

Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) <div style="display: flex; justify-content: space-around; font-size: small;"> <div>▶ Do not enter social security numbers on this form as it may be made public.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div> </div>	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2021</div> Open to Public Inspection
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<b>A For the 2021 calendar year, or tax year beginning</b>				<b>and ending</b>	
B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C Name of organization</b>			<b>D Employer identification number</b>	
	CYSTIC FIBROSIS FOUNDATION			13-1930701	
	<b>Doing business as</b>				
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b>		<b>Room/suite</b>	<b>E Telephone number</b>	
	4550 MONTGOMERY AVENUE		1100N	(301) 951-4422	
<b>City or town, state or province, country, and ZIP or foreign postal code</b>			<b>G Gross receipts \$</b>		
BETHESDA, MD 20814			1,964,297,033.		
<b>F Name and address of principal officer: MICHAEL P. BOYLE, M.D.</b>			<b>H(a) Is this a group return</b>		
SAME AS C ABOVE			for subordinates? ..... Yes <input checked="" type="checkbox"/> No		
			<b>H(b) Are all subordinates included?</b> Yes No		
			If "No," attach a list. See instructions		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> WWW.CFF.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			<b>L Year of formation:</b> 1955		<b>M State of legal domicile:</b> DE

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	<b>1</b> 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)			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16	
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	788	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	17000	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,752,749.	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)		73,199,355.	86,536,159.
	<b>9</b> Program service revenue (Part VIII, line 2g)		1,666,083.	1,263,333.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		681,199,107.	306,161,908.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,565,408.	23,276,151.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		800,629,953.	417,237,551.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		187,172,342.	178,329,656.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		103,110,573.	107,679,100.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		179,250.	176,400.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,846,911.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		90,918,826.	89,426,030.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		381,380,991.	375,611,186.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		419,248,962.	41,626,365.
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)		5,369,999,661.	5,691,109,976.
	<b>21</b> Total liabilities (Part X, line 26)		271,006,647.	274,479,667.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		5,098,993,014.	5,416,630,309.

<b>Part II Signature Block</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 officer) is based on all information of which preparer has any knowledge.						
<b>Sign Here</b>	<div style="display: flex; align-items: center;"> <div style="flex: 1;">▶ Signature of officer</div> <div style="flex: 1; text-align: right;">11/14/2022</div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;">▶ IRENA BARISIC, EVP &amp; CFAO</div> <div style="flex: 1; text-align: right;">Date</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="flex: 1;">▶ Type or print name and title</div> </div>					
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>		<b>Preparer's signature</b>	<b>Date</b>	<b>Check if self-employed</b>	<b>PTIN</b>
	JONATHAN LIST		<i>Jonathan List</i>	11/08/2022	<input type="checkbox"/>	P01679255
	<b>Firm's name</b> ▶ KPMG LLP			<b>Firm's EIN</b> ▶ 13-5565207		
	<b>Firm's address</b> ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102			<b>Phone no.</b> 703-286-8000		

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

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

0	1
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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		

• 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 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year 20 21 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<u>0</u>
<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>	\$	<u>0</u>
<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>	\$	<u>0</u>

**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.

**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 \$ 276,420,200. including grants of \$ 173,388,546. ) (Revenue \$ 9,089,953. )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 19,555,794. including grants of \$ 4,941,110. ) (Revenue \$ )  
SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 23,518,542. 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 319,494,536.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b> X	
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b> X	
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 792	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> 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 788		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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?	<b>15</b>	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>		
If "Yes," complete Form 6069.			

**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**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	17		
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.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	16		
<b>2</b> 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?	<b>2</b>		X
<b>3</b> 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?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		X
<b>7a</b> 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?	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> 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	<b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b> 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>b</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 AVE., SUITE 1100N, BETHESDA, MD 20814

