

Form **990**Department of the Treasury
Internal Revenue Service**EXTENDED TO NOVEMBER 15, 2023**
Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CYSTIC FIBROSIS FOUNDATION		D Employer identification number 13-1930701
	Doing business as		E Telephone number (301) 951-4422
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4550 MONTGOMERY AVENUE 1100N		
	City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814		
	F Name and address of principal officer: MICHAEL P. BOYLE, M.D. SAME AS C ABOVE		G Gross receipts \$ 1,350,372,542.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
J Website: WWW.CFF.ORG		H(b) Are all subordinates included? Yes No	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1955 M State of legal domicile: DE	
H(c) Group exemption number			

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CURE CYSTIC FIBROSIS (CF) AND TO PROVIDE ALL PEOPLE WITH CF THE (CONTINUED ON SCH O)			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	890	
	6 Total number of volunteers (estimate if necessary)	6	54572	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,323,291.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	1,108,726.	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		86,536,159.	97,948,958.
	9 Program service revenue (Part VIII, line 2g)		1,263,333.	2,555,705.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		306,161,908.	128,066,687.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,276,151.	20,059,002.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		417,237,551.	248,630,352.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		178,329,656.	184,032,962.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		107,679,100.	116,829,042.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		176,400.	176,400.
	b Total fundraising expenses (Part IX, column (D), line 25)		30,435,741.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		89,426,030.	95,625,710.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		375,611,186.	396,664,114.
	19 Revenue less expenses. Subtract line 18 from line 12		41,626,365.	-148,033,762.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		5,691,109,976.	4,735,058,992.
	21 Total liabilities (Part X, line 26)		274,479,667.	291,339,976.
22 Net assets or fund balances. Subtract line 21 from line 20		5,416,630,309.	4,443,719,016.	

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer				Date
	IRENA BARISIC, EVP, COO, AND CFO				11/8/23
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed
	BRIAN KEARNS		<i>Brian Kearns</i>	10/30/23	<input type="checkbox"/>
Preparer Use Only	Firm's name			Firm's EIN	
	KPMG LLP			13-5565207	
Firm's address			Phone no.		
8350 BROAD STREET, SUITE 900			703-286-8000		
MCLEAN, VA 22102					

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

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

CYSTIC FIBROSIS FOUNDATION

EIN or SSN

13-1930701

Name and title of officer or person subject to tax **IRENA BARISIC**
EVP, COO, AND CFO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 248,630,352.
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize KPMG LLP to enter my PIN 14422
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/08/2023**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54028062994

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Brian Korman

Date

10/30/23

ERO Must Retain This Form - See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

- ▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. CYSTIC FIBROSIS FOUNDATION	Taxpayer identification number (TIN) 13-1930701
	Number, street, and room or suite no. If a P.O. box, see instructions. 4550 MONTGOMERY AVENUE, 1100N	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

IRENA BARISIC & CFF LEGAL TEAM

- The books are in the care of ▶ 4550 MONTGOMERY AVENUE - SUITE 1100N, BETHESDA, MD 20814

Telephone No. ▶ 301-951-4422

Fax No. ▶ 301-907-2688

- If the organization does not have an office or place of business in the United States, check this box ☐ ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2022 or
▶ ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 282,331,775. including grants of \$ 178,261,101.) (Revenue \$ 10,366,808.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 21,891,088. including grants of \$ 5,771,860.) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 19,125,953. including grants of \$) (Revenue \$)
SEE SCHEDULE O

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

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

4e Total program service expenses 323,348,816.

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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 1278	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 2	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
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 890		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17		

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

	1a	1b	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 on Schedule O.	17			
b Enter the number of voting members included on line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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
IRENA BARISIC & CFF LEGAL TEAM - 301-951-4422
4550 MONTGOMERY AVENUE, SUITE 1100N, BETHESDA, MD 20814

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK MAHLER, M.D. CHIEF INVESTMENT OFFICER	40.00 0.00				X			2,463,847.	0.	230,935.
(2) MICHAEL P. BOYLE, M.D. PRESIDENT & CEO	40.00 1.00	X		X				950,256.	0.	399,526.
(3) EARL LEE MANAGING DIRECTOR, INVESTMENTS	40.00 0.00					X		1,023,013.	0.	234,362.
(4) ERIC KOEHRSEN MANAGING DIRECTOR, INVESTMENTS	40.00 0.00					X		921,034.	0.	248,237.
(5) BRUCE MARSHALL, M.D. EVP & CHIEF MEDICAL OFFICER	40.00 0.00				X			692,205.	0.	104,713.
(6) JOHN P. CLANCY, M.D. SVP, CLINICAL RESEARCH	40.00 0.00				X			551,336.	0.	154,612.
(7) MARY DWIGHT CHIEF POLICY & ADVOCACY OFFICER	40.00 0.00					X		543,012.	0.	129,909.
(8) MARYBETH MCMAHON CHIEF OF STAFF	40.00 0.00					X		552,564.	0.	92,779.
(9) ANTHONY DURMOWICZ, M.D. VP, CLINICAL DEVELOPMENT	40.00 0.00					X		574,023.	0.	64,672.
(10) IRENA BARISIC EVP, CFAO, ASST. SEC. & ASST. TRSR.	40.00 1.00			X				557,940.	0.	71,381.
(11) WILLIAM SKACH, M.D. EVP & CHIEF SCIENTIFIC OFFICER	40.00 0.00				X			455,835.	0.	61,418.
(12) PRESTON CAMPBELL, M.D. FORMER CEO & STRATEGIC ADVISOR	40.00 0.00						X	393,943.	0.	62,168.
(13) MICHAEL B. CAVADEL SVP, CHIEF LEGAL OFFICER, & SEC.	40.00 1.00			X				194,080.	0.	28,360.
(14) CHRIS GEGELYS FORMER CHIEF LEGAL OFFICER	0.00 0.00						X	176,462.	0.	0.
(15) MARC S. GINSKY FORMER COO	0.00 0.00						X	160,000.	0.	0.
(16) VERA H. TWIGG FORMER EVP, CFO	0.00 0.00						X	103,286.	0.	0.
(17) LOUIS A. DEFALCO VICE CHAIR	5.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) CAROLE B. GRIEGO, M.D. TRUSTEE	3.00 0.00	X						0.	0.	0.
(19) CATHERINE C. MCLOUD TRUSTEE	3.00 0.00	X						0.	0.	0.
(20) CHAD T. MOORE TRUSTEE	3.00 0.00	X						0.	0.	0.
(21) DAVID A. MOUNT TREASURER	3.00 0.00	X						0.	0.	0.
(22) ROBERT H. NIEHAUS VICE CHAIR	5.00 0.00	X						0.	0.	0.
(23) ERIC R. OLSON, PH.D. VICE CHAIR	5.00 0.00	X						0.	0.	0.
(24) DOMINIC J. CARUSO TRUSTEE	3.00 0.00	X						0.	0.	0.
(25) PAUL A. MOTENKO TRUSTEE	3.00 0.00	X						0.	0.	0.
(26) TERESA L. ELDER VICE CHAIR	5.00 0.00	X						0.	0.	0.
1b Subtotal								10,312,836.	0.	1,883,072.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								10,312,836.	0.	1,883,072.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VERTEX PHARMACEUTICALS, INC 50 NORTHERN AVENUE, BOSTON, MA 02210	CONTRACTED RESEARCH	10,000,000.
ELOXX PHARMACEUTICALS 950 WINTER STREET, WALTHAM, MA 02451	CONTRACTED RESEARCH	8,811,900.
PIONEERING MEDICINE (CF), LLC, 55 CAMBRIDGE PARKWAY, STE 800E, CAMBRIDGE, MA	CONTRACTED RESEARCH	8,000,000.
SYNSPIRA THERAPEUTICS INC. 100 SPEEN STREET, FRAMINGHAM, MA 01701	CONTRACTED RESEARCH	5,450,000.
ARMATA PHARMACEUTICALS INC., 4503 GLENCOE AVENUE, MARINA DEL RAY, CA 90292	CONTRACTED RESEARCH	2,500,000.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

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	1 a	Federated campaigns	1a	303,736.			
	b	Membership dues	1b				
	c	Fundraising events	1c	56,151,039.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	41,494,183.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 9,893,530.			
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a	SCIENTIFIC CONFERENCE	Business Code	611600	2,290,846.	2,290,846.	
	b	DATA SAFETY MONITORING		541900	264,859.	264,859.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,555,705.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		63,753,516.		7,323,291.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		14,016,961.	1,867,108.		12,149,853.
6 a		Gross rents	6a	(i) Real	(ii) Personal		
b		Less: rental expenses ...	6b				
c		Rental income or (loss)	6c				
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses	7b	1153650164.			
c		Gain or (loss)	7c	1089336993.			
d		Net gain or (loss)		64,313,171.			
8 a		Gross income from fundraising events (not including \$ 56,151,039. of contributions reported on line 1c). See Part IV, line 18	8a	12,338,183.			
b		Less: direct expenses	8b	12,338,183.			
c		Net income or (loss) from fundraising events		0.			
9 a		Gross income from gaming activities. See Part IV, line 19	9a	106,070.			
b	Less: direct expenses	9b	67,014.				
c	Net income or (loss) from gaming activities		39,056.			39,056.	
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REFUNDED/CANCELLED GRA	Business Code	900099	5,943,995.	5,943,995.	
	b	REIMBURSEMENT PROCEEDS		900099	58,990.		58,990.
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		6,002,985.			
	12	Total revenue. See instructions			248,630,352.	10,366,808.	7,323,291.

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 ...	173,015,994.	173,015,994.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	510,431.	510,431.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,506,537.	10,506,537.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,916,442.	3,669,840.	1,915,873.	1,330,729.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	895,859.	475,340.	248,155.	172,364.
7 Other salaries and wages	84,064,519.	44,604,339.	23,286,099.	16,174,081.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,044,963.	3,207,436.	1,674,471.	1,163,056.
9 Other employee benefits	13,002,247.	6,898,946.	3,601,658.	2,501,643.
10 Payroll taxes	5,905,012.	3,199,151.	1,475,098.	1,230,763.
11 Fees for services (nonemployees):				
a Management				
b Legal	272,819.	126,112.	146,707.	
c Accounting	362,937.		362,937.	
d Lobbying	724,854.	724,854.		
e Professional fundraising services. See Part IV, line 17	176,400.			176,400.
f Investment management fees	2,418,459.		2,418,459.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,338,970.	4,490,002.	817,253.	31,715.
12 Advertising and promotion	20,290.	6,696.	3,449.	10,145.
13 Office expenses	5,955,346.	3,598,398.	483,925.	1,873,023.
14 Information technology	13,411,352.	7,861,341.	2,927,348.	2,622,663.
15 Royalties				
16 Occupancy	7,346,178.	4,569,675.	1,239,716.	1,536,787.
17 Travel	1,482,316.	964,156.	210,149.	308,011.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,899,087.	6,717,968.	408,670.	772,449.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,238,383.	1,759,128.	203,541.	275,714.
23 Insurance	819,709.	565,989.	217,511.	36,209.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRACTED RESEARCH	44,542,945.	44,542,945.		
b TRAINING	467,112.	251,740.	170,727.	44,645.
c MEDICAL QUALITY IMPROVE	184,481.	184,481.		
d SPIROMETERS	107,900.	107,900.		
e All other expenses	2,032,572.	789,417.	1,067,811.	175,344.
25 Total functional expenses. Add lines 1 through 24e	396,664,114.	323,348,816.	42,879,557.	30,435,741.
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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,916.	1	825.
	2 Savings and temporary cash investments	70,751,911.	2	89,344,692.
	3 Pledges and grants receivable, net	8,629,010.	3	16,374,636.
	4 Accounts receivable, net	23,159,403.	4	23,189,779.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	305,397.	8	209,153.
	9 Prepaid expenses and deferred charges	7,623,850.	9	5,923,684.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,915,068.		
	b Less: accumulated depreciation	10b 20,485,100.		
		7,641,454.	10c	10,429,968.
	11 Investments - publicly traded securities	3,935,176,433.	11	2,713,899,331.
	12 Investments - other securities. See Part IV, line 11	1,576,278,160.	12	1,734,329,559.
	13 Investments - program-related. See Part IV, line 11	50,147,851.	13	75,899,728.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	11,386,591.	15	65,457,637.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,691,109,976.	16	4,735,058,992.	
Liabilities	17 Accounts payable and accrued expenses	40,322,607.	17	32,393,816.
	18 Grants payable	231,895,234.	18	226,137,686.
	19 Deferred revenue	2,261,826.	19	2,196,254.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	30,612,220.
	26 Total liabilities. Add lines 17 through 25	274,479,667.	26	291,339,976.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,398,556,832.	27	4,421,196,361.
	28 Net assets with donor restrictions	18,073,477.	28	22,522,655.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,416,630,309.	32	4,443,719,016.
	33 Total liabilities and net assets/fund balances	5,691,109,976.	33	4,735,058,992.

