

EXTENDED TO NOVEMBER 15, 2021

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

Form **990-T**

OMB No. 1545-0047

# 2020

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                     |  |  |
|---|---------------------|--|--|
| <b>A</b> Check box if address changed.        |                     | Name of organization ( Check box if name changed and see instructions.)  | <b>D</b> Employer identification number            |
| <b>B</b> Exempt under section                 | Print<br>or<br>Type | <b>CYSTIC FIBROSIS FOUNDATION</b>  | <b>13-1930701</b>                                  |
| <input checked="" type="checkbox"/> 501(c)(3) |                     | Number, street, and room or suite no. If a P.O. box, see instructions.   | <b>E</b> Group exemption number (see instructions) |
| 408(e) 220(e)<br>408A 530(a)<br>529(a) 529S   |                     | City or town, state or province, country, and ZIP or foreign postal code | <b>F</b> Check box if an amended return.           |
|   |                     | <b>C</b> Book value of all assets at end of year                         | <b>5,369,999,661.</b>                              |

**G** Check organization type ▶  501(c) corporation    501(c) trust    401(a) trust    Other trust    Applicable reinsurance entity

**H** Check if filing only to ▶ Claim credit from Form 8941    Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

**J** Enter the number of attached Schedules A (Form 990-T) ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **IRENA BARISIC & CHRIS GEGELYS** Telephone number ▶ **301-951-4422**

**Part I Total Unrelated Business Taxable Income**

|  |    |          |
|--|----|----------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)               | 1  | 552,650. |
| 2 Reserved   | 2  |          |
| 3 Add lines 1 and 2  | 3  | 552,650. |
| 4 Charitable contributions (see instructions for limitation rules)   | 4  | 0.       |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                             | 5  | 552,650. |
| 6 Deduction for net operating loss. See instructions   | 6  | 552,650. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7  |          |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions)  | 8  | 1,000.   |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions  | 9  |          |
| 10 <b>Total deductions.</b> Add lines 8 and 9  | 10 | 1,000.   |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       | 11 | 0.       |

**Part II Tax Computation**

|   |   |    |
|---|---|----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21)  | 1 | 0. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) | 2 |    |
| 3 <b>Proxy tax.</b> See instructions  | 3 |    |
| 4 Other tax amounts. See instructions   | 4 |    |
| 5 Alternative minimum tax (trusts only)   | 5 |    |
| 6 <b>Tax on noncompliant facility income.</b> See instructions  | 6 |    |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies   | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Form **8868**

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

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://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](http://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.

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

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

|   |   |
|---|---|
| 0 | 7 |
|---|---|

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | 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          |

• The books are in the care of ► THE ORGANIZATION .....

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, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 20 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**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

|   |           |    |   |
|---|-----------|----|---|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0 |
| <b>b</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. | <b>3b</b> | \$ | 0 |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0 |

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

| <b>Part III Tax and Payments</b>  |           |           |    |
|---|-----------|-----------|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....  | <b>1a</b> |           |    |
| b Other credits (see instructions) .....  | <b>1b</b> |           |    |
| c General business credit. Attach Form 3800 (see instructions) .....  | <b>1c</b> |           |    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....  | <b>1d</b> |           |    |
| e <b>Total credits.</b> Add lines 1a through 1d .....   |           | <b>1e</b> |    |
| 2 Subtract line 1e from Part II, line 7 .....   |           | <b>2</b>  | 0. |
| 3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br>Other (attach statement) ..... |           | <b>3</b>  |    |
| 4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....                                |           | <b>4</b>  | 0. |
| 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....  |           | <b>5</b>  | 0. |
| 6a Payments: A 2019 overpayment credited to 2020 .....  | <b>6a</b> |           |    |
| b 2020 estimated tax payments. Check if section 643(g) election applies .....   | <b>6b</b> |           |    |
| c Tax deposited with Form 8868 .....  | <b>6c</b> |           |    |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....  | <b>6d</b> |           |    |
| e Backup withholding (see instructions) .....   | <b>6e</b> |           |    |
| f Credit for small employer health insurance premiums (attach Form 8941) .....  | <b>6f</b> |           |    |
| g Other credits, adjustments, and payments: Form 2439 _____<br>Form 4136 _____ Other _____ Total .....  | <b>6g</b> |           |    |
| 7 <b>Total payments.</b> Add lines 6a through 6g .....  |           | <b>7</b>  |    |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....  |           | <b>8</b>  |    |
| 9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....   |           | <b>9</b>  |    |
| 10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....   |           | <b>10</b> |    |
| 11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....  |           | <b>11</b> |    |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)  |  |            |           |
|--|--|------------|-----------|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... |  | <b>Yes</b> | <b>No</b> |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |  |            | <b>X</b>  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year .....  |  |            |           |
| 4a Did the organization change its method of accounting? (see instructions) .....  |  |            | <b>X</b>  |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |  |            |           |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