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check 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, 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			1,401,121.	0.	657,424.
(2) MARC S. GINSKY COO (UNTIL 8/2021)	40.00 1.00			X				1,245,811.	0.	68,450.
(3) MICHAEL P. BOYLE, M.D. PRESIDENT & CEO	40.00 0.00	X		X				744,103.	0.	447,890.
(4) ERIC KOEHRSEN MANAGING DIRECTOR, INVESTMENTS	40.00 0.00				X			796,581.	0.	216,856.
(5) EARL LEE MANAGING DIRECTOR, INVESTMENTS	40.00 0.00				X			724,883.	0.	190,323.
(6) WILLIAM SKACH, M.D. EVP & CHIEF SCIENTIFIC OFFICER	40.00 0.00				X			653,362.	0.	176,897.
(7) VERA H. TWIGG CFO (UNTIL 7/2021)	40.00 1.00			X				616,739.	0.	110,081.
(8) BRUCE MARSHALL, M.D. EVP & CHIEF MEDICAL OFFICER	40.00 0.00				X			578,644.	0.	136,453.
(9) JOHN P. CLANCY, M.D. VP, CLINICAL RESEARCH	40.00 0.00				X			485,245.	0.	122,358.
(10) PRESTON CAMPBELL, M.D. FORMER CEO & STRATEGIC ADVISOR	40.00 0.00						X	399,495.	0.	201,352.
(11) CHRIS GEGELYS CHIEF LEGAL OFFICER & SECRETARY	40.00 1.00			X				465,159.	0.	120,691.
(12) GENTIANA AROVAS INVESTMENT OPERATIONS DIRECTOR	40.00 0.00				X			467,489.	0.	117,105.
(13) ANTHONY DURMOWICZ, M.D. VP, CLINICAL DEVELOPMENT	40.00 0.00				X			485,873.	0.	80,791.
(14) MAUREEN FRASER SVP, FIELD MNGMT (UNTIL 5/2021)	40.00 0.00				X			485,415.	0.	75,342.
(15) IRENA BARISIC (AS OF 6/2021) EVP, CFAO & ASST SEC. & ASST TRSR	40.00 1.00			X				346,943.	0.	29,835.
(16) CATHERINE C. MCLLOUD CHAIR	8.00 0.00	X						0.	0.	0.
(17) JOHN S. WEINBERG EXECUTIVE VICE CHAIR	6.50 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) LOUIS A. DEFALCO VICE CHAIR	5.00 0.00	X						0.	0.	0.
(19) ROBERT H. NIEHAUS VICE CHAIR	5.00 0.00	X						0.	0.	0.
(20) ERIC R. OLSON, PH.D. VICE CHAIR	5.00 0.00	X						0.	0.	0.
(21) THEODORE J. TORPHY, PH.D. VICE CHAIR	5.00 0.00	X						0.	0.	0.
(22) DAVID A. MOUNT TREASURER	3.00 0.00	X						0.	0.	0.
(23) RICHARD J. GRAY, ESQ. TRUSTEE	3.00 0.00	X						0.	0.	0.
(24) CAROLE B. GRIEGO, M.D. TRUSTEE	3.00 0.00	X						0.	0.	0.
(25) SUSAN L. HOOK TRUSTEE (UNTIL 5/2021)	3.00 0.00	X						0.	0.	0.
(26) CHAD T. MOORE TRUSTEE	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								9,896,863.	0.	2,751,848.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								9,896,863.	0.	2,751,848.

**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
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		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
PIONEERING MEDICINE (CF), LLC, 55 CAMBRIDGE PARKWAY, STE 800E, CAMBRIDGE, MA VERTEX PHARMACEUTICALS, INC. 50 NORTHERN AVE., BOSTON, MA 02210	CONTRACTED RESEARCH	12,000,000.
ICAGEN, INC., 4222 EMPEROR BLVD, SUITE 350, DURHAM, NC 27703	CONTRACTED RESEARCH	10,000,000.
MICROBION CORPORATION, 1102 WEST BABCOCK STREET, SUITE B, BOZEMAN, MT 59715	CONTRACTED RESEARCH	3,811,979.
MATINAS BIOPHARMA, INC., 1545 ROUTE 206 SOUTH, SUITE 302, BEDMINSTER, NJ 07921	CONTRACTED RESEARCH	3,395,005.
	CONTRACTED RESEARCH	3,176,058.