Form **990** (2022)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	248,630,352.
2	Total expenses (must equal Part IX, column (A), line 25)	2	396,664,114.
3	Revenue less expenses. Subtract line 2 from line 1	3	-148,033,762.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,416,630,309.
5	Net unrealized gains (losses) on investments	5	-824,877,531.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,443,719,016.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	108,058,591.	108,894,890.	73,199,355.	86,536,159.	97,948,958.	474,637,953.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	108,058,591.	108,894,890.	73,199,355.	86,536,159.	97,948,958.	474,637,953.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						474,637,953.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	108,058,591.	108,894,890.	73,199,355.	86,536,159.	97,948,958.	474,637,953.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,681,682.	95,519,254.	95,019,118.	74,598,441.	75,903,369.	407,721,864.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,369,965.	15,976,419.	9,386,514.	6,491,042.	12,503,243.	59,727,183.
11 Total support. Add lines 7 through 10						942,087,000.
12 Gross receipts from related activities, etc. (see instructions)					12	69,884,503.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	50.38	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	51.34	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

Supplemental Information.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REIMBURSEMENT PROCEEDS

2018 AMOUNT: \$ 467,265.

2019 AMOUNT: \$ 29,624.

2020 AMOUNT: \$ 2,889,947.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 58,990.

EMPLOYEE RETENTION CREDIT

2020 AMOUNT: \$ 2,653,151.

2021 AMOUNT: \$ 3,032,541.

2022 AMOUNT: \$ 0.

GROSS FUNDRAISING REVENUE

2018 AMOUNT: \$ 14,774,450.

2019 AMOUNT: \$ 15,811,603.

2020 AMOUNT: \$ 3,754,416.

2021 AMOUNT: \$ 3,443,701.

2022 AMOUNT: \$ 12,338,183.

GROSS GAMING REVENUE

2018 AMOUNT: \$ 128,250.

2019 AMOUNT: \$ 135,192.

2020 AMOUNT: \$ 89,000.

2021 AMOUNT: \$ 14,800.

2022 AMOUNT: \$ 106,070.

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.)

PART II, LINE 12

GROSS RECEIPTS FROM RELATED ACTIVITIES

THE FOUNDATION FOSTERS COLLABORATION WITHIN THE SCIENTIFIC COMMUNITY BY

HOSTING A LARGE SCIENTIFIC CONFERENCE THAT PROVIDES A FORUM FOR

RESEARCHERS AND CAREGIVERS TO SHARE THEIR PRACTICES AND INVESTIGATION

RESULTS WITH ONE ANOTHER. REGISTRATION FEES FOR ATTENDANCE AT THIS

CONFERENCE ARE REPORTED ON LINE 12.

REIMBURSEMENTS FOR DATA SAFETY MONITORING BOARD AND PROTOCOL REVIEW

COMMITTEE RELATED COSTS ARE REPORTED ON LINE 12.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 2,734,708.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,035,723.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CYSTIC FIBROSIS FOUNDATION

13-1930701

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

[illegible]

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

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

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

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

Name of organization <p align="center">CYSTIC FIBROSIS FOUNDATION</p>	Employer identification number <p align="center">13-1930701</p>
--	--

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 campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots 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.															
<table border="1"><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		27,852.
e Publications, or published or broadcast statements?	X		2,970.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,196,042.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		813.
j Total. Add lines 1c through 1i			1,227,677.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITY

THE CYSTIC FIBROSIS FOUNDATION IS FOCUSED ON CURING CYSTIC FIBROSIS AND

ENSURING ALL PEOPLE WITH THE DISEASE HAVE THE OPPORTUNITY TO LEAD LONG,

FULFILLING LIVES. IN ADDITION TO FUNDING CYSTIC FIBROSIS RESEARCH, THE

FOUNDATION ADVOCATES FOR POLICIES THAT ADVANCE BASIC, TRANSLATIONAL AND

Part IV **Supplemental Information** *(continued)*

CLINICAL RESEARCH AND DEVELOPMENT OF TREATMENTS FOR RARE DISEASES LIKE

CYSTIC FIBROSIS AND STRATEGIES THAT GIVE ALL PEOPLE WITH THE DISEASE

ACCESS TO HIGH QUALITY, SPECIALIZED CYSTIC FIBROSIS CARE. ADVOCACY

ACTIVITIES INCLUDE EMAIL COMMUNICATION ENCOURAGING GRASSROOTS ADVOCATES

TO CONTACT THEIR LEGISLATORS, ANNUAL EVENTS WHERE VOLUNTEERS MEET WITH

MEMBERS OF CONGRESS TO DISCUSS ISSUES CRITICAL TO THE CYSTIC FIBROSIS

COMMUNITY, DEVELOPING WEB POSTS AND PUBLICATIONS TO REGULARLY UPDATE

MEMBERS OF THE CYSTIC FIBROSIS COMMUNITY OF RELEVANT LEGISLATION AND

ENCOURAGE INDIVIDUALS TO TAKE ACTION, AND COMMUNICATING REGULARLY WITH

FEDERAL LEGISLATORS AND AGENCIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term 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 line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,367,095.	2,930,086.	3,437,009.
d Equipment		24,547,973.	17,555,014.	6,992,959.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,429,968.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PVT EQTY & OTHR ILLIQUID	1,067,097,065.	END-OF-YEAR MARKET VALUE
(B) GLOBAL PUBLIC EQUITY	219,592,042.	END-OF-YEAR MARKET VALUE
(C) OPPORTUNISTIC	443,859,465.	END-OF-YEAR MARKET VALUE
(D) PERPETUAL TRUSTS & OTHER	3,780,987.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,734,329,559.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	30,612,220.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,612,220.

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

Schedule D (Form 990) 2022

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-589,442,651.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-824,877,531.
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	-824,877,531.
3	Subtract line 2e from line 1	3	235,434,880.
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	13,195,472.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	13,195,472.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	248,630,352.

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

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

1	Total expenses and losses per audited financial statements	1	383,468,642.
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	0.
3	Subtract line 2e from line 1	3	383,468,642.
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	13,195,472.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	13,195,472.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	396,664,114.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT VOLUNTARY HEALTH ORGANIZATION EXEMPT

FROM FEDERAL INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE

(THE CODE) AND FROM STATE TAXES AND HAS BEEN CLASSIFIED AS AN ORGANIZATION

THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE

FOUNDATION DOES NOT HAVE ANY UNRELATED BUSINESS INCOME TAX LIABILITY AS OF

DECEMBER 31, 2022 AND 2021. CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR

THE CHARITABLE CONTRIBUTIONS DEDUCTION TO THE EXTENT PROVIDED BY SECTION

170 OF THE CODE.

THE FOUNDATION IS NOT AWARE OF ANY TAX POSITION TAKEN THAT REQUIRES

DISCLOSURE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE FOUNDATION

Part XIII Supplemental Information *(continued)*

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE			GRANTMAKING	NONE	7,054,422.
NORTH AMERICA			GRANTMAKING	NONE	2,779,771.
EAST ASIA AND THE PACIFIC			GRANTMAKING	NONE	451,861.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	NONE	220,483.
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS		971,796,155.
EAST ASIA & PACIFIC			INVESTMENTS		128,313,887.
EUROPE			INVESTMENTS		220,162,836.
NORTH AMERICA			INVESTMENTS		47,459,977.
3 a Subtotal	0	0			1378239392.
b Total from continuation sheets to Part I	0	0			8,099,237.
c Totals (add lines 3a and 3b)	0	0			1386338629.

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

Schedule F (Form 990) 2022

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(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			INVESTMENTS		6,680,008.
NORTH AMERICA			PROGRAM SERVICES	CONTRACTED RESEARCH	450,000.
EUROPE			PROGRAM SERVICES	CONTRACTED RESEARCH	669,229.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONTRACTED RESEARCH	200,000.
SOUTH ASIA			PROGRAM SERVICES	CONTRACTED RESEARCH	100,000.
Totals					8,099,237.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CLINICAL CARE RESEARCH	151,439.	WIRE	0.		
		NORTH AMERICAN	CLINICAL CARE RESEARCH	705,294.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH	2,002,437.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH	328,473.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH	286,686.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH	473,040.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	81,189.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH	719,916.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 35

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EUROPE	CLINICAL RESEARCH CENTER	1,221,205.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH CENTER	49,860.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH CENTER	143,605.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH STUDY	156,570.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH STUDY	75,861.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH STUDY	182,606.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH STUDY	87,539.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLINICAL RESEARCH STUDY	89,450.	WIRE	0.		
		NORTH AMERICAN	CLINICAL RESEARCH STUDY	168,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA	CLINICAL RESEARCH STUDY	301,170.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH STUDY	120,000.	WIRE	0.		
		NORTH AMERICA	PILOT STUDY	55,993.	WIRE	0.		
		EUROPE	PILOT STUDY	56,000.	WIRE	0.		
		EUROPE	PILOT STUDY	56,000.	WIRE	0.		
		EUROPE	PILOT STUDY	55,942.	WIRE	0.		
		NORTH AMERICA	PILOT STUDY	56,000.	WIRE	0.		
		NORTH AMERICA	PILOT STUDY	56,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PILOT STUDY	55,688.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EUROPE	PILOT STUDY	56,000.	WIRE	0.		
		NORTH AMERICA	PILOT STUDY	56,000.	WIRE	0.		
		NORTH AMERICA	QUALITY IMPROVEMENT	10,270.	WIRE	0.		
		EUROPE	RESEARCH	151,312.	WIRE	0.		
		NORTH AMERICA	RESEARCH	45,900.	WIRE	0.		
		EUROPE	RESEARCH	140,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	139,188.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	139,294.	WIRE	0.		
		EUROPE	RESEARCH	226,891.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	RESEARCH	167,535.	WIRE	0.		
		NORTH AMERICA	RESEARCH	145,740.	WIRE	0.		
		EUROPE	RESEARCH	104,770.	WIRE	0.		
		EUROPE	RESEARCH	139,583.	WIRE	0.		
		NORTH AMERICAN	RESEARCH	139,597.	WIRE	0.		
		EUROPE	THERAPEUTICS DISCOVERY RESEARCH	463,900.	WIRE	0.		
		EUROPE	THERAPEUTICS DISCOVERY RESEARCH	221,496.	WIRE	0.		
		NORTH AMERICA	THERAPEUTICS DISCOVERY RESEARCH	101,157.	WIRE	0.		
		EUROPE	THERAPEUTICS DISCOVERY RESEARCH	319,941.	WIRE	0.		

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2022

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

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.

SCHEDULE F, PART IV:

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

ORGANIZATION HAS PROCEDURES IN PLACE TO MONITOR THE SCIENTIFIC PROGRESS

AND FINANCIAL ASPECTS OF GRANTS AWARDED TO ENTITIES OUTSIDE OF THE

UNITED STATES. THE ORGANIZATION FOLLOWS THE U.S. DEPARTMENT OF TREASURY

ANTI-TERRORIST FINANCING VOLUNTARY BEST PRACTICES GUIDELINES FOR

CHARITIES AS WELL AS APPLICABLE PUBLICATIONS OF THE U.S. INTERNAL

REVENUE SERVICE, INCLUDING BUT NOT LIMITED TO PUBLICATION 515:

WITHHOLDING OF TAX ON NONRESIDENT ALIENS AND FOREIGN ENTITIES AND

PUBLICATION 557: TAX-EXEMPT STATUS FOR YOUR ORGANIZATION. IN COMPLIANCE

WITH THE BEST PRACTICES AND IRS PUBLICATIONS INTERPRETING APPLICABLE

LAWS AND REGULATIONS, THE ORGANIZATION COLLECTS AND REVIEWS INFORMATION

ABOUT THE PROSPECTIVE GRANTEEES TO CONDUCT A VETTING PROCESS THAT WILL

PROTECT CFF FUNDS FROM DIVERSION FOR TERRORISM, OTHER PROHIBITED

ACTIVITIES UNDER APPLICABLE LAWS, OR THE FURTHERANCE OF PRIVATE

INTERESTS. 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 REGULAR 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 AND THE FINAL SCIENTIFIC REPORT.

REPORTS OF EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE

INCURRED COSTS ARE APPROPRIATE.

SCHEDULE G
(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

2022

Open to Public Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I

Fundraising Activities.

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

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

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN MASKA NEILL & COMPANY - 1730 RHODE ISLAND AVE NW,	MAIL COUNSEL		X	12,208,341.	176,400.	12,031,941.
Total				12,208,341.	176,400.	12,031,941.

- 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

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

Schedule G (Form 990) 2022

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ATLANTA WALK (event type)	SKI EVENT (event type)	565 (total number)	
Revenue	1 Gross receipts	3,415,053.	2,404,882.	62,669,287.	68,489,222.
	2 Less: Contributions	3,163,524.	717,500.	52,270,015.	56,151,039.
	3 Gross income (line 1 minus line 2)	251,529.	1,687,382.	10,399,272.	12,338,183.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	19,651.	127,727.	894,677.	1,042,055.
	6 Rent/facility costs	66,437.	900,497.	5,060,144.	6,027,078.
	7 Food and beverages	101,244.	543,790.	2,924,007.	3,569,041.
	8 Entertainment	13,200.		374,296.	387,496.
	9 Other direct expenses	50,997.	115,368.	1,146,148.	1,312,513.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				12,338,183.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			106,070.	106,070.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			67,014.	67,014.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				67,014.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				39,056.