|   |  |                              |                     |                               |   |
|---|--|------------------------------|---------------------|-------------------------------|---|
| <b>Sign Here</b>  | 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 taxpayer) is based on all information of which preparer has any knowledge. |                              |                     |                               |   |
|   | Signature of officer   | Date                         | EXECUTIVE VP & CFAO | Title                         | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name   | Preparer's signature         | Date                | Check if self-employed        | PTIN  |
|   | HYO JIN HEO  | <i>Hyo HEO</i>               | 11/08/2021          | <input type="checkbox"/>      | P01908608   |
|   | Firm's name <b>KPMG LLP</b>  | Firm's EIN <b>13-5565207</b> |                     |                               |   |
| Firm's address <b>8350 BROAD STREET, SUITE 900<br/>MCLEAN, VA 22102</b> |  |                              |                     | Phone no. <b>703-286-8000</b> |   |

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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501(c)(3) Organizations Only

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>CYSTIC FIBROSIS FOUNDATION</b>       | <b>B</b> Employer identification number<br><b>13-1930701</b> |
| <b>C</b> Unrelated business activity code (see instructions) ▶ <b>520000</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business ▶ **ALTERNATIVE INVESTMENTS**

| <b>Part I</b> Unrelated Trade or Business Income  |                    | (A) Income         | (B) Expenses | (C) Net  |
|---|--------------------|--------------------|--------------|----------|
| <b>1 a</b> Gross receipts or sales  |                    |                    |              |          |
| <b>b</b> Less returns and allowances  | <b>c</b> Balance ▶ | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Part III, line 8)  |                    | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   |                    | <b>3</b>           |              |          |
| <b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)       |                    | <b>4a</b> 252,697. |              | 252,697. |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                          |                    | <b>4b</b>          |              |          |
| <b>c</b> Capital loss deduction for trusts  |                    | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 2</b> |                    | <b>5</b> 345,651.  |              | 345,651. |
| <b>6</b> Rent income (Part IV)  |                    | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Part V)  |                    | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)         |                    | <b>8</b>           |              |          |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)              |                    | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Part VIII)  |                    | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Part IX)  |                    | <b>11</b>          |              |          |
| <b>12</b> Other income (see instructions; attach statement)   |                    | <b>12</b>          |              |          |
| <b>13 Total.</b> Combine lines 3 through 12   |                    | <b>13</b> 598,348. |              | 598,348. |