**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** (2021)

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DOMINIC J. CARUSO TRUSTEE (AS OF 5/2021)	3.00 0.00	X						0.	0.	0.
(28) PAUL A. MOTENKO TRUSTEE (AS OF 5/2021)	3.00 0.00	X						0.	0.	0.
(29) TERESA L. ELDER TRUSTEE	3.00 0.00	X						0.	0.	0.
(30) STEVEN SHAK, M.D. TRUSTEE	3.00 0.00	X						0.	0.	0.
(31) PAUL W. WHETSELL TRUSTEE	3.00 0.00	X						0.	0.	0.
(32) KC BRYAN WHITE TRUSTEE	3.00 0.00	X						0.	0.	0.
(33) JESSICA H. BOYD, M.D. TRUSTEE	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	362,626.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	45,841,986.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	40,331,547.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,318,566.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> SCIENTIFIC CONFERENCE	<b>Business Code</b>	611600	1,004,333.	990,333.	14,000.	
	<b>b</b> DATA SAFETY MONITORING		541900	259,000.	259,000.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,263,333.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			62,205,751.		-1,766,749.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....				12,463,153.	70,463.		12,392,690.
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	1787567438.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	1543611281.				
<b>d</b> Net gain or (loss) .....				243,956,157.			243,956,157.
<b>8 a</b> Gross income from fundraising events (not including \$ 45,841,986. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>		3,443,701.			
<b>b</b> Less: direct expenses .....		<b>8b</b>		3,443,701.			
<b>c</b> Net income or (loss) from fundraising events .....				0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>		14,800.			
<b>b</b> Less: direct expenses .....		<b>9b</b>		4,500.			
<b>c</b> Net income or (loss) from gaming activities .....				10,300.			
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> REFUNDED/CANCELLED GRA	<b>Business Code</b>	900099	7,770,157.	7,770,157.		
	<b>b</b> OTHER MISC. REVENUE		900099	3,032,541.			3,032,541.
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			10,802,698.			
	<b>12 Total revenue.</b> See instructions .....			417,237,551.	9,089,953.	-1,752,749.	323,364,188.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	163,803,073.	163,803,073.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	489,212.	489,212.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	14,037,371.	14,037,371.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	8,407,208.	5,032,045.	2,077,107.	1,298,056.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	600,848.	359,631.	148,447.	92,770.
<b>7</b> Other salaries and wages .....	75,118,912.	44,961,629.	18,559,077.	11,598,206.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	5,487,947.	3,284,751.	1,355,868.	847,328.
<b>9</b> Other employee benefits .....	12,664,337.	7,580,104.	3,128,885.	1,955,348.
<b>10</b> Payroll taxes .....	5,399,848.	3,311,695.	1,193,418.	894,735.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	429,465.	289,891.	139,297.	277.
<b>c</b> Accounting .....	217,841.		217,841.	
<b>d</b> Lobbying .....	682,260.	682,260.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	176,400.			176,400.
<b>f</b> Investment management fees .....	2,643,636.		2,643,636.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	4,607,104.	3,901,716.	521,345.	184,043.
<b>12</b> Advertising and promotion .....	12,260.	5,517.	2,084.	4,659.
<b>13</b> Office expenses .....	3,658,046.	2,523,092.	195,409.	939,545.
<b>14</b> Information technology .....	11,232,026.	7,732,325.	2,309,811.	1,189,890.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	6,373,917.	4,087,331.	1,143,533.	1,143,053.
<b>17</b> Travel .....	174,212.	100,699.	28,966.	44,547.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,967,221.	1,747,713.	72,773.	146,735.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,726,418.	2,314,268.	227,062.	185,088.
<b>23</b> Insurance .....	725,795.	501,925.	188,471.	35,399.
<b>24</b> 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.)				
<b>a</b> CONTRACTED RESEARCH .....	51,177,870.	51,177,870.		
<b>b</b> SPIROMETERS .....	542,770.	542,770.		
<b>c</b> MEDICAL QUALITY IMPROVE .....	410,501.	410,501.		
<b>d</b> TRAINING .....	341,973.	239,386.	79,628.	22,959.
<b>e</b> All other expenses .....	1,502,715.	377,761.	1,037,081.	87,873.
<b>25</b> Total functional expenses. Add lines 1 through 24e	375,611,186.	319,494,536.	35,269,739.	20,846,911.
<b>26</b> 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 ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,549.	<b>1</b>	9,916.
	<b>2</b> Savings and temporary cash investments .....	69,522,190.	<b>2</b>	70,751,911.
	<b>3</b> Pledges and grants receivable, net .....	4,506,399.	<b>3</b>	8,629,010.
	<b>4</b> Accounts receivable, net .....	39,442,408.	<b>4</b>	23,159,403.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	303,834.	<b>8</b>	305,397.
	<b>9</b> Prepaid expenses and deferred charges .....	5,361,744.	<b>9</b>	7,623,850.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 25,888,172.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 18,246,718.		
		7,848,712.	<b>10c</b>	7,641,454.
	<b>11</b> Investments - publicly traded securities .....	3,627,909,660.	<b>11</b>	3,935,176,433.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,573,550,755.	<b>12</b>	1,576,278,160.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	30,228,638.	<b>13</b>	50,147,851.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	11,289,772.	<b>15</b>	11,386,591.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,369,999,661.	<b>16</b>	5,691,109,976.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	31,173,557.	<b>17</b>	40,322,607.
	<b>18</b> Grants payable .....	236,465,610.	<b>18</b>	231,895,234.
	<b>19</b> Deferred revenue .....	3,367,480.	<b>19</b>	2,261,826.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	271,006,647.	<b>26</b>	274,479,667.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,089,568,156.	<b>27</b>	5,398,556,832.
	<b>28</b> Net assets with donor restrictions .....	9,424,858.	<b>28</b>	18,073,477.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,098,993,014.	<b>32</b>	5,416,630,309.
	<b>33</b> Total liabilities and net assets/fund balances .....	5,369,999,661.	<b>33</b>	5,691,109,976.