9 Enter the state(s) in which the organization conducts gaming activities: NH, COa Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ Nob If "No," explain: LICENSING FOR THESE GAMING ACTIVITIES IN NH AND CO WAS NOT REQUIRED.10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|--------|---|
| a The organization's facility | 13a | .00 | % |
| b An outside facility | 13b | 100.00 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name THE ORGANIZATION

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

- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the 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 provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER: 1730 RHODE ISLAND AVE NW, WASHINGTON, DC 20036

PART IV:

PROFESSIONAL FUNDRAISING SERVICES

CFF HAD A WRITTEN CONTRACT WITH LAUTMAN MASKA NEILL & COMPANY TO CONSULT ON ITS DIRECT MAIL AND ANNUAL FUND EFFORTS DURING 2022. THE

Part IV Supplemental Information *(continued)*

EXPENSE FOR THE PROJECT IS \$14,700 PER MONTH OR \$176,400 FOR THE ENTIRE

YEAR OF SERVICES. IN ADDITION TO THE CONSULTING ACTIVITIES THAT MAY BE

CONSIDERED PROFESSIONAL FUNDRAISING SERVICES, CFF ALSO ENGAGED LAUTMAN

MASKA NEILL & COMPANY FOR CREATIVE DEVELOPMENT. LAUTMAN MASKA NEILL &

COMPANY DOES NOT COLLECT ANY FUNDS ON BEHALF OF CFF. ALL DONATIONS THAT

RESULT FROM MAILINGS WITH WHICH LAUTMAN MASKA NEILL & COMPANY ASSISTS

ARE MADE PAYABLE DIRECTLY TO THE FOUNDATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07103	46-2354111	IRC 115	3,000.	0.			TRAINING
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - 310 EAST CAMPUS ROAD - ATHENS, GA 30602	58-1353149	501C(3)	3,000.	0.			TRAINING
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA, FL 33620-5800	59-3102112	IRC 115	3,000.	0.			TRAINING
UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD MOBILE, AL 36688	63-0477348	501C(3)	6,000.	0.			TRAINING
CODY DIERUF BENEFIT FOUNDATION PO BOX 7361 BOZEMAN, MT 59771	20-4498266	501C(3)	8,300.	0.			COMMUNITY IMPACT
THE BONNELL FOUNDATION: LIVING WITH CYSTIC FIBROSIS - P.O. BOX 1215 - ROYAL OAK, MI, MI 48068	80-0631159	501C(3)	9,310.	0.			COMMUNITY IMPACT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **230.**

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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 SYSTEM - 21 N. PARK STREET - MADISON, WI 53715-1218	39-6006492	501C(3)	9,985.	0.			COMMUNITY IMPACT
KID LOGISTICS 470 ARUNDEL DRIVE BRANDON, MS 39047-8104	81-3019912	501C(3)	9,994.	0.			COMMUNITY IMPACT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S. MARSHFIELD AVENUE - CHICAGO, IL 60612-4305	37-6000511	501C(3)	9,999.	0.			COMMUNITY IMPACT
UNITED STATES ADULT CYSTIC FIBROSIS ASSOCIATION - 9450 SOUTHWEST GEMINI DRIVE - BEAVERTON, OR 97008-7105	93-1036770	501C(3)	10,000.	0.			COMMUNITY IMPACT
THE DISTRACTORS 6922 GLIDDEN ST SAN DIEGO, CA 92111	85-4369229	501C(3)	10,000.	0.			COMMUNITY IMPACT
NATIONAL ORGANIZATION OF AFRICAN AMERICANS WITH CYSTIC FIBROSIS - 6001 SOUTHWIND DRIVE - NORTH LITTLE ROCK, AR 72118	85-2269576	501C(3)	10,000.	0.			COMMUNITY IMPACT
COLIE CREATIONS INC 3117 JOHN WILLIS ROAD NEW BERN, NC 28562	87-2622612	501C(3)	10,000.	0.			COMMUNITY IMPACT
COACH-ED INC. 1430 SUGARTOWN ROAD BERWYN, PA 19312	45-3399942	501C(3)	10,000.	0.			COMMUNITY IMPACT
CLAIRE'S PLACE FOUNDATION, INC. 2110 ARTESIA BLVD B REDONDO BEACH, CA 90278	45-2453459	501C(3)	10,000.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

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CYSTIC FIBROSIS LIFESTYLE FOUNDATION - 936 SOUTHWEST 1ST AVENUE - MIAMI, FL 33130	57-1163801	501C(3)	10,000.	0.			COMMUNITY IMPACT
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM ROAD - EAST LANSING, MI 48824	38-6005984	501C(3)	12,177.	0.			ADULT CARE
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	12,185.	0.			ADULT CARE
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	12,793.	0.			ADHERENCE
THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501C(3)	16,200.	0.			ADHERENCE
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	17,659.	0.			ADULT CARE
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805	501C(3)	18,085.	0.			CLINICAL RESEARCH STUDY
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	18,914.	0.			ADULT CARE
BREATHE BRAVELY INC 505 EAST SUNNYBROOK DRIVE SIOUX FALLS, SD 57105-7138	47-5334258	501C(3)	19,275.	0.			COMMUNITY IMPACT

Schedule I (Form 990)

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

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UPMC CHILDREN'S HOSPITAL OF PITTSBURGH - 4401 PENN AVENUE - PITTSBURGH, PA 15224	25-0402510	501C(3)	19,443.	0.			CF CARE CENTER
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	20,061.	0.			ADULT CARE
UNIVERSITY OF MASSACHUSETTS, WORCESTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	21,315.	0.			ADULT CARE
BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH BILLINGS, MT 59101	81-0407289	501C(3)	21,500.	0.			ADULT CARE
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	21,619.	0.			ADULT CARE
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	22,400.	0.			CLINICAL RESEARCH CENTER
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6284	23-1352685	501C(3)	23,092.	0.			ADULT CARE
THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501C(3)	23,191.	0.			ADULT CARE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	23,199.	0.			ADULT CARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET STREET - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	23,220.	0.			ADULT CARE
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	23,220.	0.			ADULT CARE
UNIVERSITY OF PITTSBURGH PHYSICIANS - CLINICAL TRAIL RECEIPTS, MAIL STOP UST 015801, 600 GRANT ST - PITTSBURGH, PA	23-2919472	501C(3)	24,940.	0.			ADULT CARE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	27,388.	0.			ADHERENCE
BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - 330 BROOKLINE AVENUE - BOSTON, MA 02215-5491	04-2103881	501C(3)	28,240.	0.			CLINICAL RESEARCH
THE UNIVERSITY OF ARIZONA 845 NORTH PARK AVENUE TUCSON, AZ 85721	74-2652689	IRC 115	28,350.	0.			ADHERENCE
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73126-0901	73-1563627	501C(3)	28,745.	0.			ADULT CARE
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	29,689.	0.			ADHERENCE
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	31,348.	0.			ADHERENCE

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REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	32,039.	0.			ADHERENCE
STATE OF ARIZONA 150 N 18TH AVE PHOENIX, AZ 85007	86-6004791	U.S. STATE	32,589.	0.			QUALITY IMPROVEMENT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	32,770.	0.			ADHERENCE
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	32,898.	0.			ADHERENCE
WESTERN MICHIGAN UNIVERSITY SCHOOL OF MEDICINE - 1000 OAKLAND DRIVE - KALAMAZOO, MI 49008	45-4135256	501C(3)	33,786.	0.			CF CARE CENTER
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	33,846.	0.			QUALITY IMPROVEMENT
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501C(3)	34,672.	0.			ADHERENCE
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	34,715.	0.			ADHERENCE
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	34,720.	0.			ADHERENCE

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CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	34,720.	0.			ADHERENCE
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501C(3)	35,601.	0.			ADHERENCE
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	35,640.	0.			ADULT CARE
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	35,720.	0.			ADHERENCE
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY - P.O. BOX 19616 - SPRINGFIELD, IL 62794-9616	37-6005961	501C(3)	35,821.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	35,876.	0.			CLINICAL RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET - LOUISVILLE, KY 40202-1959	61-1029626	501C(3)	36,597.	0.			ADULT CARE
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	36,932.	0.			ADHERENCE
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	36,942.	0.			ADULT CARE

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

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THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	36,956.	0.			ADULT CARE
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07103	46-2354111	IRC 115	36,960.	0.			ADULT CARE
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	36,960.	0.			ADULT CARE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	36,960.	0.			ADULT CARE
YALE UNIVERSITY 150 MUNSON ST., P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	38,605.	0.			RESEARCH STUDY
LANDON PEDIATRIC FOUNDATION 3291 LOMA VISTA RD VENTURA, CA 93003	93-1097216	501C(3)	38,632.	0.			CF CARE CENTER
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	39,389.	0.			THERAPEUTICS DISCOVERY RESEARCH
CHILDREN'S HEALTHCARE OF ATLANTA 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-2367819	501C(3)	39,795.	0.			CF CARE CENTER
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	40,276.	0.			ADULT CARE

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WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	IRC 115	41,110.	0.			ADULT CARE
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF AR ACTING FOR AND BEHALF OF THE UNIVE - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR	71-6046242	U.S. STATE	42,419.	0.			ADULT CARE
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6284	23-1352685	501C(3)	42,454.	0.			CLINICAL RESEARCH CENTER
SUTTER BAY HOSPITALS 475 BRANNAN STREET SAN FRANCISCO, CA 94107-5419	94-0562680	501C(3)	43,340.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	43,537.	0.			QUALITY IMPROVEMENT
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501C(3)	44,700.	0.			QUALITY IMPROVEMENT
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	44,759.	0.			QUALITY IMPROVEMENT
THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC. - 111 COLCHESTER AVENUE - BURLINGTON, VT 05401	03-0219309	501C(3)	44,874.	0.			ADHERENCE
EAST CAROLINA UNIVERSITY GREENVILLE CTR., STE 2900, 2200 S. CHARLES BLVD. - GREENVILLE, NC 27858-4353	56-6000403	IRC 115	44,900.	0.			CF CARE CENTER

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MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175	01-0238552	501C(3)	45,993.	0.			ADULT CARE
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	46,079.	0.			ADULT CARE
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	46,079.	0.			ADULT CARE
HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE, INC. - 6720A ROCKLEDGE DRIVE - BETHESDA, MD 20817	52-1317896	501C(3)	47,500.	0.			CF CARE CENTER
ST. ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501-4520	45-0226711	501C(3)	47,840.	0.			CF CARE CENTER
CHRISTIANA CARE HEALTH SERVICES, INC. - P.O. BOX 2653 - WILMINGTON, DE 19805-0653	51-0103684	501C(3)	48,130.	0.			CF CARE CENTER
CHRISTUS SANTA ROSE HEALTH SYSTEMS 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207	74-1109665	501C(3)	49,520.	0.			CF CARE CENTER
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	49,911.	0.			CLINICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	50,000.	0.			CLINICAL RESEARCH STUDY

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THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	50,000.	0.			CLINICAL RESEARCH STUDY
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	50,000.	0.			CLINICAL RESEARCH STUDY
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	50,384.	0.			CLINICAL RESEARCH
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	51,883.	0.			ADULT CARE
PRISMA HEALTHMIDLANDS 200 PATEWOOD DR GREENVILLE, SC 29607	58-2296052	501C(3)	52,480.	0.			CLINICAL RESEARCH CENTER
LEE MEMORIAL HEALTH SYSTEM FOUNDATION, INC. - 9800 SOUTH HEALTHPARK DRIVE - FORT MYERS, FL 33908	65-0645343	501C(3)	52,615.	0.			CF CARE CENTER
UNIVERSITY PSYCHIATRIC PRACTICE, INC. - 462 GRIDER STREET - BUFFALO, NY 14215	16-1426208	501C(3)	53,196.	0.			CF CARE CENTER
THE UNIVERSITY OF TENNESSEE 63 SOUTH DUNLAP STREET MEMPHIS, TN 38163	62-6001636	IRC 115	53,596.	0.			PILOT STUDY
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501C(3)	54,349.	0.			ADULT CARE

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NORTH SUBURBAN PULMONARY AND CRITICAL CARE CONSULTANTS, SC - 9201N WAUKEGAN ROAD - MORTON GROVE, IL 60053	36-4393017	C CORP	54,400.	0.			CF CARE CENTER
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER - 703 MAIN STREET - PETERSON, NJ 07503	22-1487602	501C(3)	54,705.	0.			CF CARE CENTER
UNIVERSITY OF FLORIDA STE 1250 EAST CAMPUS OFFICE BLDG., PO BOX 113201 - GAINESVILLE, FL 32611-550	59-6002052	IRC 115	54,968.	0.			PILOT STUDY
UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030	52-1725543	501C(3)	54,968.	0.			PILOT STUDY
MH MISSION HOSPITAL LLLP PO BOX 550 NASHVILLE, TN, MD 37202-0550	83-2048706	LLP	55,150.	0.			CF CARE CENTER
VARIETY CHILDREN'S HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155-3009	59-0638499	501C(3)	55,150.	0.			CF CARE CENTER
SAINT BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039	22-1494440	501C(3)	55,540.	0.			CF CARE CENTER
BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV 89154	88-6000024	IRC 115	55,560.	0.			PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	55,867.	0.			PILOT STUDY