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

|  |           |           |           |          |
|--|-----------|-----------|-----------|----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)  |           | <b>1</b>  |           |          |
| <b>2</b> Salaries and wages  |           | <b>2</b>  |           | 28,941.  |
| <b>3</b> Repairs and maintenance   |           | <b>3</b>  |           |          |
| <b>4</b> Bad debts   |           | <b>4</b>  |           |          |
| <b>5</b> Interest (attach statement) (see instructions)  |           | <b>5</b>  |           |          |
| <b>6</b> Taxes and licenses  |           | <b>6</b>  |           |          |
| <b>7</b> Depreciation (attach Form 4562) (see instructions)  | <b>7</b>  |           |           |          |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return   | <b>8a</b> |           | <b>8b</b> |          |
| <b>9</b> Depletion   |           | <b>9</b>  |           |          |
| <b>10</b> Contributions to deferred compensation plans   |           | <b>10</b> |           |          |
| <b>11</b> Employee benefit programs  |           | <b>11</b> |           | 3,627.   |
| <b>12</b> Excess exempt expenses (Part VIII)   |           | <b>12</b> |           |          |
| <b>13</b> Excess readership costs (Part IX)  |           | <b>13</b> |           |          |
| <b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b>   |           | <b>14</b> |           | 13,130.  |
| <b>15 Total deductions.</b> Add lines 1 through 14   |           | <b>15</b> |           | 45,698.  |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |           | <b>16</b> |           | 552,650. |
| <b>17</b> Deduction for net operating loss (see instructions)  |           | <b>17</b> |           | 0.       |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16   |           | <b>18</b> |           | 552,650. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No column for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-4: Gross income from or allocable to debt-financed property and deductions. Row 5: Amount of average acquisition debt. Row 6: Average adjusted basis. Row 7: Divide line 4 by line 5. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B)                  |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |
|---|--|---|
| 1 | Description of exploited activity: _____   |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A
B
C
D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows. Row 1: Gross advertising income. Row 2: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 2 rows. Row 1: Direct advertising costs by periodical. Row 2: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Readership costs.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Circulation income.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13. Total: 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Rows (1) through (4).

Table with 4 columns (A, B, C, D) and 1 row. Row 1: Total. Enter here and on Part II, line 1. Total: 0.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

CYSTIC FIBROSIS FOUNDATION

13-1930701

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

|   |            |
|---|------------|
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR        | 2,143,081. |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | 552,650.   |

|                                    |                         |
|------------------------------------|-------------------------|
| SCHEDULE A PORTION OF PRE-2018 NOL |                         |
| <u>SCHEDULE A ENTITY</u>           | <u>SCHEDULE A SHARE</u> |
| 1                                  | 0.                      |

|  |            |
|--|------------|
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0.         |
| NET OPERATING DEDUCTION                | 552,650.   |
| BALANCE AFTER PRE-2018 NOL DEDUCTION   | 0.         |
| EXPIRING NET OPERATING LOSSES          | 0.         |
| CARRY FORWARD OF NET OPERATING LOSS    | 1,590,431. |



CYSTIC FIBROSIS FOUNDATION

13-1930701

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 2

| DESCRIPTION   | NET INCOME<br>OR (LOSS) |
|---|-------------------------|
| PEARL ENERGY INVESTMENTS, LP - ORDINARY BUSINESS INCOME (LOSS)    | 4,819,919.              |
| PEARL ENERGY INVESTMENTS, LP - INTEREST INCOME                    | 7,147.                  |
| PEARL ENERGY INVESTMENTS, LP - ROYALTIES                          | 161,209.                |
| PEARL ENERGY INVESTMENTS, LP - OTHER INCOME (LOSS)                | -4,548,610.             |
| PEARL ENERGY INVESTMENTS II, LP - ORDINARY BUSINESS INCOME (LOSS) | 1,318,071.              |
| PEARL ENERGY INVESTMENTS II, LP - INTEREST INCOME                 | 2,595.                  |
| PEARL ENERGY INVESTMENTS II, LP - ROYALTIES                       | 49,886.                 |
| PEARL ENERGY INVESTMENTS II, LP - OTHER INCOME (LOSS)             | -1,464,566.             |
| <br>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5                  | <br><u>345,651.</u>     |

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

| DESCRIPTION                               | AMOUNT             |
|---|--------------------|
| TAX PREPARATION FEES                      | 10,000.            |
| INVESTMENT MANAGEMENT FEES                | 3,130.             |
| <br>TOTAL TO SCHEDULE A, PART II, LINE 14 | <br><u>13,130.</u> |

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

|   |   |
|---|---|
| Name<br><br><b>CYSTIC FIBROSIS FOUNDATION</b> | Employer identification number<br><br><b>13-1930701</b> |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ..... ▶ Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 |   | <b>7</b>   |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | <b>115.</b>  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 |  | <b>11 252,582.</b>   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 |  | <b>15 252,697.</b>   |

**Part III Summary of Parts I and II**

|  |           |                 |
|--|-----------|-----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> |                 |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> | <b>252,697.</b> |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        | <b>18</b> | <b>252,697.</b> |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

