199,939, (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) \$27,060, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$40,694, (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$13,683, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,550, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$4,866, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (9) - \$215,564.</p> <p>CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC. EIN 91-2059167. (A) NAME: R. BEALL, PH.D., (B)(I) BASE COMPENSATION: BASE SALARY - \$198,770, 401(K) BONUS \$7,920, (B)(II) BONUS &amp; INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) \$48,263, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$41,493, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (3) - \$46,200, (B)(III) OTHER REPORTABLE COMPENSATION: HEALTH INSURANCE BENEFIT - \$1,606, AUTOMOBILE ALLOWANCE - \$2,376, OTHER BENEFITS - \$4,125, ADDITIONAL AWARD (7) - \$330,000, VESTED SERP ACCOUNT (8) - \$98,477, (C) DEFERRED COMPENSATION: LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$20,043, (D) NONTAXABLE BENEFITS: \$0, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (9) - \$106,173.</p> <p>CYSTIC FIBROSIS FOUNDATION - HEADQUARTERS. EIN 13-1930701. (A) NAME: R. MATTINGLY, (B)(I) BASE COMPENSATION: BASE SALARY - \$316,273, (B)(II) BONUS &amp; INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) \$80,081, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$93,682, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (3) - \$100,000, (B)(III) OTHER REPORTABLE COMPENSATION: SECTION 457(B) PLAN (5) - \$18,000, OTHER BENEFITS INCLUDING TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$4,384, SEVERANCE AWARD (10) - \$1,142,587, VESTED SERP ACCOUNT (11) \$963,366, (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) \$27,060, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$34,203, (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$5,650, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$658, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$975, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (9) - \$682,855.</p> <p>CYSTIC FIBROSIS FOUNDATION - HEADQUARTERS. EIN 13-1930701. (A) NAME: V. TWIGG, (B)(I) BASE COMPENSATION: BASE SALARY - \$309,865, (B)(II) BONUS &amp; INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) \$58,255, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$39,236, LONG-TERM INCENTIVE PLAN TREATMENT AWARD (3) - \$70,000, (B)(III) OTHER REPORTABLE COMPENSATION: OTHER BENEFITS INCLUDING TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$4,316, SECTION 457(B) PLAN (5) - \$18,000, (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) \$27,060, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$48,153, SERP (4) - \$3,706, (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$19,409, EMPLOYEE CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,550, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$7,090, (F) COMPENSATION REPORTED IN PRIOR FORM 990 (9) - \$39,236.</p> <p>(1) THIS IS AN AWARD SUBJECT TO, AND BASED ON, ACHIEVEMENT OF ANNUAL PERFORMANCE STANDARDS ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES (SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, OTHER PROGRAM-RELATED INCOME, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES) RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS. (2) THIS IS THE EMPLOYER CONTRIBUTION MADE UNDER THE CYSTIC FIBROSIS FOUNDATION 401(K) PLAN FOR THE 2015 PLAN YEAR. (3) THIS IS AN AWARD UNDER A PLAN THAT PAYS A SPECIFIED DOLLAR AMOUNT ONLY IF AND WHEN THE FDA APPROVES CERTAIN PRE-SPECIFIED TYPES OF THERAPIES. IN THE EVENT THE EMPLOYEE TERMINATES EMPLOYMENT PRIOR TO FDA APPROVAL OF THE SPECIFIED THERAPY TYPE AND PAYMENT OF THE AWARD, THE EMPLOYEE WILL FORFEIT HIS OR HER RIGHT TO RECEIVE PAYMENT, UNLESS TERMINATION IS DUE TO RETIREMENT OR DISABILITY. THE PLAN WILL TERMINATE ON DECEMBER 31, 2018 UNLESS THE FOUNDATION DETERMINES TO EXTEND THE PLAN.</p>