Form **990** (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	417,237,551.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	375,611,186.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	41,626,365.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,098,993,014.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	276,010,930.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,416,630,309.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>2a</b>	X
<b>b</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	<b>2b</b>	X
<b>c</b> 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.	<b>2c</b>	X
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	X
<b>b</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 _____	<b>3b</b>	

Form **990** (2021)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	110,650,273.	108,058,591.	108,894,890.	73,199,355.	86,536,159.	487,339,268.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	110,650,273.	108,058,591.	108,894,890.	73,199,355.	86,536,159.	487,339,268.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						487,339,268.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	110,650,273.	108,058,591.	108,894,890.	73,199,355.	86,536,159.	487,339,268.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	67,686,719.	66,681,682.	95,519,254.	95,019,118.	74,598,441.	399,505,214.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	15,116,982.	15,369,965.	15,976,419.	9,386,514.	6,491,042.	62,340,922.
<b>11 Total support.</b> Add lines 7 through 10						949,185,404.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	58,184,885.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	51.34	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	52.99	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	►	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	►	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2021



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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).			

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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**

2017 AMOUNT: \$ 412,777.

2018 AMOUNT: \$ 467,265.

2019 AMOUNT: \$ 29,624.

2020 AMOUNT: \$ 2,889,947.

2021 AMOUNT: \$ 0.

**EMPLOYEE RETENTION CREDIT**

2020 AMOUNT: \$ 2,653,151.

2021 AMOUNT: \$ 3,032,541.

**GROSS FUNDRAISING REVENUE**

2017 AMOUNT: \$ 14,552,162.

2018 AMOUNT: \$ 14,774,450.

2019 AMOUNT: \$ 15,811,603.

2020 AMOUNT: \$ 3,754,416.

2021 AMOUNT: \$ 3,443,701.

**GROSS GAMING REVENUE**

2017 AMOUNT: \$ 152,043.

2018 AMOUNT: \$ 128,250.

2019 AMOUNT: \$ 135,192.

2020 AMOUNT: \$ 89,000.

2021 AMOUNT: \$ 14,800.

**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 PROVIDING A FORUM FOR RESEARCHERS

AND CAREGIVERS TO SHARE THEIR PRACTICES AND INVESTIGATION RESULTS WITH

ONE ANOTHER. 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

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  CYSTIC FIBROSIS FOUNDATION	Employer identification number  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		\$ 4,000,000.	<b>Person</b> <input checked="checked" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
2		\$ 2,000,100.	<b>Person</b> <input checked="checked" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
3		\$ 1,895,030.	<b>Person</b> <input checked="checked" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
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<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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  CYSTIC FIBROSIS FOUNDATION	Employer identification number  13-1930701
--	--

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

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

2 Political 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) 2021

LHA

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**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		53,545.
<b>e</b> Publications, or published or broadcast statements? .....	X		2,264.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		1,003,055.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		8,269.
<b>j</b> Total. Add lines 1c through 1i .....			1,067,133.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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 7/25/06, 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) 2021



**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		5,525,259.	2,324,645.	3,200,614.
<b>d</b> Equipment		20,362,913.	15,922,073.	4,440,840.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,641,454.