CYSTIC FIBROSIS FOUNDATION

13-1930701

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entry for PEARL ENERGY INVESTMENTS, LP with a gain of 115.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

|   |   |
|---|---|
| Name<br><br><b>CYSTIC FIBROSIS FOUNDATION</b> | Employer identification number<br><br><b>13-1930701</b> |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ..... ▶ Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 |   | <b>7</b>   |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | <b>115.</b>  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 |  | <b>11</b> 252,582.   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 |  | <b>15</b> 252,697.   |

**Part III Summary of Parts I and II**

|  |           |          |
|--|-----------|----------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> |          |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> | 252,697. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        | <b>18</b> | 252,697. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or  
taxpayer identification no.

**CYSTIC FIBROSIS FOUNDATION**

**13-1930701**

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br><small>(Example: 100 sh. XYZ Co.)</small>  | (b)<br>Date acquired<br><small>(Mo., day, yr.)</small> | (c)<br>Date sold or<br>disposed of<br><small>(Mo., day, yr.)</small> | (d)<br>Proceeds<br><small>(sales price)</small> | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). <b>See instructions.</b> |  | (h)<br><b>Gain or (loss).</b><br><small>Subtract column (e)<br/>from column (d) &amp;<br/>combine the result<br/>with column (g)</small> |
|------------------|--|--|--|---|---|--|--|--|
|                  | (f)<br>Code(s)   | (g)<br>Amount of<br>adjustment                         |  |   |   |  |  |  |
|                  | PEARL ENERGY<br>INVESTMENTS, LP  |  |  |   |   |  |  | 115.   |
|                  |  |  |  |   |   |  |  |  |
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|                  |  |  |  |   |   |  |  |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |  |  |   |   |  |  | <b>115.</b>  |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))  
▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2020**

Attachment  
Sequence No. **27**

**CYSTIC FIBROSIS FOUNDATION**

Identifying number  
**13-1930701**

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

| 2 | (a) Description of property   | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
|   | PEARL ENERGY INVESTMENTS, LP  |                                   |                               |                       |   |  | 210,341.  |
|   | PEARL ENERGY INVESTMENTS II, LP   |                                   |                               |                       |   |  | 42,241.   |
| 3 | Gain, if any, from Form 4684, line 39   |                                   |                               |                       |   |  | 3   |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37  |                                   |                               |                       |   |  | 4   |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824   |                                   |                               |                       |   |  | 5   |
| 6 | Gain, if any, from line 32, from other than casualty or theft   |                                   |                               |                       |   |  | 6   |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows   |                                   |                               |                       |   |  | 7   |
|   | <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.   |                                   |                               |                       |   |  |   |
|   | <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. |                                   |                               |                       |   |  |   |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions  |                                   |                               |                       |   |  | 8   |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions   |                                   |                               |                       |   |  | 9   |
|   |   |                                   |                               |                       |   |  | 252,582.  |
|   |   |                                   |                               |                       |   |  | 252,582.  |