PART II - CONTINUED	<p>(4) A. THIS IS AN UNVESTED EMPLOYER CONTRIBUTION TO THE SERP. B. SERP INTERESTS ARE FORFEITED BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT PRIOR TO ATTAINING THE VESTING DATE DESIGNATED BY CFF (WHICH IS EITHER A SPECIFIED AGE OR DATE, DEPENDING ON THE PARTICIPANT). C. SERP INTERESTS ARE HELD IN A TRUST SUBJECT TO THE CLAIMS OF CFF'S BANKRUPTCY CREDITORS. IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS WOULD BECOME GENERAL UNSECURED CREDITORS OF CFF. D. THE SERP IS A NONQUALIFIED DEFERRED COMPENSATION PLAN. THIS MEANS THAT PARTICIPANTS DO NOT RECEIVE THE TAX BENEFITS AVAILABLE TO PARTICIPANTS IN TAX-QUALIFIED RETIREMENT PLANS. FOR EXAMPLE, UNDER CURRENT LAW, INTERESTS UNDER SERPS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). E. THE SERP'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT. SERP CONTRIBUTION AMOUNTS WERE DETERMINED BY AN INDEPENDENT ACTUARY. F. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE SERP AT ANY TIME. (5) A. THIS IS A VESTED CONTRIBUTION TO THE 457(B) PLAN FOR THE REPORTING PERIOD. B. IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS ARE GENERAL UNSECURED CREDITORS OF CFF. C. DISTRIBUTIONS FROM THE 457(B) PLAN MAY NOT BE ROLLED-OVER TO AN IRA OR QUALIFIED PLAN (BUT MAY ONLY BE ROLLED-OVER TO ANOTHER 457(B) PLAN). D. THE 457(B) PLAN'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT. AN INDEPENDENT ACTUARY DEVELOPED THE CONTRIBUTION FORMULA PURSUANT TO WHICH 457(B) CONTRIBUTION AMOUNTS ARE DETERMINED. CONTRIBUTIONS TO THE 457(B) PLAN ARE SUBJECT TO ANNUAL IRS LIMITS (CURRENTLY \$18,000). E. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE 457(B) PLAN AT ANY TIME. (6) THIS PLAN PROVIDES FOR AWARDS THAT RELATE TO A THREE-YEAR PERFORMANCE PERIOD, SUBJECT TO, AND BASED ON, ACHIEVEMENT OF PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE PROGRAM-RELATED REVENUES (SUCH AS ROYALTY STREAMS, LUMP-SUM PAYMENTS, OTHER PROGRAM-RELATED INCOME, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES) RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS. EACH YEAR, A NEW THREE-YEAR PERFORMANCE PERIOD BEGINS. AS REQUIRED BY THE FORM 990 INSTRUCTIONS, THE AMOUNTS REPORTED IN COLUMN (C) ON THIS FORM 990 REFLECT AN ESTIMATE OF THE PORTION OF EACH AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE IN 2015 (I.E., WITH RESPECT TO THE 2013-2015, 2014-2016 AND THE 2015-2017 PERFORMANCE PERIODS), BUT THE AMOUNTS REPORTED IN COLUMN (C) HAVE NOT BEEN EARNED, AWARDED OR PAID UNDER THE PLAN. THE INDIVIDUAL MUST BE EMPLOYED ON 12/31/15, 12/31/16 AND 12/31/17 TO BE ELIGIBLE TO RECEIVE FULL PAYMENT OF THE AWARD FOR THE 2013-2015, 2014-2016, AND THE 2015-2017 PERFORMANCE PERIODS, RESPECTIVELY. THE AWARD RELATING TO THE 3-YEAR PERFORMANCE PERIOD ENDING 12/31/14 WAS PAID IN 2015, AND IS PROPERLY REPORTED AGAIN (AS COMPENSATION IN COLUMN (B)(II)) ON THIS FORM 990 (EVEN THOUGH AN ESTIMATE OF THE PORTION OF THIS AWARD THAT THE EXECUTIVE ACCRUED UNDER THE PLAN FOR PERFORMANCE IN 2014, 2013 AND 2012 WAS REPORTED IN COLUMN (C) OF THE FORM 990 FOR EACH OF THOSE YEARS). (7) THIS WAS AN AWARD PAID TO DR. BEALL UPON HIS RETIREMENT AS CEO OF CFF, FULFILLING THE TERMS OF HIS CONTRACT AND RECOGNIZING THE SIGNIFICANT CONTRIBUTIONS AND YEARS OF SERVICE (21-YEARS AS CEO AND 14-YEARS AS EXECUTIVE VICE PRESIDENT). THE AWARD WAS PAID BY CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC. ("CFFT"), A RELATED ORGANIZATION, WITH RESPECT TO HIS SERVICE AS AN OFFICER OF CFFT, AND BY CFF WITH RESPECT TO HIS SERVICE AS AN OFFICER OF CFF. THE AWARD WAS REVIEWED AND OPINED ON AS REASONABLE AND MARKET-COMPETITIVE BY THE CFF BOARDS INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWED IN DETAIL AND APPROVED (IN THE MANNER SPECIFIED IN IRS REGULATIONS) BY THE CFF BOARD'S INDEPENDENT COMPENSATION COMMITTEE. (8) THIS AMOUNT BECAME VESTED AND TAXABLE IN 2015 UNDER THE SERP DESCRIBED IN FOOTNOTE (4) ABOVE, UNDER WHICH DR. BEALL RECEIVED CONTRIBUTIONS FROM 2013-2015. AS REQUIRED, THE CONTRIBUTIONS TO THIS SERP THAT GENERATED THE AMOUNT REPORTED IN COLUMN B(III) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN COLUMN (C). (9) THIS AMOUNT, ALTHOUGH ALSO INCLUDED IN COLUMN B OF THIS FORM 990, HAS ALREADY BEEN REPORTED AS COMPENSATION ON PRIOR YEARS' FORM 990S, AND THEREFORE (AS REQUIRED BY THE INSTRUCTIONS) IS DOUBLE-REPORTED HERE. (10) THIS WAS SEVERANCE PAID TO MR. MATTINGLY BY CFF UPON HIS RETIREMENT AS EXECUTIVE VICE PRESIDENT AND COO OF CFF, AFTER A 37-YEAR TENURE. THE AWARD WAS REVIEWED AND OPINED ON AS REASONABLE FROM A MARKET-COMPETITIVE STANDPOINT BY THE CFF BOARDS INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWED IN DETAIL AND APPROVED (IN THE MANNER SPECIFIED IN IRS REGULATIONS) BY THE CFF BOARD'S INDEPENDENT COMPENSATION COMMITTEE. (11) THIS AMOUNT BECAME VESTED AND TAXABLE IN 2015 UNDER THE SERP DESCRIBED IN FOOTNOTE (4) ABOVE, UNDER WHICH MR. MATTINGLY RECEIVED CONTRIBUTIONS FROM 2007-2015. AS REQUIRED, THE CONTRIBUTIONS TO THIS SERP THAT GENERATED THE AMOUNT REPORTED IN COLUMN B(II) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN COLUMN (C).</p>