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THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 6823 ST CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501C(3)	55,890.	0.			PILOT STUDY
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	55,922.	0.			PILOT STUDY
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	55,964.	0.			PILOT STUDY
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	55,999.	0.			PILOT STUDY
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	56,000.	0.			PILOT STUDY
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - 310 EAST CAMPUS ROAD - ATHENS, GA 30602	58-1353149	501C(3)	56,000.	0.			PILOT STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	56,000.	0.			PILOT STUDY
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	56,000.	0.			PILOT STUDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	56,000.	0.			PILOT STUDY
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	56,000.	0.			PILOT STUDY
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	56,580.	0.			QUALITY IMPROVEMENT
SANFORD MEDICAL CENTER FARGO P.O. BOX 2010 FARGO, ND 58122-2206	45-0226909	501C(3)	56,860.	0.			CF CARE CENTER
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501C(3)	58,493.	0.			CLINICAL RESEARCH CENTER
BAYSTATE MEDICAL CENTER INC. 759 CHESNUT STREET SPRINGFIELD, MA 01199	04-2790311	501C(3)	60,180.	0.			CF CARE CENTER
RENOWN HEALTH FOUNDATION 1155 MILL ST RENO, NV 89502	94-2972749	501C(3)	61,370.	0.			CF CARE CENTER

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TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	61,996.	0.			TRAINING
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	62,000.	0.			TRAINING
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	62,000.	0.			TRAINING
GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC - 1836 SOUTH AVENUE - LA CROSSE, WI 54601	39-1249705	501C(3)	62,298.	0.			CF CARE CENTER
THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES - 12201 RESEARCH PARKWAY - ORLANDO, FL 32826	59-2924021	170(B)(1)(A)(II)	62,500.	0.			RESEARCH
CURATORS OF THE UNIVERSITY OF MISSOURI - 601 TURNER AVENUE - COLUMBIA, MO 65211-0001	43-6003859	501C(3)	63,349.	0.			RESEARCH STUDY
SAN DIEGO STATE UNIVERSITY FOUNDATION - 5250 CAMPANILE DRIVE MC 1947 - SAN DIEGO, CA 92182-1947	95-6042721	501C(3)	63,350.	0.			RESEARCH STUDY
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - OFFICE OF RESEARCH - IRVINE, CA 92697-7600	95-2226406	501C(3)	63,350.	0.			RESEARCH STUDY
OREGON STATE UNIVERSITY P.O. BOX 1086 CORVALLIS, OR 97339-1086	61-1730890	IRC 115	63,350.	0.			RESEARCH STUDY

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JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	63,350.	0.			RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD, STE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	65,206.	0.			CLINICAL RESEARCH CENTER
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501C(3)	65,699.	0.			RESEARCH STUDY
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	65,700.	0.			RESEARCH STUDY
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6284	23-1352685	501C(3)	66,329.	0.			CLINICAL RESEARCH STUDY
PENSACOLA LUNG GROUP, MDS, PA 4700 BAYOU BLVD. PENSACOLA, FL 32503	59-2313481	501C(3)	66,380.	0.			CF CARE CENTER
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	66,903.	0.			ADULT CARE
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, - MADISON, WI 53715-1218	39-6006492	501C(3)	67,000.	0.			TRAINING
MARSHFIELD CLINIC, INC. 1000 N OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501C(3)	67,020.	0.			CF CARE CENTER

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THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501C(3)	67,272.	0.			CLINICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	68,050.	0.			RESEARCH STUDY
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	68,050.	0.			RESEARCH STUDY
THE CARLE FOUNDATION 611 WEST PARK URBANA, IL 61801	37-1119538	501C(3)	69,250.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	69,298.	0.			ADULT CARE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	69,299.	0.			ADULT CARE
DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA CORPUS CHRISTI, TX 78411	74-2577746	501C(3)	69,363.	0.			CF CARE CENTER
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	69,500.	0.			TRAINING
MERCY MEDICAL CENTER 301 SAINT PAUL PLACE BALTIMORE, MD 21202	52-0591658	501C(3)	69,660.	0.			ADULT CARE

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EASTERN MAINE MEDICAL CENTER 489 STATE STREET, P.O. BOX 404 BANGOR, ME 04402	01-0211501	501C(3)	70,160.	0.			CF CARE CENTER
UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501C(3)	70,184.	0.			ADULT CARE
IOM HEALTH SYSTEMS L.P. 7950 W JEFFERSON FORT WAYNE, IN 46804	35-1963748	C CORP	70,967.	0.			CF CARE CENTER
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - 3601 4TH STREET - LUBBOCK, TX 79430-6209	75-2668014	501C(3)	71,173.	0.			CF CARE CENTER
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER - 11937 US HIGHWAY 271 - TYLER, TX 75708-3154	75-6001354	501C(3)	71,696.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C(3)	71,724.	0.			CLINICAL RESEARCH CENTER
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	74,584.	0.			ADULT CARE
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	75,600.	0.			TRAINING
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501C(3)	75,600.	0.			TRAINING

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UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	76,171.	0.			ADULT CARE
LEHIGH VALLEY HOSPITAL, INC. 2100 MACK BLVD ALLENTOWN, PA 18103-5622	23-1689692	501C(3)	76,510.	0.			CF CARE CENTER
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3900	74-1586031	501C(3)	78,184.	0.			ADULT CARE
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	79,271.	0.			RESEARCH CENTER
UNIVERSITY OF MASSACHUSETTS, WORCESTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	81,011.	0.			CLINICAL RESEARCH CENTER
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501C(3)	81,514.	0.			CLINICAL RESEARCH CENTER
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM ROAD - EAST LANSING, MI 48824	38-6005984	501C(3)	81,550.	0.			CF CARE CENTER
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	81,990.	0.			CLINICAL RESEARCH CENTER
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	83,440.	0.			CLINICAL RESEARCH CENTER

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ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET MORRISTON, NJ 07960	52-1958352	501C(3)	83,597.	0.			CLINICAL RESEARCH CENTER
ST. VINCENT HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS - 835 S VAN BUREN - GREEN BAY, WI 54301-3256	39-0817529	501C(3)	83,720.	0.			CF CARE CENTER
DEPARTMENT OF GENERAL SERVICES 1100 BANK STREET RICHMOND, VA 23219	54-1056975	GOVERNMENT ENTIT	83,958.	0.			QUALITY IMPROVEMENT
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES - 235 SOUTH GRAND AVENUE - LANSING, MI 48933-1805	38-6000134	GOVERNMENT ENTIT	84,000.	0.			QUALITY IMPROVEMENT
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	84,000.	0.			PILOT STUDY
INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0620889	501C(3)	84,769.	0.			ADULT CARE
DAYTON CHILDRENS HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404-1815	31-0672132	501C(3)	85,553.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA, FL 33620-5800	59-3102112	IRC 115	85,730.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501C(3)	86,454.	0.			ADULT CARE

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UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER - 11937 US HIGHWAY 271 - TYLER, TX 75708-3154	75-6001354	501C(3)	87,050.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	87,221.	0.			ADULT CARE
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET - LOUISVILLE, KY 40202-1959	61-1029626	501C(3)	89,077.	0.			CLINICAL RESEARCH CENTER
ASCENSION SETON 1345 PHILOMENA STREET AUSTIN, TX 78723	74-1109643	501C(3)	89,331.	0.			CLINICAL RESEARCH CENTER
SANTA BARBARA COTTAGE HOSPITAL 400 WEST PUEBLO STREET SANTA BARBARA, CA 93105	95-1644629	501C(3)	89,400.	0.			CF CARE CENTER
THE NEMOURS FOUNDATION 1701 ROCKLAND ROAD WILMINGTON, DE 19803-3607	59-0634433	501C(3)	89,599.	0.			CLINICAL RESEARCH STUDY
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030	11-2673595	501C(3)	89,807.	0.			QUALITY IMPROVEMENT
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	90,000.	0.			CLINICAL RESEARCH STUDY
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	90,412.	0.			ADULT CARE

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THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 6823 ST CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501C(3)	90,454.	0.			CLINICAL RESEARCH CENTER
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC. - 3329 JOHNSON STREET - HOLLYWOOD, FL 33021	65-0492343	501C(3)	90,961.	0.			CLINICAL RESEARCH CENTER
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501C(3)	91,580.	0.			CF CARE CENTER
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501C(3)	91,683.	0.			CLINICAL RESEARCH STUDY
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501C(3)	92,395.	0.			CLINICAL RESEARCH CENTER
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501C(3)	92,752.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027-0982	95-1690977	501C(3)	92,815.	0.			CLINICAL RESEARCH CENTER
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET LOMA LINDA, CA 92354	95-1816009	501C(3)	93,125.	0.			CF CARE CENTER
CONNECTICUT CHILDREN'S MEDICAL CENTER - 202 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755	501C(3)	93,210.	0.			CF CARE CENTER

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UNIVERSITY OF FLORIDA STE 1250 EAST CAMPUS OFFICE BLDG., PO BOX 113201 - GAINESVILLE, FL 32611-550	59-6002052	IRC 115	93,448.	0.			CLINICAL RESEARCH STUDY
HARTFORD HOSPITAL 80 SEYMOUR STREET, P.O. BOX 5037 HARTFORD, CT 06102-5037	06-0646668	501C(3)	93,760.	0.			CF CARE CENTER
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	93,939.	0.			CLINICAL RESEARCH STUDY
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	94,718.	0.			CLINICAL RESEARCH CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	96,358.	0.			CLINICAL RESEARCH CENTER
CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE INC. - P.O. BOX 1547 - CHARLESTON, WV 25326-1547	55-0753754	501C(3)	97,410.	0.			CF CARE CENTER
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET, CJ3301 - AUGUSTA, GA 30912-4810	58-1418202	501C(3)	97,451.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1654453	501C(3)	99,580.	0.			CLINICAL RESEARCH CENTER
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	99,703.	0.			CLINICAL RESEARCH STUDY

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029	13-6171197	501C(3)	99,979.	0.			TRAINING
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	99,999.	0.			TRAINING
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C(3)	100,000.	0.			TRAINING
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	100,000.	0.			TRAINING
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	100,000.	0.			TRAINING
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE SOUTH - NASHVILLE, TN 37232	35-2528741	501C(3)	100,000.	0.			RESEARCH
MEMORIAL HEALTH SERVICES 17360 BROOKHURST STREET FOUNTAIN VALLEY, CA 92708	95-1643381	501C(3)	100,384.	0.			CLINICAL RESEARCH CENTER
LOYOLA UNIVERSITY CHICAGO 820 NORTH MICHIGAN AVENUE CHICAGO, IL 60611-2147	36-1408475	501C(3)	100,399.	0.			CF CARE CENTER
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	100,644.	0.			CLINICAL RESEARCH CENTER

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UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	IRC 115	101,400.	0.			CF CARE CENTER
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501C(3)	101,710.	0.			CF CARE CENTER
BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH BILLINGS, MT 59101	81-0407289	501C(3)	102,249.	0.			CLINICAL RESEARCH CENTER
SANFORD CLINIC P.O. BOX 5039 SIOUX FALLS, SD 57117-5039	46-0447693	501C(3)	102,373.	0.			CLINICAL RESEARCH CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	102,621.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 1201 WEST LA VETA AVENUE - ORANGE, CA 92868	95-2321786	501C(3)	105,140.	0.			CF CARE CENTER
UPSTATE AFFILIATE ORGANIZATION 300 E. MCBEE AVE., GREENVILLE, SC 29601	81-1723202	501C(3)	107,100.	0.			CF CARE CENTER
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE DES MOINES, IA 50309	42-1467682	501C(3)	107,450.	0.			CF CARE CENTER
CHILDREN'S HEALTH CARE 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404-1844	41-1754276	501C(3)	108,193.	0.			CLINICAL RESEARCH CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501C(3)	109,102.	0.			CLINICAL RESEARCH CENTER
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C(3)	110,000.	0.			RESEARCH STUDY
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	110,000.	0.			RESEARCH STUDY
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	110,000.	0.			RESEARCH STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	110,000.	0.			RESEARCH STUDY
VHS CHILDREN'S HOSPITAL OF MICHIGAN, INC. - 3901 BEAUBIEN BOULEVARD - DETROIT, MI 48201-2196	27-2845064	C CORP	110,540.	0.			CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, PO BOX 359472 SEATTLE, WA 98195-9472	91-6001537	IRC 115	110,655.	0.			PILOT STUDY
CHATTANOOGA HAMILTON COUNTY HOSPITAL AUTHORITY - 975 EAST THIRD STREET - CHATTANOOGA, TN 37403	62-6000101	501C(3)	110,870.	0.			CF CARE CENTER
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	111,249.	0.			PILOT STUDY