Schedule D (Form 990) 2021

**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	1,020,463,424.	END-OF-YEAR MARKET VALUE
(B) GLOBAL PUBLIC EQUITY	427,949,533.	END-OF-YEAR MARKET VALUE
(C) ABSOLUTE RETURN	122,285,560.	END-OF-YEAR MARKET VALUE
(D) PERPETUAL TRUSTS & OTHER	5,579,643.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,576,278,160.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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) 2021

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	682,712,678.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	276,010,931.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	276,010,931.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	406,701,747.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	10,535,804.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	10,535,804.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	417,237,551.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	365,075,382.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	365,075,382.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	10,535,804.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	10,535,804.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	375,611,186.

**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, 2021 AND 2020. 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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	0	0	GRANTMAKING	NONE	6,548,200.
NORTH AMERICA	0	0	GRANTMAKING	NONE	4,243,804.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	NONE	2,971,365.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	NONE	274,002.
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		888,060,000.
EAST ASIA & PACIFIC	0	0	INVESTMENTS		183,767,000.
EUROPE	0	0	INVESTMENTS		387,207,000.
NORTH AMERICA	0	0	INVESTMENTS		68,076,000.
<b>3 a Subtotal</b> .....	0	0			1541147371.
<b>b Total from continuation sheets to Part I</b> .....	0	0			5,009,922.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1546157293.

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

Schedule F (Form 990) 2021

**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	0	0	INVESTMENTS		2,195,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	CONTRACTED RESEARCH	1,255,502.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CONTRACTED RESEARCH	688,716.
EUROPE	0	0	PROGRAM SERVICES	CONTRACTED RESEARCH	495,704.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CONTRACTED RESEARCH	200,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	CONTRACTED RESEARCH	175,000.
<b>Totals</b> .....					5,009,922.

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	144,701.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH STUDY	488,600.	WIRE	0.		
		NORTH AMERICA	THERAPEUTICS DISCOVERY RESEARCH	64,864.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH CENTER	443,264.	WIRE	0.		
		EUROPE	QUALITY IMPROVEMENT	819,368.	WIRE	0.		
		EUROPE	THERAPEUTICS DISCOVERY RESEARCH	199,876.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH CENTER	1,410,608.	WIRE	0.		
		EUROPE	PILOT STUDY	56,000.	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 33

**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)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	PILOT STUDY	109,749.	WIRE	0.		
		EUROPE	RESEARCH	280,000.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH STUDY	414,719.	WIRE	0.		
		EUROPE	RESEARCH	132,300.	WIRE	0.		
		EUROPE	RESEARCH	139,948.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH STUDY	102,810.	WIRE	0.		
		NORTH AMERICA	RESEARCH	692,840.	WIRE	0.		
		EUROPE	PILOT STUDY	55,999.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	52,920.	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)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	140,000.	WIRE	0.		
		EUROPE	ADHERENCE	223,023.	WIRE	0.		
		EUROPE	THERAPEUTICS DISCOVERY RESEARCH	220,018.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	139,581.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH	515,675.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH STUDY	270,608.	WIRE	0.		
		NORTH AMERICA	RESEARCH STUDY	63,350.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	81,189.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	139,893.	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)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CLINICAL RESEARCH CENTER	149,365.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH STUDY	377,654.	WIRE	0.		
		NORTH AMERICA	RESEARCH	139,946.	WIRE	0.		
		NORTH AMERICA	THERAPEUTICS DISCOVERY RESEARCH	120,500.	WIRE	0.		
		EUROPE	RESEARCH	45,000.	WIRE	0.		
		NORTH AMERICA	PILOT STUDY	56,000.	WIRE	0.		
		EUROPE	CLINICAL RESEARCH	782,469.	WIRE	0.		
		EUROPE	RESEARCH	229,729.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	139,977.	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)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PILOT STUDY	89,583.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLINICAL RESEARCH	651,209.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLINICAL RESEARCH STUDY	1,672,505.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PILOT STUDY	55,442.	WIRE	0.		
		NORTH AMERICA	CLINICAL RESEARCH STUDY	164,074.	WIRE	0.		
		EUROPE	RESEARCH	119,850.	WIRE	0.		
		EUROPE	RESEARCH	278,976.	WIRE	0.		
		NORTH AMERICA	CLINICAL CARE RESEARCH	829,440.	WIRE	0.		
		NORTH AMERICA	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)