Additional Data

Software ID:

Software Version:

EIN: 13-1930701

Name: CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PRESTON CAMPBELL MD PRESIDENT & CEO (AS OF 10/1)	(i)	284,125	189,461	23,384	131,869	29,049	657,888	62,015
	(ii)	-	-	-	-	-	-	-
		144,690	93,316	7,565	51,623	0	297,194	30,544
1ROBERT BEALL PHD PRESIDENT & CEO (UNTIL 9/30)	(i)	412,228	276,031	886,949	67,754	21,099	1,664,061	215,564
	(ii)	-	-	-	-	-	-	-
		206,690	135,956	436,584	20,043	0	799,273	106,173
2C RICHARD MATTINGLY EXEC VP & COO	(i)	316,273	273,763	2,128,337	61,263	7,283	2,786,919	682,855
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3VERA H TWIGG EXECUTIVE VP, CFO & SECRETARY	(i)	309,865	167,491	22,316	78,919	29,049	607,640	39,236
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4MAUREEN FRASER VP OF FIELD MANAGEMENT	(i)	238,124	36,699	696	30,611	14,774	320,904	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5AMY DEMARIA SR VP OF COMMUNICATIONS	(i)	222,528	52,295	697	32,060	8,930	316,510	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6CHRIS PENLAND PHD VICE PRESIDENT OF RESEARCH	(i)	110,143	28,664	704	27,060	26,244	192,815	0
	(ii)	-	-	-	-	-	-	-
		110,143	12,284	0	0	0	122,427	0
7DAVID MCLOUGHLIN SR VP OF OPERATIONS	(i)	202,987	49,249	1,242	32,060	28,289	313,827	0
	(ii)	-	-	-	-	-	-	-
		86,994	21,107	0	0	0	108,101	0
8WILLIAM SKACH MD SR VP OF RESEARCH AFFAIRS	(i)	66,816	8,071	0	0	0	74,887	0
	(ii)	-	-	-	-	-	-	-
		200,449	29,498	3,557	20,704	27,789	281,997	0
9MARY DWIGHT SVP POLICY & PATIENT ASSIST	(i)	212,091	52,500	483	32,060	34,339	331,473	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10BRUCE MARSHALL MD SR VP OF CLINICAL AFFAIRS	(i)	116,754	13,000	0	0	0	129,754	0
	(ii)	-	-	-	-	-	-	-
		233,509	77,062	3,564	32,060	0	346,195	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