Schedule I (Form 990)

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CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BOULEVARD WESTON, FL 33331	65-0003177	501C(3)	112,000.	0.			RESEARCH
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	112,181.	0.			CLINICAL RESEARCH CENTER
BAYLOR SCOTT & WHITE HEALTH 2401 S. 31ST STREET TEMPLE, TX 76508	46-3131350	501C(3)	112,215.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 1201 WEST LA VETA AVENUE - ORANGE, CA 92868	95-2321786	501C(3)	112,653.	0.			CLINICAL RESEARCH CENTER
PARKVIEW HOSPITAL, INC. 10501 CORPORATE DRIVE FORT WAYNE, IN 46845-1700	35-0868085	501C(3)	114,237.	0.			CF CARE CENTER
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	114,411.	0.			CLINICAL RESEARCH CENTER
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	IRC 115	115,492.	0.			CLINICAL RESEARCH CENTER
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73126-0901	73-1563627	501C(3)	117,208.	0.			CLINICAL RESEARCH CENTER
ORLANDO HEALTH FOUNDATION, INC. 3160 SOUTHGATE COMMERCE BLVD SUITE ORLANDO, FL 32806	59-2244943	501C(3)	117,705.	0.			CF CARE CENTER

Schedule I (Form 990)

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

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THE UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT TREET - BURLINGTON, VT 05405	03-0179440	501C(3)	118,188.	0.			CLINICAL RESEARCH CENTER
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	118,461.	0.			CLINICAL RESEARCH CENTER
NATIONAL HEART, LUNG, & BLOOD INSTITUTE, NATIONAL INSTITUTES OF HEALTH, DHHS - 31 CENTER DRIVE - BETHESDA, MD 20892	52-0858115	GOVERNMENT ENTIT	119,195.	0.			QUALITY IMPROVEMENT
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12208-3479	14-1338310	501C(3)	119,770.	0.			CLINICAL RESEARCH CENTER
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501C(3)	120,904.	0.			CLINICAL RESEARCH CENTER
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	122,207.	0.			CLINICAL RESEARCH STUDY
THE MEDICAL COLLEGE OF WISCONSIN, INC - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226-3548	39-0806261	501C(3)	124,708.	0.			RESEARCH
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	125,000.	0.			RESEARCH
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA, FL 33620-5800	59-3102112	IRC 115	125,000.	0.			RESEARCH

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

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NEW YORK UNIVERSITY 1 PARK AVENUE NEW YORK, NY 10016-5802	13-5562308	501C(3)	126,945.	0.			CF CARE CENTER
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	127,002.	0.			TRAINING
UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501C(3)	127,036.	0.			CLINICAL RESEARCH CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	127,280.	0.			RESEARCH
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636	94-1294954	501C(3)	128,165.	0.			CF CARE CENTER
ALL CHILDREN'S RESEARCH INSTITUTE, INC. - 501 6TH AVE S, DEPT 9581 - ST. PETERSBURG, FL 33701-4634	59-2481742	501C(3)	128,901.	0.			CLINICAL RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	129,000.	0.			TRAINING
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	129,000.	0.			TRAINING
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	129,050.	0.			RESEARCH STUDY

Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	129,050.	0.			RESEARCH STUDY
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755-1421	02-0222111	501C(3)	129,050.	0.			RESEARCH STUDY
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3900	74-1586031	501C(3)	129,994.	0.			RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C(3)	129,998.	0.			RESEARCH
LOYOLA UNIVERSITY CHICAGO 820 NORTH MICHIGAN AVENUE CHICAGO, IL 60611-2147	36-1408475	501C(3)	130,000.	0.			CLINICAL CARE RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501C(3)	130,000.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	130,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	130,000.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	130,000.	0.			RESEARCH

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6284	23-1352685	501C(3)	130,000.	0.			CLINICAL CARE RESEARCH
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	130,000.	0.			RESEARCH
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	130,000.	0.			CLINICAL CARE RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	130,000.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501C(3)	130,803.	0.			CLINICAL RESEARCH CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - , 160 ALDRICH HALL OFFICE OF RESEARCH - IRVINE, CA 92697-7600	95-2226406	501C(3)	130,876.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	131,280.	0.			CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	131,400.	0.			RESEARCH STUDY
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS ACTING FOR AND BEHALF OF THE - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR	71-6046242	U.S. STATE	131,509.	0.			CLINICAL RESEARCH CENTER

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MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501C(3)	132,170.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501C(3)	132,616.	0.			CLINICAL RESEARCH CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	134,000.	0.			TRAINING
BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP - 40 SUNSHINE COTTAGE ROAD - VALHALLA, NY 06488	13-3956599	LLP	134,477.	0.			CLINICAL RESEARCH CENTER
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET ST., PO BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	134,870.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BUILDING - GAINESVILLE, FL 32611-5500	59-6002052	IRC 115	135,229.	0.			CLINICAL RESEARCH CENTER
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET ST., PO BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	137,202.	0.			QUALITY IMPROVEMENT
UNIVERSITY HEALTH SYSTEM, INC. 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	31-1626179	501C(3)	137,640.	0.			CF CARE CENTER
HEALTH RESEARCH INC./ NEW YORK STATE DEPARTMENT OF HEALTH - 150 BROADWAY - MENANDS, NY 12204-2893	14-1402155	170(B)(1)(A)(VI)	138,495.	0.			RESEARCH

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UTAH STATE UNIVERSITY 1415 OLD MAIN HILL LOGAN, UT 84322-2400	87-6000528	501C(3)	139,997.	0.			RESEARCH
COLORADO STATE UNIVERSITY 555 SOUTH HOWES, FORT COLLINS, CO 80523-2002	84-6000545	IRC 115	140,000.	0.			RESEARCH
KANSAS STATE UNIVERSITY 1601 VATTIER STREET MANHATTAN, KS 66506-1103	48-0771751	GOVERNMENT ENTIT	140,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	140,200.	0.			CF CARE CENTER
ST. LUKE'S REGIONAL MEDICAL CENTER, LTD. - 190 E BANNOCK - BOISE, ID 83712	82-0161600	501C(3)	142,975.	0.			CLINICAL RESEARCH CENTER
STATE OF MISSISSIPPI - UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216-4505	64-6008520	501C(3)	143,473.	0.			CF CARE CENTER
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637-5418	36-2177139	501C(3)	143,642.	0.			CF CARE CENTER
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF AR ACTING FOR AND BEHALF OF THE UNIVE - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR	71-6046242	U.S. STATE	143,760.	0.			CF CARE CENTER
CENTRAL FLORIDA PULMONARY GROUP, P.A. - 1115 EAST RIDGEWOOD STREET - ORLANDO, FL 32803	59-1760017	C CORP	144,150.	0.			CF CARE CENTER

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EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC. - P.O. BOX 15010 - KNOXVILLE, TN 37901-5010	62-6002604	501C(3)	144,265.	0.			CF CARE CENTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	145,600.	0.			CLINICAL CARE RESEARCH
THE MEDICAL COLLEGE OF WISCONSIN, INC - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226-3548	39-0806261	501C(3)	145,713.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C(3)	146,630.	0.			CLINICAL RESEARCH CENTER
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07103	46-2354111	IRC 115	147,692.	0.			CLINICAL RESEARCH CENTER
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY, SUITE 600 DOWNERS GROVE, IL 60515	36-3297360	501C(3)	148,855.	0.			CF CARE CENTER
CHILDREN'S HEALTH CARE 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404-1844	41-1754276	501C(3)	149,795.	0.			CF CARE CENTER
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501C(3)	150,850.	0.			CF CARE CENTER
UNIVERSITY OF MASSACHUSETTS, WORCESTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	152,603.	0.			CF CARE CENTER

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CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027-0982	95-1690977	501C(3)	153,525.	0.			CF CARE CENTER
THE UNIVERSITY OF ARIZONA 845 NORTH PARK AVENUE TUCSON, AZ 85721	74-2652689	IRC 115	157,737.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501C(3)	157,790.	0.			CLINICAL RESEARCH CENTER
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE SOUTH - NASHVILLE, TN 37232	35-2528741	501C(3)	159,808.	0.			CLINICAL RESEARCH CENTER
COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2051646	501C(3)	159,869.	0.			CLINICAL RESEARCH CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	160,520.	0.			CF CARE CENTER
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	161,067.	0.			CLINICAL RESEARCH CENTER
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY RD - NORTH CHICAGO, IL 60064	36-2181973	501C(3)	161,331.	0.			RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027-0982	95-1690977	501C(3)	161,658.	0.			TRAINING

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ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC. - 13 CHILDRENS WAY - LITTLE ROCK, AR 72202	71-0694931	501C(3)	162,090.	0.			CF CARE CENTER
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07103	46-2354111	IRC 115	162,260.	0.			CF CARE CENTER
UNIVERSITY OF MARYLAND - COLLEGE PARK/BALTIMORE - 620 WEST LEXINGTON STREET - BALTIMORE, MD 21201-1508	52-6002033	IRC 115	162,600.	0.			RESEARCH
MARY BRIDGE CHILDREN'S FOUNDATION P.O. BOX 5299 TACOMA, WA 98415	94-3030039	501C(3)	162,765.	0.			CF CARE CENTER
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501C(3)	163,275.	0.			CF CARE CENTER
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	22-2456079	501C(3)	163,335.	0.			CF CARE CENTER
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - P.O. BOX 33932 - SHREVEPORT, LA 71130	72-0702002	501C(3)	163,800.	0.			CF CARE CENTER
THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501C(3)	164,243.	0.			CLINICAL RESEARCH STUDY
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	164,549.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222139	501C(3)	164,740.	0.			CLINICAL RESEARCH CENTER
DREXEL UNIVERSITY 3201 ARCH STREET, SUITE 420 PHILADELPHIA, PA 19104	23-1352630	501C(3)	165,410.	0.			CF CARE CENTER
THE UNIVERSITY OF TENNESSEE 63 SOUTH DUNLAP STREET MEMPHIS, TN 38163	62-6001636	IRC 115	165,950.	0.			CF CARE CENTER
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 9TH AVE - SEATTLE, WA 98101-2795	91-0653422	501C(3)	166,338.	0.			RESEARCH
BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH BILLINGS, MT 59101	81-0407289	501C(3)	166,360.	0.			CF CARE CENTER
GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332	58-0603146	501C(3)	166,800.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	166,968.	0.			PILOT STUDY
LONG ISLAND JEWISH MEDICAL CENTER 270-05 76TH AVENUE NEW HYDE PARK, NY 11040	11-2241326	501C(3)	167,526.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, THIRD FLOOR LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	167,731.	0.			CLINICAL RESEARCH STUDY

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	168,000.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501C(3)	168,000.	0.			RESEARCH
CURATORS OF THE UNIVERSITY OF MISSOURI - 601 TURNER AVENUE - COLUMBIA, MO 65211-0001	43-6003859	501C(3)	168,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	168,000.	0.			PILOT STUDY
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	168,000.	0.			RESEARCH
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	168,000.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	168,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	171,024.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S SPECIALTY GROUP, PLLC 811 REDGATE AVENUE NORFOLK, VA 23507	54-1871633	LLC	171,185.	0.			CF CARE CENTER

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ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	172,325.	0.			CF CARE CENTER
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, THIRD FLOOR LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	172,350.	0.			CF CARE CENTER
THE UNIVERSITY OF ARIZONA 845 NORTH PARK AVENUE TUCSON, AZ 85721	74-2652689	IRC 115	172,560.	0.			CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	172,566.	0.			THERAPEUTICS DISCOVERY RESEARCH
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 1201 WEST LA VETA AVENUE - ORANGE, CA 92868	95-2321786	501C(3)	173,344.	0.			CLINICAL RESEARCH STUDY
NATIONAL DISEASE RESEARCH INTERCHANGE - 1601 CHERRY ST. - PHILADELPHIA, PA 19102-1325	23-2213205	509(A)(2)	173,763.	0.			THERAPEUTICS DISCOVERY RESEARCH
ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET MORRISTON, NJ 07960	52-1958352	501C(3)	174,110.	0.			CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	175,600.	0.			TRAINING
SUTTER MEDICAL CENTER, SACRAMENTO P.O. BOX 160727 SACRAMENTO, CA 95833	94-1156621	501C(3)	175,710.	0.			CF CARE CENTER

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REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	179,200.	0.			CLINICAL RESEARCH STUDY
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501C(3)	180,115.	0.			CF CARE CENTER
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET, CJ3301 - AUGUSTA, GA 30912-4810	58-1418202	501C(3)	180,192.	0.			CF CARE CENTER
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501C(3)	180,390.	0.			CF CARE CENTER
SANFORD CLINIC P.O. BOX 5039 SIOUX FALLS, SD 57117-5039	46-0447693	501C(3)	181,710.	0.			CF CARE CENTER
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	183,656.	0.			CLINICAL RESEARCH CENTER
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C(3)	183,904.	0.			CF CARE CENTER
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	185,436.	0.			RESEARCH STUDY
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501C(3)	185,610.	0.			CF CARE CENTER