<b>1</b> (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	RESEARCH	139,888.	WIRE	0.		
		EUROPE	PILOT STUDY	82,901.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLINICAL RESEARCH	223,068.	WIRE	0.		

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

**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) 2021**

**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. IN COMPLIANCE WITH THE BEST PRACTICES, THE ORGANIZATION

COLLECTS AND REVIEWS INFORMATION ABOUT THE PROSPECTIVE GRANTEEES AND

CONDUCTS A VETTING PROCESS TO ENSURE THEY ARE NOT SUSPECTED OF

ACTIVITIES RELATED TO TERRORISM. ONCE A GRANT IS APPROVED, A WRITTEN

AGREEMENT IS SIGNED BY BOTH THE ORGANIZATION AND THE GRANTEE. FUNDING

IS INCREMENTAL AND SPONSORED INSTITUTIONS ARE REQUIRED TO SUBMIT ANNUAL

REPORTS OF EXPENDITURES AS WELL AS SCIENTIFIC PROGRESS REPORTS.

SCIENTIFIC REPORTS ARE REVIEWED BY THE ORGANIZATION'S SCIENTIFIC STAFF

TO DETERMINE PROGRESS. THE FINAL GRANT PAYMENT IS CONTINGENT UPON

RECEIPT AND APPROVAL OF THE REPORT OF EXPENDITURES AND THE FINAL

SCIENTIFIC REPORT. REPORTS OF EXPENDITURES ARE REVIEWED AND APPROVED BY

STAFF TO ENSURE INCURRED COSTS ARE APPROPRIATE. THE GRANTS TO THE

MIDDLE EAST/NORTH AFRICA REGION WERE MADE TO THE RESEARCH FUND OF THE

HADASSAH MEDICAL ORGANIZATION AND THE HEBREW UNIVERSITY OF JERUSALEM IN

ISRAEL.

FOREIGN FORMS - INVESTMENTS

THE ACTIVITIES REFERENCED IN SCHEDULE F, PART IV ARE LIMITED TO CERTAIN

OF THE FOUNDATION'S INVESTMENTS.





**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))
		FILM PREMIERE (event type)	ATLANTA WALK (event type)	587 (total number)	
Revenue	1 Gross receipts .....	950,743.	1,791,886.	46,543,058.	49,285,687.
	2 Less: Contributions .....	919,437.	1,764,040.	43,158,509.	45,841,986.
	3 Gross income (line 1 minus line 2) .....	31,306.	27,846.	3,384,549.	3,443,701.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	15,556.	8,421.	413,873.	437,850.
	6 Rent/facility costs .....	15,750.	533.	1,672,907.	1,689,190.
	7 Food and beverages .....		14,098.	765,197.	779,295.
	8 Entertainment .....		600.	76,363.	76,963.
	9 Other direct expenses .....		4,194.	456,209.	460,403.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				3,443,701.
	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 .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

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

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

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law 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 2021. 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY, SUITE 600 DOWNERS GROVE, IL 60515	36-3297360	501C(3)	147,560.	0.			CF CARE CENTER
ADVOCATE HEALTH AND HOSPITALS CORPORATION - 3075 HIGHLAND PARKWAY - DOWNERS GROVE, IL 69515-1288	36-2169147	501C(3)	45,360.	0.			CF CARE CENTER
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12298	14-1338310	501C(3)	115,224.	0.			CLINICAL RESEARCH CENTER
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12298	14-1338310	501C(3)	178,415.	0.			CF CARE CENTER
ALL CHILDREN'S HOSPITAL, INC. 501 SIXTH AVENUE SOUND ST. PETERSBURG, FL 33701	59-0683252	501C(3)	133,918.	0.			CLINICAL RESEARCH CENTER
ALL CHILDREN'S HOSPITAL, INC. 501 SIXTH AVENUE SOUND ST. PETERSBURG, FL 33701	59-0683252	501C(3)	187,590.	0.			CF CARE CENTER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **228.**