**Employer identification number**

13-1930701

Return Reference	Explanation
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS	PART VI, SECTION A, LINE 4 DURING 2015, THE CYSTIC FIBROSIS FOUNDATION AMENDED ITS BYLAWS TO 1) ADD TWO VOTING "SPECIAL MEMBER" POSITIONS ON THE BOARD FOR INDIVIDUALS WHO HAVE CERTAIN SPECIALIZED SKILLS AND 2) AUTHORIZE THE CHAIRMAN TO DESIGNATE A NON-VOTING ADVISOR(S) TO ANY COMMITTEE

Return Reference	Explanation
REVIEW OF 990 BY GOVERNING BODY	PART VI, SECTION B, LINE 12C The Cystic Fibrosis Foundation Board of Trustees receives a draft of the Form 990 prior to its being filed, with sufficient time for review and comment allowed The Compensation Committee of the Board of Trustees and the Foundations ERISA attorneys review the executive compensation sections of the Form 990 The Audit Committee of the Board of Trustees also reviews the Form 990 as part of its chartered responsibilities In all cases the Cystic Fibrosis Foundation Board of Trustees receives a complete copy of the final Form 990 before it is filed

Return Reference	Explanation
CONFLICT OF INTEREST MONITORING	PART VI, SECTION B, LINE 12C A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE. DISCLOSURES PROVIDED ARE REPORTED TO THE NOMINATING AND GOVERNANCE COMMITTEE, THE AUDIT COMMITTEE AND THE BOARD OF TRUSTEES AS REQUIRED WITHIN THE BY LAWS, ANY POTENTIAL CONFLICTS OF INTEREST MUST BE REPORTED TO THE BOARD AS THEY ARISE. WHEN ANY MATTER IS DEEMED A POTENTIAL CONFLICT OF INTEREST AND REQUIRES ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED TRUSTEE OR OFFICER IS REQUIRED TO RETIRE FROM THE ROOM IN WHICH THE BOARD OR ITS COMMITTEE IS MEETING, MAY NOT PARTICIPATE IN THE FINAL DELIBERATION OF THE MATTER, AND MAY NOT VOTE ON THE MATTER. THE ORGANIZATION ENFORCED THE POLICY DURING 2015 AND HAD NO CONFLICTS OF INTEREST AS DEFINED BY THE POLICY.