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MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175	01-0238552	501C(3)	188,096.	0.			CLINICAL RESEARCH CENTER
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	188,935.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	188,977.	0.			CLINICAL RESEARCH CENTER
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. - 501 SIXTH AVENUE SOUND - ST. PETERSBURG, FL 33701	59-0683252	501C(3)	189,390.	0.			CF CARE CENTER
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	189,412.	0.			CF CARE CENTER
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	189,500.	0.			CF CARE CENTER
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12208-3479	14-1338310	501C(3)	189,700.	0.			CF CARE CENTER
THE TAMPA GENERAL HOSPITAL FOUNDATION - P.O. BOX 1289 - TAMPA, FL 33601	23-7354477	501C(3)	191,970.	0.			CF CARE CENTER
CHILDREN'S LUNG SPECIALISTS, CRAIG NAKAMURA, MD., LTD - 3196 S MARYLAND PARKWAY - LAS VEGAS, NV 89109	88-0271963	501C(3)	192,110.	0.			CF CARE CENTER

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	192,400.	0.			RESEARCH STUDY
UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501C(3)	192,965.	0.			CF CARE CENTER
THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC. - 111 COLCHESTER AVENUE - BURLINGTON, VT 05401	03-0219309	501C(3)	193,365.	0.			CF CARE CENTER
THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C(3)	194,790.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	195,998.	0.			TRAINING
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1654453	501C(3)	196,965.	0.			CF CARE CENTER
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	197,365.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	197,640.	0.			CF CARE CENTER
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 6823 ST CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501C(3)	199,476.	0.			CF CARE CENTER

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CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	199,924.	0.			CLINICAL RESEARCH STUDY
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	200,000.	0.			RESEARCH CENTER
UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATES - 1001 MAIN ST - BUFFALO, NY 14203	16-1238821	501C(3)	200,055.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL CORPORATION BOSTON CHILDRENS HOSPITAL BOSTON, MA 02115	04-2774441	501C(3)	200,321.	0.			CLINICAL RESEARCH STUDY
ST. LUKE'S REGIONAL MEDICAL CENTER, LTD. - 190 E BANNOCK - BOISE, ID 83712	82-0161600	501C(3)	200,700.	0.			CF CARE CENTER
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, - MADISON, WI 53715-1218	39-6006492	501C(3)	200,756.	0.			CLINICAL RESEARCH CENTER
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C(3)	201,152.	0.			CLINICAL CARE RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	201,272.	0.			CLINICAL RESEARCH CENTER
CENTRAL FLORIDA PULMONARY GROUP, P.A. - 1115 EAST RIDGEWOOD STREET - ORLANDO, FL 32803	59-1760017	C CORP	201,702.	0.			CLINICAL RESEARCH CENTER

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REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	202,255.	0.			ADULT CARE
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	203,537.	0.			CF CARE CENTER
GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332	58-0603146	501C(3)	204,150.	0.			RESEARCH STUDY
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CENTER - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	204,724.	0.			CLINICAL RESEARCH CENTER
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVENUE LONG BEACH, CA 90806	95-6105984	501C(3)	204,765.	0.			CF CARE CENTER
DAYTON CHILDRENS HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404-1815	31-0672132	501C(3)	204,853.	0.			CF CARE CENTER
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	205,040.	0.			RESEARCH STUDY
SOUTH BROWARD HOSPITAL DISTRICT 3501 JOHNSON STREET HOLLYWOOD, FL 33021	59-6014973	501C(3)	205,760.	0.			CF CARE CENTER
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	IRC 115	207,557.	0.			CF CARE CENTER

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UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C(3)	207,923.	0.			CF CARE CENTER
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175	01-0238552	501C(3)	212,035.	0.			CF CARE CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	212,193.	0.			CLINICAL RESEARCH CENTER
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	214,507.	0.			CLINICAL RESEARCH CENTER
VIA CHRISTI HOSPITALS WICHITA, INC. - 929 N SAINT FRANCIS - WICHITA, KS 67214	48-1172106	501C(3)	214,939.	0.			CF CARE CENTER
CURATORS OF THE UNIVERSITY OF MISSOURI - 601 TURNER AVENUE - COLUMBIA, MO 65211-0001	43-6003859	501C(3)	215,885.	0.			CF CARE CENTER
UNIVERSITY OF MASSACHUSETTS, WORCESTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	216,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	216,930.	0.			CLINICAL RESEARCH CENTER
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	218,451.	0.			TRAINING

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DUKE UNIVERSITY 324 BLACKWELL ST. DURHAM, NC 27701	56-0532129	501C(3)	219,025.	0.			CF CARE CENTER
BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP - 40 SUNSHINE COTTAGE ROAD - VALHALLA, NY 06488	13-3956599	LLP	222,750.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	222,873.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	223,135.	0.			CLINICAL RESEARCH STUDY
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	223,590.	0.			CF CARE CENTER
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501C(3)	224,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	225,960.	0.			CLINICAL RESEARCH CENTER
REGENTS OF UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 3227 CHEADLE HALL, 3RD FLOOR - SANTA BARBARA, CA 93106	95-6006145	501C(3)	226,177.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	228,945.	0.			CLINICAL RESEARCH CENTER

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THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222139	501C(3)	229,315.	0.			CF CARE CENTER
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM ROAD - EAST LANSING, MI 48824	38-6005984	501C(3)	234,210.	0.			THERAPEUTICS DISCOVERY RESEARCH
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	235,741.	0.			CF CARE CENTER
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	IRC 115	238,100.	0.			CF CARE CENTER
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	239,041.	0.			CF CARE CENTER
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	239,362.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501C(3)	239,760.	0.			TRAINING
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	241,000.	0.			CF CARE CENTER
THE NEMOURS FOUNDATION 1701 ROCKLAND ROAD WILMINGTON, DE 19803-3607	59-0634433	501C(3)	241,062.	0.			CLINICAL RESEARCH CENTER

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LONG ISLAND JEWISH MEDICAL CENTER 270-05 76TH AVENUE NEW HYDE PARK, NY 11040	11-2241326	501C(3)	241,950.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	246,693.	0.			CF CARE CENTER
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501C(3)	246,715.	0.			CLINICAL RESEARCH STUDY
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501C(3)	248,257.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	249,292.	0.			CLINICAL RESEARCH CENTER
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	250,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	250,487.	0.			CLINICAL RESEARCH CENTER
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	253,928.	0.			CLINICAL RESEARCH STUDY
THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C(3)	254,699.	0.			CLINICAL RESEARCH CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	254,772.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501C(3)	255,720.	0.			CF CARE CENTER
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	255,727.	0.			CLINICAL RESEARCH STUDY
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	256,792.	0.			TRAINING
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	257,130.	0.			CF CARE CENTER
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET STREET - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	258,492.	0.			CF CARE CENTER
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 101 W EIGHTH STREET - SPOKANE, WA 99204	51-0216586	170(B)(1)(A)(III)	259,319.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	261,000.	0.			TRAINING
GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE, PA 17822-9800	23-6291113	501C(3)	263,293.	0.			CF CARE CENTER

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OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	264,125.	0.			CLINICAL RESEARCH CENTER
INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0620889	501C(3)	266,179.	0.			CF CARE CENTER
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	266,834.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF FLORIDA STE 1250 EAST CAMPUS OFFICE BLDG., PO BOX 113201 - GAINESVILLE, FL 32611-550	59-6002052	IRC 115	275,783.	0.			CF CARE CENTER
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	276,319.	0.			QUALITY IMPROVEMENT
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	276,499.	0.			TRAINING
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3900	74-1586031	501C(3)	276,806.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	278,100.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	280,000.	0.			THERAPEUTICS DISCOVERY RESEARCH

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ASCENSION SETON 1345 PHILOMENA STREET AUSTIN, TX 78723	74-1109643	501C(3)	281,927.	0.			CF CARE CENTER
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6284	23-1352685	501C(3)	282,000.	0.			CF CARE CENTER
COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2051646	501C(3)	282,113.	0.			CF CARE CENTER
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 S. COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501C(3)	288,422.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501C(3)	288,729.	0.			CF CARE CENTER
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	290,996.	0.			TRAINING
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	291,800.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	292,413.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	293,359.	0.			CLINICAL CARE RESEARCH

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	295,355.	0.			CF CARE CENTER
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	297,594.	0.			CLINICAL RESEARCH CENTER
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	297,923.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	298,994.	0.			QUALITY IMPROVEMENT
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	302,883.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET - LOUISVILLE, KY 40202-1959	61-1029626	501C(3)	305,429.	0.			CF CARE CENTER
THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501C(3)	305,588.	0.			CLINICAL RESEARCH CENTER
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6284	23-1352685	501C(3)	308,000.	0.			RESEARCH
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	308,250.	0.			CLINICAL RESEARCH STUDY

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UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C(3)	308,655.	0.			CF CARE CENTER
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805	501C(3)	311,545.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	313,600.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	313,635.	0.			QUALITY IMPROVEMENT
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	317,998.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	320,926.	0.			CF CARE CENTER
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C(3)	323,006.	0.			CLINICAL RESEARCH CENTER
BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - 330 BROOKLINE AVENUE - BOSTON, MA 02215-5491	04-2103881	501C(3)	326,464.	0.			ADULT CARE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	327,995.	0.			TRAINING

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CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501C(3)	329,000.	0.			TRAINING
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 101 W EIGHTH STREET - SPOKANE, WA 99204	51-0216586	170(B)(1)(A)(III)	329,060.	0.			CF CARE CENTER
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	329,522.	0.			CLINICAL RESEARCH STUDY
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	334,594.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	335,023.	0.			CLINICAL RESEARCH CENTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	336,000.	0.			RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501C(3)	336,000.	0.			RESEARCH
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	338,235.	0.			CLINICAL RESEARCH CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	341,125.	0.			QUALITY IMPROVEMENT

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THE MEDICAL COLLEGE OF WISCONSIN, INC - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226-3548	39-0806261	501C(3)	345,020.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	350,870.	0.			CF CARE CENTER
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501C(3)	357,835.	0.			CF CARE CENTER
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	359,388.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	360,500.	0.			TRAINING
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET - MADISON, WI 53715-1218	39-6006492	501C(3)	361,593.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501C(3)	363,012.	0.			CLINICAL RESEARCH CENTER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	377,345.	0.			CLINICAL RESEARCH CENTER
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	377,364.	0.			CLINICAL RESEARCH STUDY

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PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 CAMELBACK ROAD - PHOENIX, AZ 85016	74-2421549	501C(3)	379,150.	0.			CF CARE CENTER
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, - MADISON, WI 53715-1218	39-6006492	501C(3)	379,439.	0.			CLINICAL RESEARCH STUDY
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027-7922	13-5598093	501C(3)	381,972.	0.			CF CARE CENTER
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	382,170.	0.			CF CARE CENTER
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	383,530.	0.			CF CARE CENTER
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	384,717.	0.			CF CARE CENTER
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	392,074.	0.			CLINICAL RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	393,570.	0.			CF CARE CENTER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	395,000.	0.			CLINICAL RESEARCH STUDY

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VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE SOUTH - NASHVILLE, TN 37232	35-2528741	501C(3)	395,855.	0.			CF CARE CENTER
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	399,183.	0.			CLINICAL RESEARCH STUDY
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	403,447.	0.			CF CARE CENTER
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C(3)	407,467.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	407,568.	0.			QUALITY IMPROVEMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	415,608.	0.			CLINICAL RESEARCH CENTER
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73126-0901	73-1563627	501C(3)	416,132.	0.			CF CARE CENTER
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	416,401.	0.			CF CARE CENTER
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	420,438.	0.			CLINICAL RESEARCH CENTER

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	425,599.	0.			CLINICAL CARE RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	427,917.	0.			RESEARCH
DIGNITY HEALTH, DBA ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER - 350 W THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501C(3)	431,020.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	434,816.	0.			QUALITY IMPROVEMENT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	442,861.	0.			CLINICAL RESEARCH STUDY
THE NEMOURS FOUNDATION 1701 ROCKLAND ROAD WILMINGTON, DE 19803-3607	59-0634433	501C(3)	446,120.	0.			CF CARE CENTER
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501C(3)	448,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	450,599.	0.			CLINICAL RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	455,505.	0.			CF CARE CENTER

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BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	462,950.	0.			CF CARE CENTER
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	475,473.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501C(3)	476,050.	0.			CF CARE CENTER
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	476,371.	0.			THERAPEUTICS DISCOVERY RESEARCH
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE - PITTSBURGH, PA 15224	25-1865744	501C(3)	476,820.	0.			CF CARE CENTER
THE UNIVERSITY OF ARIZONA 845 NORTH PARK AVENUE TUCSON, AZ 85721	74-2652689	IRC 115	483,659.	0.			CLINICAL RESEARCH STUDY
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501C(3)	494,940.	0.			CF CARE CENTER
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	500,000.	0.			RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	504,641.	0.			RESEARCH