**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) 2021**

**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
ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	116,842.	0.			CLINICAL RESEARCH CENTER
ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	128,976.	0.			TRAINING
ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	193,660.	0.			CLINICAL RESEARCH STUDY
ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	262,745.	0.			CF CARE CENTER
ANN AND ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. - CHICAGO, IL 60611-2991	36-2170833	501C(3)	358,517.	0.			QUALITY IMPROVEMENT
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - 888 N. EUCLID AVENUE - TUCSON, AZ 85721	74-2652689	IRC 115	34,720.	0.			ADHERENCE
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - 888 N. EUCLID AVENUE - TUCSON, AZ 85721	74-2652689	IRC 115	166,425.	0.			CF CARE CENTER
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - 888 N. EUCLID AVENUE - TUCSON, AZ 85721	74-2652689	IRC 115	181,638.	0.			CLINICAL RESEARCH CENTER
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - 888 N. EUCLID AVENUE - TUCSON, AZ 85721	74-2652689	IRC 115	397,195.	0.			CLINICAL RESEARCH STUDY

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**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
ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC. - 13 CHILDREN'S WAY - LITTLE ROCK, AR 72202	71-0694931	501C(3)	154,910.	0.			CF CARE CENTER
ASCENSION SETON 1345 PHILOMENA STREET AUSTIN, TX 78723	74-1109643	501C(3)	111,697.	0.			CLINICAL RESEARCH CENTER
ASCENSION SETON 1345 PHILOMENA STREET AUSTIN, TX 78723	74-1109643	501C(3)	269,985.	0.			CF CARE CENTER
ATLANTIC HEALTH SYSTEM 475 SOUTH STREET MORRISTON, NJ 07960	52-1958352	501C(3)	88,335.	0.			CLINICAL RESEARCH CENTER
ATLANTIC HEALTH SYSTEM 475 SOUTH STREET MORRISTON, NJ 07960	52-1958352	501C(3)	163,050.	0.			CF CARE CENTER
AUGUSTA UNIVERSITY 1120 FIFTEENTH STREET AUGUSTA, GA 30912	58-6002053	IRC 115	34,393.	0.			ADULT CARE
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202	501C(3)	103,384.	0.			CLINICAL RESEARCH CENTER
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202	501C(3)	369,393.	0.			CF CARE CENTER
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202	501C(3)	406,388.	0.			CLINICAL RESEARCH STUDY

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BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	40,035.	0.			ADULT CARE
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	235,789.	0.			CLINICAL RESEARCH CENTER
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C(3)	517,974.	0.			CF CARE CENTER
BAYLOR SCOTT & WHITE HEALTH 2401 S. 31ST STREET TEMPLE, TX 76508	46-3131350	501C(3)	110,970.	0.			CF CARE CENTER
BAYSTATE MEDICAL CENTER, INC. 759 CHESNUT STREET SPRINGFIELD, MA 01199	04-2790311	501C(3)	60,180.	0.			CF CARE CENTER
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215-5491	04-2103881	501C(3)	56,320.	0.			CLINICAL RESEARCH
BETH ISRAEL MEDICAL CENTER FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003	13-5564934	501C(3)	172,061.	0.			CLINICAL RESEARCH CENTER
BETH ISRAEL MEDICAL CENTER FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003	13-5564934	501C(3)	190,410.	0.			CF CARE CENTER
BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH BILLINGS, MT 59101	81-0407289	501C(3)	43,000.	0.			ADULT CARE

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BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH BILLINGS, MT 59101	81-0407289	501C(3)	111,515.	0.			CLINICAL RESEARCH CENTER
BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH BILLINGS, MT 59101	81-0407289	501C(3)	261,980.	0.			CF CARE CENTER
BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION - 4505 SOUTH MARYLAND PARKWAY - LAS VEGAS, NV 89154	88-6000024	IRC 115	75,955.	0.			PILOT STUDY
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73126-0901	73-1563627	501C(3)	120,622.	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)	388,782.	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)	65,000.	0.			TRAINING
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, - MADISON, WI 53715-1218	39-6006492	501C(3)	168,751.	0.			CLINICAL RESEARCH CENTER
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, - MADISON, WI 53715-1218	39-6006492	501C(3)	298,460.	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)	379,645.	0.			CLINICAL RESEARCH STUDY