Return Reference	Explanation
DETERMINING COMPENSATION	<p>PART VI, SECTION B, LINE 15A AND 15B THE TOTAL COMPENSATION OF EXECUTIVES AT THE CYSTIC FIBROSIS FOUNDATION IS SPECIFICALLY DESIGNED TO ATTRACT AND RETAIN THE HIGHEST QUALIFIED EXECUTIVE AND MEDICAL TALENT TO FULFILL THE CRITICALLY IMPORTANT MISSION OF CURING CYSTIC FIBROSIS AND PROVIDING ALL PEOPLE WITH THE DISEASE THE OPPORTUNITY TO LEAD FULL, PRODUCTIVE LIVES THE INDEPENDENT COMPENSATION COMMITTEE OF THE CF FOUNDATION'S BOARD OF TRUSTEES FOLLOWS THE PROCESS DESCRIBED IN THE IRS INTERMEDIATE SANCTIONS RULES WHEN DETERMINING COMPENSATION SPECIFICALLY, THE COMMITTEE (1) IS COMPOSED ENTIRELY OF NON-EMPLOYEE VOLUNTEER DIRECTORS WHO HAVE NO FAMILIAL, BUSINESS OR SIGNIFICANT PERSONAL RELATIONSHIPS WITH THE CF FOUNDATION OR ITS EXECUTIVES (2) ASSESSES THE SHORT-TERM AND LONG-TERM CONTRIBUTION AND PERFORMANCE OF EACH EXECUTIVE IN MEETING VERY DEFINITIVE AND QUANTIFIABLE OBJECTIVES FOCUSED ON THE CF FOUNDATION'S MISSION SUCCESS (3) ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO COMPILE APPROPRIATE COMPARABILITY DATA (INCLUDING COMPENSATION MARKET INFORMATION FOR PEERS WITH WHOM THE CF FOUNDATION COMPETES FOR EXECUTIVE TALENT) FOR COMMITTEE RELIANCE THE COMMITTEE MEETS WITH REPRESENTATIVES OF THE CONSULTING FIRM TO REVIEW THIS DATA IN DETAIL (4) REVIEWS ALL ELEMENTS OF EACH EXECUTIVES TOTAL COMPENSATION, INCLUDING BUT NOT LIMITED TO BASE SALARY, BONUSES, PERQUISITES, FRINGE BENEFITS, AND INCENTIVE AND DEFERRED COMPENSATION ARRANGEMENTS UPON THE EXECUTIVES HIRE, AND AT EACH POINT IN TIME THEREAFTER AT WHICH A NEW OR REVISED COMPENSATION ARRANGEMENT IS UNDER CONSIDERATION WITH RESPECT TO THE EXECUTIVE, THE COMMITTEE MEETS WITH ITS INDEPENDENT COMPENSATION CONSULTING FIRM BEFORE THE ARRANGEMENT IS IMPLEMENTED TO EVALUATE THE REASONABLENESS OF THE ARRANGEMENT BY COMPARING BOTH THE ARRANGEMENT ITSELF AND THE EXECUTIVES ENTIRE COMPENSATION PACKAGE TO COMPENSATION PACKAGES PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS (5) DOCUMENTS, CONCURRENTLY WITH ITS DETERMINATION, THE BASIS FOR ITS DETERMINATION IN THE MINUTES OF ITS MEETING THESE MINUTES ARE REVIEWED, REVISED IF NECESSARY AND APPROVED AT THE FOLLOWING MEETING OF THE COMMITTEE (6) OBTAINS A WRITTEN LEGAL OPINION CONCERNING THE COMMITTEES COMPLIANCE WITH THE IRS INTERMEDIATE SANCTIONS RULES THE PROCESS DESCRIBED ABOVE WAS USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION PRESIDENT &amp; CEO EXECUTIVE VICE PRESIDENT &amp; COO EXECUTIVE VICE PRESIDENT, CFO AND SECRETARY VICE PRESIDENT OF FIELD MANAGEMENT SR VICE PRESIDENT OF OPERATIONS THE PROCESS WAS LAST UNDERTAKEN IN 2014, WITH THE EXCEPTION OF THAT FOR THE CEO POSITION WHICH WAS LAST CONDUCTED IN 2015</p>

Return Reference	Explanation
PUBLIC INSPECTION	PART VI, SECTION C, LINE 19 FORMS 1023 AND 990-T FOR THE ORGANIZATION WERE AVAILABLE ON ITS WEBSITE, CFF.ORG AND THE ORGANIZATION'S WEBSITE PROVIDED A DIRECT LINK TO ITS FORM 990 ON GUIDESTAR.ORG. THE FOUNDATION'S GOVERNING DOCUMENTS (BYLAWS AND ARTICLES OF INCORPORATION) WERE AVAILABLE UPON REQUEST BY CONTACTING THE NATIONAL OFFICE OF THE CYSTIC FIBROSIS FOUNDATION IN WRITING OR BY PHONE. INFORMATION ON HOW TO OBTAIN THE GOVERNING DOCUMENTS WAS AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2015. THE BOARD AND OFFICER CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS WERE AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2015.