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

|    |   |     |     |
|----|---|-----|-----|
| 11 | Loss, if any, from line 7   | 11  | ( ) |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable  | 12  |     |
| 13 | Gain, if any, from line 31  | 13  |     |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a   | 14  |     |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36  | 15  |     |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824   | 16  |     |
| 17 | Combine lines 10 through 16   | 17  |     |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.   |     |     |
|    | a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | 18a |     |
|    | b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4   | 18b |     |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:   | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
|---|--------------------------------------|----------------------------------|
| <b>A</b>  |                                      |                                  |
| <b>B</b>  |                                      |                                  |
| <b>C</b>  |                                      |                                  |
| <b>D</b>  |                                      |                                  |
| <b>These columns relate to the properties on lines 19A through 19D.</b>   |                                      |                                  |
|   | <b>Property A</b>                    | <b>Property B</b>                |
|   | <b>Property C</b>                    | <b>Property D</b>                |
| <b>20</b> Gross sales price ( <b>Note:</b> See line 1 before completing.)   | <b>20</b>                            |                                  |
| <b>21</b> Cost or other basis plus expense of sale  | <b>21</b>                            |                                  |
| <b>22</b> Depreciation (or depletion) allowed or allowable  | <b>22</b>                            |                                  |
| <b>23</b> Adjusted basis. Subtract line 22 from line 21   | <b>23</b>                            |                                  |
| <b>24</b> Total gain. Subtract line 23 from line 20   | <b>24</b>                            |                                  |
| <b>25 If section 1245 property:</b>   |                                      |                                  |
| <b>a</b> Depreciation allowed or allowable from line 22   | <b>25a</b>                           |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 25a   | <b>25b</b>                           |                                  |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.                             |                                      |                                  |
| <b>a</b> Additional depreciation after 1975. See instructions   | <b>26a</b>                           |                                  |
| <b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions  | <b>26b</b>                           |                                  |
| <b>c</b> Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | <b>26c</b>                           |                                  |
| <b>d</b> Additional depreciation after 1969 and before 1976   | <b>26d</b>                           |                                  |
| <b>e</b> Enter the <b>smaller</b> of line 26c or 26d  | <b>26e</b>                           |                                  |
| <b>f</b> Section 291 amount (corporations only)   | <b>26f</b>                           |                                  |
| <b>g</b> Add lines 26b, 26e, and 26f  | <b>26g</b>                           |                                  |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.                                   |                                      |                                  |
| <b>a</b> Soil, water, and land clearing expenses  | <b>27a</b>                           |                                  |
| <b>b</b> Line 27a multiplied by applicable percentage   | <b>27b</b>                           |                                  |
| <b>c</b> Enter the <b>smaller</b> of line 24 or 27b   | <b>27c</b>                           |                                  |
| <b>28 If section 1254 property:</b>   |                                      |                                  |
| <b>a</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | <b>28a</b>                           |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 28a   | <b>28b</b>                           |                                  |
| <b>29 If section 1255 property:</b>   |                                      |                                  |
| <b>a</b> Applicable percentage of payments excluded from income under section 126. See instructions   | <b>29a</b>                           |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions   | <b>29b</b>                           |                                  |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|   |           |  |
|---|-----------|--|
| <b>30</b> Total gains for all properties. Add property columns A through D, line 24   | <b>30</b> |  |
| <b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  | <b>31</b> |  |
| <b>32</b> Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | <b>32</b> |  |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

|   | (a) Section 179 | (b) Section 280F(b)(2) |
|---|-----------------|------------------------|
| <b>33</b> Section 179 expense deduction or depreciation allowable in prior years                    | <b>33</b>       |                        |
| <b>34</b> Recomputed depreciation. See instructions   | <b>34</b>       |                        |
| <b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | <b>35</b>       |                        |

Form **4797**

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))  
▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2020**

Attachment  
Sequence No. **27**

**CYSTIC FIBROSIS FOUNDATION**

Identifying number  
**13-1930701**

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

| 2  | (a) Description of property   | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |          |
|--|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|----------|
|  | PEARL ENERGY INVESTMENTS, LP  |                                   |                               |                       |   |  | 210,341.  |          |
|  | PEARL ENERGY INVESTMENTS II, LP   |                                   |                               |                       |   |  | 42,241.   |          |
| 3  | Gain, if any, from Form 4684, line 39   |                                   |                               |                       |   |  | 3   |          |
| 4  | Section 1231 gain from installment sales from Form 6252, line 26 or 37  |                                   |                               |                       |   |  | 4   |          |
| 5  | Section 1231 gain or (loss) from like-kind exchanges from Form 8824   |                                   |                               |                       |   |  | 5   |          |
| 6  | Gain, if any, from line 32, from other than casualty or theft   |                                   |                               |                       |   |  | 6   |          |
| 7  | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows   |                                   |                               |                       |   |  | 7   | 252,582. |
| <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.<br><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. |   |                                   |                               |                       |   |  |   |          |
| 8  | Nonrecaptured net section 1231 losses from prior years. See instructions  |                                   |                               |                       |   |  | 8   |          |
| 9  | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions |                                   |                               |                       |   |  | 9   | 252,582. |