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	507,092.	0.			CLINICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700, PO BOX 951406 - LOS ANGELES, CA	95-6006143	501C(3)	508,778.	0.			CLINICAL RESEARCH STUDY
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	509,328.	0.			CLINICAL RESEARCH STUDY
THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501C(3)	509,525.	0.			CF CARE CENTER
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	511,734.	0.			QUALITY IMPROVEMENT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	515,724.	0.			CF CARE CENTER
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	518,085.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CTR., 200 OAK ST. SE - MINNEAPOLIS, MN 55455-2070	41-6007513	501C(3)	529,344.	0.			CF CARE CENTER
YALE UNIVERSITY 150 MUNSON STREET, P.O. BOX 208327 NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	534,290.	0.			CLINICAL RESEARCH STUDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE UNIVERSITY P.O. BOX 1086 CORVALLIS, OR 97339-1086	61-1730890	IRC 115	537,911.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	539,770.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	542,523.	0.			RESEARCH CENTER
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-4307	04-2103594	501C(3)	544,279.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	550,000.	0.			RESEARCH CENTER
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	550,000.	0.			RESEARCH CENTER
KAISER FOUNDATION RESEARCH INSTITUTE, A DIVISION OF KAISER FOUNDATION HOSPITALS - 1800 HARRISON STREET - OAKLAND, CA	94-1105628	501C(3)	554,339.	0.			CF CARE CENTER
THE UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LANE AUSTIN, TX 78759-5316	74-6000203	501C(3)	557,317.	0.			THERAPEUTICS DISCOVERY RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	559,060.	0.			CF CARE CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	579,664.	0.			CLINICAL CARE RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY - 1608 FOURTH STREET, SUITE 201 - BERKELEY, CA 94720-1749	94-6002123	501C(3)	585,312.	0.			THERAPEUTICS DISCOVERY RESEARCH
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	597,413.	0.			CF CARE CENTER
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	600,000.	0.			RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	603,915.	0.			CLINICAL RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755-1421	02-0222111	501C(3)	672,000.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	676,664.	0.			RESEARCH CENTER
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	700,038.	0.			CLINICAL RESEARCH CENTER
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401-3654	35-6001673	501C(3)	700,861.	0.			CLINICAL CARE RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	703,473.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	710,356.	0.			CLINICAL RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755-1421	02-0222111	501C(3)	720,000.	0.			RESEARCH CENTER
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	720,229.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	729,908.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	739,417.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	750,000.	0.			RESEARCH CENTER
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	753,754.	0.			RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501C(3)	786,172.	0.			THERAPEUTICS DISCOVERY RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	801,901.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING PITTSBURGH, PA 15260-3203	25-0965591	501C(3)	806,184.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	814,975.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	833,986.	0.			RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02138	04-2103580	501C(3)	839,989.	0.			CLINICAL RESEARCH STUDY
GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332	58-0603146	501C(3)	868,000.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	891,775.	0.			THERAPEUTICS DISCOVERY RESEARCH
DUKE UNIVERSITY 324 BLACKWELL ST. DURHAM, NC 27701	56-0532129	501C(3)	920,072.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	945,824.	0.			CLINICAL RESEARCH STUDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	959,498.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501C(3)	990,102.	0.			ADHERENCE
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	992,455.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	1,028,267.	0.			CLINICAL RESEARCH STUDY
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	1,036,169.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	1,050,917.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501C(3)	1,116,817.	0.			QUALITY IMPROVEMENT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501C(3)	1,208,505.	0.			RESEARCH
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	1,213,858.	0.			CLINICAL CARE RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	1,240,650.	0.			CLINICAL CARE RESEARCH
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	1,259,760.	0.			CLINICAL RESEARCH STUDY
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	1,266,451.	0.			ADHERENCE
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	IRC 115	1,304,011.	0.			CLINICAL RESEARCH
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501C(3)	1,392,651.	0.			CLINICAL RESEARCH STUDY
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	1,456,376.	0.			CLINICAL CARE RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	1,571,922.	0.			RESEARCH CENTER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	2,023,661.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	2,333,367.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833936	501C(3)	2,621,214.	0.			CLINICAL CARE RESEARCH
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 51 COLLEGE ROAD DURHAM, NH 03824	02-6000937	501C(3)	2,777,411.	0.			QUALITY IMPROVEMENT
JAEB CENTER FOR HEALTH RESEARCH FOUNDATION, INC. - 15310 AMBERLY DRIVE, SUITE 350 - TAMPA, FL 33647	59-3187624	501C(3)	3,232,069.	0.			CLINICAL RESEARCH STUDY
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	3,706,113.	0.			THERAPEUTICS DISCOVERY RESEARCH
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	5,555,719.	0.			CLINICAL RESEARCH
HEALTHWELL FOUNDATION P.O. BOX 4133 GAITHERSBURG, MD 20885-4122	20-0413676	501C(3)	5,600,000.	0.			PATIENT ASSISTANCE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	6,399,823.	0.			CLINICAL RESEARCH STUDY
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	7,610,499.	0.			CLINICAL RESEARCH CENTER

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 noncash assistance
FELLOWSHIPS	56	480,434.	0.		
COMMUNITY IMPACT	3	29,997.	0.		

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

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 AND THE FINAL SCIENTIFIC REPORT. REPORTS OF

EXPENDITURES ARE REVIEWED AND APPROVED BY STAFF TO ENSURE INCURRED COSTS

Part IV Supplemental Information

ARE APPROPRIATE.

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

PLACE TO 1) SEE THAT THE GRANT FUNDS AWARDED ARE SPENT 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:

SEE SUPPLEMENTAL INFORMATION FOR PART I, LINE 2 FOR PROCEDURES USED TO

MONITOR THESE GRANTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACK MAHLER, M.D. CHIEF INVESTMENT OFFICER	(i)	695,940.	1,760,233.	7,674.	193,597.	37,338.	2,694,782.	446,250.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL P. BOYLE, M.D. PRESIDENT & CEO	(i)	647,211.	297,943.	5,102.	350,116.	49,410.	1,349,782.	159,687.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EARL LEE MANAGING DIRECTOR, INVESTMENTS	(i)	439,904.	581,475.	1,634.	217,912.	16,450.	1,257,375.	126,945.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC KOEHRSEN MANAGING DIRECTOR, INVESTMENTS	(i)	407,807.	512,092.	1,135.	199,727.	48,510.	1,169,271.	106,470.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRUCE MARSHALL, M.D. EVP & CHIEF MEDICAL OFFICER	(i)	529,980.	154,312.	7,913.	104,713.	0.	796,918.	82,365.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN P. CLANCY, M.D. SVP, CLINICAL RESEARCH	(i)	449,033.	97,886.	4,417.	113,030.	41,582.	705,948.	32,768.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY DWIGHT CHIEF POLICY & ADVOCACY OFFICER	(i)	353,157.	121,692.	68,163.	82,515.	47,394.	672,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARYBETH MCMAHON CHIEF OF STAFF	(i)	318,947.	138,066.	95,551.	75,625.	17,154.	645,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTHONY DURMOWICZ, M.D. VP, CLINICAL DEVELOPMENT	(i)	454,590.	101,908.	17,525.	62,272.	2,400.	638,695.	38,627.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) IRENA BARISIC EVP, CFAO, ASST. SEC. & ASST. TRSR.	(i)	513,800.	43,000.	1,140.	69,210.	2,171.	629,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WILLIAM SKACH, M.D. EVP & CHIEF SCIENTIFIC OFFICER	(i)	279,431.	172,324.	4,080.	30,720.	30,698.	517,253.	79,221.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PRESTON CAMPBELL, M.D. FORMER CEO & STRATEGIC ADVISOR	(i)	245,604.	144,735.	3,604.	30,720.	31,448.	456,111.	144,735.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL B. CAVADEL SVP, CHIEF LEGAL OFFICER, & SEC.	(i)	193,704.	0.	376.	16,543.	11,817.	222,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CHRIS GEGELYS FORMER CHIEF LEGAL OFFICER	(i)	7,918.	148,798.	19,746.	0.	0.	176,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARC S. GINSKY FORMER COO	(i)	0.	0.	160,000.	0.	0.	160,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) VERA H. TWIGG FORMER EVP, CFO	(i)	0.	103,286.	0.	0.	0.	103,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 4A:

AS PART OF A SEVERANCE AGREEMENT, THE EXECUTIVE RECEIVED THE BELOW

INDICATED AMOUNT IN 2022. THE SEVERANCE AMOUNT WAS REVIEWED AND OPINED

UPON AS REASONABLE BY AN INDEPENDENT COMPENSATION CONSULTANT AND

APPROVED BY THE ORGANIZATION'S COMPENSATION COMMITTEE IN ACCORDANCE

WITH THE IRS'S INTERMEDIATE SANCTIONS RULES.

NAME: MARC S. GINSKY

AMOUNT: \$160,000

PART I, LINE 4B:

THE TWO EXECUTIVES LISTED BELOW 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. INFORMATION REGARDING THE AMOUNT OF

PAYMENTS MADE BY THE PLAN DURING THE REPORTING YEAR IS PROVIDED BELOW.

NAME: JOHN C. MAHLER JR

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.

AMOUNT: \$100,000

NAME: MICHAEL P. BOYLE, M.D.

AMOUNT: \$100,000

PART I, LINE 7:

SEVERAL INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A,

PARTICIPATED IN THE FOUNDATION'S INCENTIVE COMPENSATION PLAN, FROM

WHICH NON-FIXED PAYMENTS NOT DESCRIBED IN LINES 5 AND 6 WERE PAID. THE

INCENTIVE COMPENSATION PLAN PAYS NON-FIXED PAYMENTS SUBJECT TO, AND

BASED ON, THE ACHIEVEMENTS 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 OR

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.

LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO

THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	31	44,951.	NET CASH RECEIPTS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	94	1,033,292.	NET CASH RECEIPTS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	2,734,708.	NET CASH RECEIPTS
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TANGIBLE AUCTION)	X	9,845	6,080,579.	NET CASH RECEIPTS
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, LINE 6:

THIRD PARTY SELLER

CYSTIC FIBROSIS FOUNDATION CONTRACTS WITH A THIRD PARTY TO ADMINISTER

ITS VEHICLE DONATION PROGRAM AND SELL DONATED VEHICLES. THE THIRD PARTY

DOES NOT SOLICIT DONATIONS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CYSTIC FIBROSIS FOUNDATION

Employer identification number

13-1930701

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITY TO LEAD LONG, FULFILLING LIVES.

FORM 990, PART III, LINE 1:

THE MISSION OF THE CYSTIC FIBROSIS FOUNDATION IS TO CURE CYSTIC

FIBROSIS (CF) AND TO PROVIDE ALL PEOPLE WITH CF THE OPPORTUNITY TO LEAD

LONG, FULFILLING LIVES BY FUNDING RESEARCH AND DRUG DEVELOPMENT,

PARTNERING WITH THE CF COMMUNITY, AND ADVANCING HIGH QUALITY,

SPECIALIZED CARE.

FORM 990, PART III, LINE 4A:

MEDICAL (AND RESEARCH) PROGRAMS - THE CYSTIC FIBROSIS FOUNDATION IS THE

WORLD'S LEADER IN THE SEARCH FOR A CURE FOR CYSTIC FIBROSIS, A

PROGRESSIVE, GENETIC DISEASE THAT AFFECTS CLOSE TO 40,000 PEOPLE IN THE

UNITED STATES, AND MORE THAN 100,000 WORLDWIDE, WHICH INCLUDES PEOPLE

FROM EVERY RACIAL AND ETHNIC GROUP.

THE CF FOUNDATION HAS AND CONTINUES TO FUND HUNDREDS OF MILLIONS OF

DOLLARS IN RESEARCH TO HELP DISCOVER/DEVELOP EFFECTIVE CF THERAPIES AND

HIGHLY SPECIALIZED CARE. IN 2022, THE CF FOUNDATION INVESTED \$265

MILLION INTO RESEARCH AND CARE. DUE IN PART TO THE FOUNDATION'S EFFORTS

IN RESEARCH, CARE, AND TREATMENTS, THE LIFE EXPECTANCY OF PEOPLE WITH

CF HAS MORE THAN DOUBLED IN THE LAST 30 YEARS.