Return Reference	Explanation
PART VII, SECTION A	HOURS FOR RELATED ORGANIZATIONS THE FOLLOWING IS AN ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS BY THE OFFICERS CYSTIC FIBROSIS CYSTIC FIBROSIS FOUNDATION GROUP FOUNDATION RETURN FOR THE TITLE THERAPEUTICS, INC CHAPTERS ----- PRESIDENT & CEO 20 4 EXEC VICE PRESIDENT & COO 5 5 EXEC VICE PRESIDENT & CFO 5 5

Return Reference	Explanation
FORM 990, PART IX	ON THE PRIOR YEAR RETURN, EXPENSES THAT TRULY BELONGED ON LINES 11G-14 WERE TRANSPOSED AND LISTED ON LINES 12-15 IN ERROR THE 2015 FORM 990 ACCURATELY REFLECTS THE CLASSIFICATION OF THESE EXPENSES

Return Reference	Explanation
FORM 990, PART X, LINE 27	UNRESTRICTED NET ASSETS BOARD DESIGNATED THE FOUNDATIONS UNRESTRICTED NET ASSETS TOTALED \$3,664,492,149 AS OF DECEMBER 31, 2015 OF THIS AMOUNT, THE FOUNDATIONS BOARD OF TRUSTEES HAS DESIGNATED \$3,300,000,000 TO BE SPENT IN SUPPORT OF THE MISSION OF THE FOUNDATION OVER THE LONG TERM

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

Employer identification number  
13-1930701

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CYSTIC FIBROSIS PATIENT ASSISTANCE FDN 6931 ARLINGTON RD BETHESDA, MD 20814 90-0350985	PATIENT ASST	DE	100,000	82,068	CFF-HQ

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CYSTIC FIBROSIS FOUNDATION THERAPEUTICS 6931 ARLINGTON RD  BETHESDA, MD 20814 91-2059167	RESEARCH	MD	501(c)(3)	11A	CFF-HQ	Yes	
(2)CYSTIC FIBROSIS FOUNDATION GROUP 6931 ARLINGTON RD  BETHESDA, MD 20814 13-6161105	EDUCATION	DE	501(c)(3)	7	CFF-HQ	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

1a

No

b

Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c

Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d

Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e

Loans or loan guarantees by related organization(s) . . . . .

1e

No

f

Dividends from related organization(s) . . . . .

1f

No

g

Sale of assets to related organization(s) . . . . .

1g

No

h

Purchase of assets from related organization(s) . . . . .

1h

No

i

Exchange of assets with related organization(s) . . . . .

1i

No

j

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

1j

No

k

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

1k

No

l

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

1l

No

m

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

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o

Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p

Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q

Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r

Other transfer of cash or property to related organization(s) . . . . .

1r

No

s

Other transfer of cash or property from related organization(s) . . . . .

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	B	86,230,120	FMV
(2)CYSTIC FIBROSIS FOUNDATION GROUP	C	86,659,882	FMV
(3)CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	N	1,426,717	COST
(4)CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	O	4,638,063	COST
(5)CYSTIC FIBROSIS FOUNDATION GROUP	N	246,324	COST
(6)CYSTIC FIBROSIS FOUNDATION GROUP	O	10,336,088	COST

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 13-1930701

Name: CYSTIC FIBROSIS FOUNDATION- HEADQUARTERS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	B	86,230,120	FMV
(1) CYSTIC FIBROSIS FOUNDATION GROUP	C	86,659,882	FMV
(2) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	N	1,426,717	COST
(3) CYSTIC FIBROSIS FOUNDATION THERAPEUTICS	O	4,638,063	COST
(4) CYSTIC FIBROSIS FOUNDATION GROUP	N	246,324	COST
(5) CYSTIC FIBROSIS FOUNDATION GROUP	O	10,336,088	COST