**Part II Ordinary Gains and Losses** (see instructions)

|    |  |  |  |  |  |  |     |     |
|----|--|--|--|--|--|--|-----|-----|
| 10 | Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  |  |  |  |  |  |     |     |
| 11 | Loss, if any, from line 7  |  |  |  |  |  | 11  | ( ) |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable   |  |  |  |  |  | 12  |     |
| 13 | Gain, if any, from line 31   |  |  |  |  |  | 13  |     |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a  |  |  |  |  |  | 14  |     |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36   |  |  |  |  |  | 15  |     |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824  |  |  |  |  |  | 16  |     |
| 17 | Combine lines 10 through 16  |  |  |  |  |  | 17  |     |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  |  |  |  |  |  |     |     |
|    | <b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions |  |  |  |  |  | 18a |     |
|    | <b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4   |  |  |  |  |  | 18b |     |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:   |            | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
|---|------------|--------------------------------------|----------------------------------|
| <b>A</b>  |            |                                      |                                  |
| <b>B</b>  |            |                                      |                                  |
| <b>C</b>  |            |                                      |                                  |
| <b>D</b>  |            |                                      |                                  |
| <b>These columns relate to the properties on lines 19A through 19D.</b>   |            |                                      |                                  |
|   | ▶          | <b>Property A</b>                    | <b>Property B</b>                |
|   |            | <b>Property C</b>                    | <b>Property D</b>                |
| <b>20</b> Gross sales price ( <b>Note:</b> See line 1 before completing.)   | <b>20</b>  |                                      |                                  |
| <b>21</b> Cost or other basis plus expense of sale  | <b>21</b>  |                                      |                                  |
| <b>22</b> Depreciation (or depletion) allowed or allowable  | <b>22</b>  |                                      |                                  |
| <b>23</b> Adjusted basis. Subtract line 22 from line 21   | <b>23</b>  |                                      |                                  |
| <b>24</b> Total gain. Subtract line 23 from line 20   | <b>24</b>  |                                      |                                  |
| <b>25 If section 1245 property:</b>   |            |                                      |                                  |
| <b>a</b> Depreciation allowed or allowable from line 22   | <b>25a</b> |                                      |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 25a   | <b>25b</b> |                                      |                                  |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.                             |            |                                      |                                  |
| <b>a</b> Additional depreciation after 1975. See instructions   | <b>26a</b> |                                      |                                  |
| <b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions  | <b>26b</b> |                                      |                                  |
| <b>c</b> Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | <b>26c</b> |                                      |                                  |
| <b>d</b> Additional depreciation after 1969 and before 1976   | <b>26d</b> |                                      |                                  |
| <b>e</b> Enter the <b>smaller</b> of line 26c or 26d  | <b>26e</b> |                                      |                                  |
| <b>f</b> Section 291 amount (corporations only)   | <b>26f</b> |                                      |                                  |
| <b>g</b> Add lines 26b, 26e, and 26f  | <b>26g</b> |                                      |                                  |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.                                   |            |                                      |                                  |
| <b>a</b> Soil, water, and land clearing expenses  | <b>27a</b> |                                      |                                  |
| <b>b</b> Line 27a multiplied by applicable percentage   | <b>27b</b> |                                      |                                  |
| <b>c</b> Enter the <b>smaller</b> of line 24 or 27b   | <b>27c</b> |                                      |                                  |
| <b>28 If section 1254 property:</b>   |            |                                      |                                  |
| <b>a</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | <b>28a</b> |                                      |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 28a   | <b>28b</b> |                                      |                                  |
| <b>29 If section 1255 property:</b>   |            |                                      |                                  |
| <b>a</b> Applicable percentage of payments excluded from income under section 126. See instructions   | <b>29a</b> |                                      |                                  |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions   | <b>29b</b> |                                      |                                  |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|   |           |  |
|---|-----------|--|
| <b>30</b> Total gains for all properties. Add property columns A through D, line 24   | <b>30</b> |  |
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**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

|   |           | (a) Section 179 | (b) Section 280F(b)(2) |
|---|-----------|-----------------|------------------------|
| <b>33</b> Section 179 expense deduction or depreciation allowable in prior years                    | <b>33</b> |                 |                        |
| <b>34</b> Recomputed depreciation. See instructions   | <b>34</b> |                 |                        |
| <b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | <b>35</b> |                 |                        |