RESEARCH TO FIND A CURE IS MORE PROMISING THAN EVER BEFORE. THE CF

FOUNDATION HAS ATTRACTED INDUSTRY TO JOIN ITS MISSION BY FUNDING DRUG

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

Schedule O (Form 990) 2022

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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DISCOVERY AND DEVELOPMENT RESEARCH CONDUCTED BY BIOTECHNOLOGY

COMPANIES. IT ALSO PROVIDES MATCHING AWARDS TO CF DRUG DEVELOPERS FOR

CF RESEARCH AND FUNDS A SPECIALIZED CF CLINICAL TRIALS NETWORK OF 91

FOUNDATION-ACCREDITED CARE CENTERS. AS OF DECEMBER 2022, THE CF DRUG

DEVELOPMENT PIPELINE HAD 42 THERAPIES IN DEVELOPMENT INCLUDING

TREATMENTS THAT ADDRESS COMPLICATIONS, LIKE INFECTIONS, AND GENETIC

THERAPIES THAT COULD ONE DAY LEAD TO A CURE FOR ALL PEOPLE WITH CYSTIC

FIBROSIS, INCLUDING THOSE WITH RARE AND NONSENSE DISEASE-CAUSING

MUTATIONS.

TO SUPPORT ITS MISSION, THE FOUNDATION ALSO FUNDS AND ACCREDITS A

NATIONWIDE NETWORK OF MORE THAN 130 CARE CENTERS. THIS 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.

IN 2022, THE FOUNDATION PROVIDED MORE THAN \$46 MILLION OF SUPPORT FOR

CARE CENTERS AND CLINICIANS AND CONTINUES TO DEVELOP CARE GUIDELINES

FOR CARE TEAMS TO PROVIDE THE HIGHLY SPECIALIZED CARE NEEDED TO LIVE

WITH THE DISEASE.

THE FOUNDATION ALSO MANAGES A PATIENT REGISTRY OF PEOPLE WITH CF,

COLLECTING INFORMATION ON THE HEALTH STATUS OF APPROXIMATELY 32,100

PEOPLE WITH CF, INCLUDING 779 NEWLY DIAGNOSED INDIVIDUALS, AND PROVIDING

CAREGIVERS AND RESEARCHERS CRITICAL INFORMATION. THIS INVALUABLE TOOL

HELPS 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

OTHER CF ADVOCACY GROUPS.

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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FORM 990, PART III, LINE 4B:

COMMUNITY SERVICES - THE FOUNDATION PROVIDES MUCH-NEEDED SUPPORT FOR PATIENTS AND THEIR FAMILIES AS THEY MANAGE THE PHYSICAL, EMOTIONAL, AND FINANCIAL CHALLENGES OF LIVING WITH CF. THE FOUNDATION DOES THIS THROUGH SUPPORTING SPECIALIZED QUALITY CF CARE, PROVIDING INFORMATION AND TOOLS TO HELP PEOPLE DIRECT THEIR OWN CARE, AND DEVELOPING PROGRAMS TO HELP PEOPLE WITH CF AND THEIR LOVED ONES CONNECT WITH OTHERS IN THE CF COMMUNITY SO THEY CAN LEARN FROM AND CELEBRATE EACH OTHER.

LACK OF ADEQUATE INSURANCE COVERAGE FOR CF THERAPIES HAS BEEN A CONSISTENT CONCERN FOR THOSE LIVING WITH THE DISEASE AND THEIR FAMILIES. CF FOUNDATION COMPASS IS A HIGHLY PERSONALIZED SERVICE TAILORED TO AN INDIVIDUAL'S CIRCUMSTANCES RELATED TO COMPLEX INSURANCE, FINANCIAL, LEGAL, AND OTHER ISSUES THAT CAN PREVENT ACCESS TO MUCH-NEEDED CF THERAPIES AND CARE.

IN 2022, SKILLED COMPASS CASE MANAGERS ANSWERED MORE THAN 8,600 CALLS FROM PEOPLE WITH CF, THEIR FAMILIES, AND THEIR PROVIDER NETWORK, HELPING PEOPLE BETTER UNDERSTAND AND MAXIMIZE THEIR INSURANCE COVERAGE AND BENEFITS, AND GET HELP WITH OTHER NEEDS RELATED TO DAILY LIFE WITH CF. CASE MANAGERS ALSO ASSISTED WITH FINDING RESOURCES FOR ISSUES RELATED TO LIFE WITH CF THAT CAN AFFECT ACCESS, INCLUDING BASIC LIVING AND FOOD EXPENSES. BY CONNECTING PEOPLE WITH CF TO RESOURCES TO HELP THEM PAY BILLS OR OTHER SERVICES, THE CF FOUNDATION SAVED CLIENTS MORE THAN \$1.3 MILLION.

THE FOUNDATION HELD MORE THAN 1,000 NATIONAL AND CHAPTER EVENTS IN 2022 FOR PEOPLE WITH CF AND THEIR FAMILY MEMBERS. VIRTUAL EVENTS, INCLUDING

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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BREATHECON, RESEARCHCON, AND NEXTBREATH, WERE DESIGNED BY AND FOR

ADULTS WITH CF, THEIR FAMILIES, CLINICIANS, AND RESEARCHERS. THESE

GATHERINGS PROVIDED AN OPPORTUNITY FOR THE CF COMMUNITY TO CONNECT,

SHARE, AND LEARN FROM PEERS THROUGH OPEN AND HONEST DIALOGUE.

FORM 990, PART III, LINE 4C:

PUBLIC AND PROFESSIONAL INFORMATION AND EDUCATION - TO SUPPORT ITS

MISSION, THE CF FOUNDATION CREATED EDUCATIONAL CONTENT DESIGNED TO

INFORM AND SUPPORT PEOPLE WITH CF AND THEIR FAMILIES, MEDICAL

PROFESSIONALS, AND THE GENERAL PUBLIC ABOUT THE DISEASE. IN 2022, THERE

WERE 185 PUBLICATIONS AND 48 VIDEOS PRODUCED AND MADE AVAILABLE TO

SUPPORT EDUCATION AND AWARENESS. YEAR-ROUND MEETINGS AND CONFERENCES

PROVIDE UPDATES FOR CF RESEARCHERS, PHYSICIANS, AND ALLIED HEALTH

PROFESSIONALS AND CREATE OPPORTUNITIES FOR COLLABORATION ON FUTURE CF

RESEARCH PROJECTS AND TREATMENT/CARE EFFORTS. IN 2022, OVER 1,7980,000

UNIQUE VISITORS CAME TO THE CF FOUNDATION'S WEBSITE. THE FOUNDATION

PUBLISHED 65 NEW CONTENT PAGES, MADE 284 CONTENT UPDATES, AND PUBLISHED

90 CF COMMUNITY BLOG POSTS.

FORM 990, PART VI, LINE 4:

THE CF FOUNDATION UPDATED ITS BYLAWS IN 2022 TO INCLUDE AN ADDITIONAL

NON-VOTING TRUSTEE POSITION.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW OF 990 BY GOVERNING BODY

THE CYSTIC FIBROSIS FOUNDATION BOARD OF TRUSTEES RECEIVES A DRAFT OF THE

FORM 990 PRIOR TO IT BEING FILED, WITH TIME FOR REVIEW AND COMMENT. THE

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

COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AND THE FOUNDATION'S ERISA

ATTORNEYS REVIEW THE EXECUTIVE COMPENSATION SECTIONS OF THE FORM 990. THE

AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ALSO REVIEWS THE FORM 990 AS PART

OF ITS CHARTERED RESPONSIBILITIES. THE CYSTIC FIBROSIS FOUNDATION BOARD OF

TRUSTEES RECEIVES A COMPLETE COPY OF THE FINAL FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST MONITORING

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY EACH

BOARD MEMBER, OFFICER, AND KEY EMPLOYEE. POTENTIAL CONFLICTS FOR BOARD

MEMBERS AND OFFICERS ARE REPORTED TO THE GOVERNANCE COMMITTEE OR THE BOARD

OF TRUSTEES. 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 BE EXCUSED 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

2022 AND HAD NO UNRESOLVED CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

DETERMINING COMPENSATION: 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 CF THE OPPORTUNITY TO LEAD

LONG, FULFILLING 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:

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

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

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

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

(4) REVIEWS ALL ELEMENTS OF EACH EXECUTIVE'S TOTAL COMPENSATION, INCLUDING BUT NOT LIMITED TO BASE SALARY, BONUSES, PERQUISITES, FRINGE BENEFITS, AND INCENTIVE AND DEFERRED COMPENSATION ARRANGEMENTS. UPON THE EXECUTIVE'S HIRE, AND AT EACH POINT IN TIME THEREAFTER AT WHICH A NEW OR REVISED COMPENSATION ARRANGEMENT IS UNDER CONSIDERATION WITH RESPECT TO THE EXECUTIVE, THE COMMITTEE MEETS WITH ITS INDEPENDENT COMPENSATION CONSULTING FIRM BEFORE THE ARRANGEMENT IS IMPLEMENTED TO EVALUATE THE REASONABLENESS OF THE ARRANGEMENT BY COMPARING BOTH THE ARRANGEMENT ITSELF AND THE EXECUTIVE'S ENTIRE COMPENSATION PACKAGE TO COMPENSATION PACKAGES PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS.

(5) DOCUMENTS, CONCURRENTLY WITH ITS DETERMINATION, THE BASIS FOR ITS DETERMINATION IN THE MINUTES OF ITS MEETING. THESE MINUTES ARE REVIEWED,

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

REVISED IF NECESSARY AND APPROVED AT THE FOLLOWING MEETING OF THE

COMMITTEE.

(6) OBTAINS A WRITTEN LEGAL OPINION CONCERNING THE COMMITTEE'S COMPLIANCE

WITH THE IRS INTERMEDIATE SANCTIONS RULES. THE PROCESS DESCRIBED ABOVE WAS

USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING OFFICERS OR KEY EMPLOYEES

OF THE ORGANIZATION:

PRESIDENT & CEO

EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER

CHIEF INVESTMENT OFFICER

SENIOR VP, CLINICAL RESEARCH

EXECUTIVE VICE PRESIDENT & CHIEF SCIENTIFIC OFFICER

EXECUTIVE VICE PRESIDENT & CHIEF MEDICAL OFFICER

THE PROCESS WAS LAST UNDERTAKEN IN 2021 WITH RESPECT TO COMPENSATION TO BE

PAID IN 2022 TO THE OFFICERS/KEY EMPLOYEES NAMED ABOVE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,IN,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,OR,PA,RI,SC,TN,UT

VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC INSPECTION

FORMS 1023 AND 990-T FOR THE ORGANIZATION WERE AVAILABLE ON ITS WEBSITE,

CFF.ORG.

THE FOUNDATION'S GOVERNING DOCUMENTS (BYLAWS AND ARTICLES OF INCORPORATION)

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

WERE AVAILABLE UPON REQUEST BY CONTACTING THE NATIONAL OFFICE OF THE CYSTIC
FIBROSIS FOUNDATION IN WRITING.

INFORMATION ON HOW TO OBTAIN THE GOVERNING DOCUMENTS WAS AVAILABLE ON THE
FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2022. THE BOARD AND OFFICER
CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS WERE
AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2022.

FORM 990, PART VI, LINE 10B:

CYSTIC FIBROSIS FOUNDATION HAS NUMEROUS OFFICES LOCATED ACROSS THE
UNITED STATES WHICH ADHERE TO THE POLICIES AND PROCEDURES OF THE
ORGANIZATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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
CYSTIC FIBROSIS FOUNDATION THERAPEUTICS, INC - 91-2059167, 4550 MONTGOMERY AVE, STE 110, BETHESDA, MD 20814	RESEARCH	MARYLAND	501(C)(3)	LINE 12A, I	CFF	X	

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

Schedule R (Form 990) 2022

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	
NANTAHALA CAPITAL PARTNERS QR LP, 130 MAIN ST, 2ND FLOOR, NEW CANNAN, CT 06840	INVESTMENTS	CT		EXCLUDED	-3,131,489.	19,198,651.		X	N/A		X	98.21%
LF-CFF INCUBATOR FUND LP - 85-1584805, 800 BOYLSTON STREET, SUITE 1555, BOSTON, MA 02199	INVESTMENTS	DE		EXCLUDED	-521,504.	7,510,340.		X	N/A		X	100%
LONGWOOD - LF CFF INCUBATOR FND II - 87-3507143, 800 BOYLSTON STREET SUITE 1715, BOSTON, MA 02199	INVESTMENTS	DE		EXCLUDED	-541,946.	168,924.		X	N/A		X	100%

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
TSSP ROTATIONAL CREDIT FEEDER, L.P. UGLAND HOUSE, SOUTH CHURCH ST GEORGE TOWN, CAYMAN ISLANDS KY1-1104	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP			.00%		X
CHARITABLE REMAINDER TRUST (2)	FIDUCIARY	CA	N/A	TRUST					X
CHARITABLE REMAINDER TRUST	FIDUCIARY	TN	N/A	TRUST					X
CHARITABLE REMAINDER TRUST	FIDUCIARY	NM	N/A	TRUST					X
PERPETUAL TRUST	FIDUCIARY	MA	N/A	TRUST					X

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TSSP ROTATIONAL CREDIT FEEDER, LP	S	384,237.	CASH
(2) LF-CFF INCUBATOR FUND LP	B	7,195,526.	CASH
(3) LF-CFF INCUBATOR FUND II, LP	B	710,870.	CASH
(4)			
(5)			
(6)			

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