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BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY - P.O. BOX 19616 - SPRINGFIELD, IL 62794-9616	37-6005961	501C(3)	43,250.	0.			CF CARE CENTER
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	34,720.	0.			ADHERENCE
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	69,500.	0.			TRAINING
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	71,280.	0.			ADULT CARE
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	89,999.	0.			CLINICAL RESEARCH STUDY
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	164,845.	0.			CLINICAL RESEARCH CENTER
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	194,750.	0.			RESEARCH STUDY
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	287,196.	0.			CLINICAL CARE RESEARCH
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	436,450.	0.			CF CARE CENTER

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BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 455 BROADWAY, DISCOVERY HALL 2ND FLOOR - REDWOOD CITY, CA 94062-3126	94-1156365	501C(3)	446,600.	0.			RESEARCH
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S. MARSHFIELD AVE. - CHICAGO, IL 60612-4305	37-6000511	501C(3)	15,000.	0.			COMMUNITY IMPACT
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S. MARSHFIELD AVE. - CHICAGO, IL 60612-4305	37-6000511	501C(3)	84,000.	0.			PILOT STUDY
BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP - 40 SUNSHINE COTTAGE ROAD - VALHALLA, NY 10595	13-3956599	LLP	76,531.	0.			ADULT CARE
BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP - 40 SUNSHINE COTTAGE ROAD - VALHALLA, NY 10595	13-3956599	LLP	143,327.	0.			CLINICAL RESEARCH CENTER
BOSTON CHILDREN'S HEALTH PHYSICIANS, LLP - 40 SUNSHINE COTTAGE ROAD - VALHALLA, NY 10595	13-3956599	LLP	218,605.	0.			CF CARE CENTER
BREATHE BRAVELY INC 505 EAST SUNNYBROOK DRIVE SIOUX FALLS, SD 57105-7138	47-5334258	501C(3)	9,575.	0.			COMMUNITY IMPACT
CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE - P.O. BOX 1547 - CHARLESTON, WV 25326-1547	55-0753754	501C(3)	97,410.	0.			CF CARE CENTER
CARLE FOUNDATION HOSPITAL 611 WEST PARK URBANA, IL 61801	37-1119538	501C(3)	69,250.	0.			CF CARE CENTER

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CAROLINAS HEALTHCARE FOUNDATION P.O. BOX 32861 CHARLOTTE, NC 28232-2861	56-6060481	501C(3)	188,105.	0.			CF CARE CENTER
CAROLINAS HEALTHCARE FOUNDATION P.O. BOX 32861 CHARLOTTE, NC 28232-2861	56-6060481	501C(3)	210,324.	0.			CLINICAL RESEARCH STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	24,369.	0.			ADULT CARE
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	65,450.	0.			RESEARCH STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	168,000.	0.			PILOT STUDY
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	370,866.	0.			CLINICAL RESEARCH CENTER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	565,823.	0.			THERAPEUTICS DISCOVERY RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	949,948.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	1,476,151.	0.			RESEARCH CENTER

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CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501C(3)	88,029.	0.			RESEARCH STUDY
CENTRAL FLORIDA PULMONARY GROUP P.A. - 1115 EAST RIDGEWOOD STREET - ORLANDO, FL 32803	59-1760017	C CORP	144,150.	0.			CF CARE CENTER
CHATTANOOGA HAMILTON COUNTY HOSPITAL AUTHORITY (DBA ERLANGER MEDICAL CENTER) - 975 EAST THIRD STREET - CHATTANOOGA, TN 37403	62-6000101	501C(3)	110,870.	0.			CF CARE CENTER
CHILDREN'S HEALTH CARE 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404-1844	41-1754276	501C(3)	45,587.	0.			ADHERENCE
CHILDREN'S HEALTH CARE 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404-1844	41-1754276	501C(3)	120,084.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HEALTH CARE 2525 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404-1844	41-1754276	501C(3)	149,195.	0.			CF CARE CENTER
CHILDREN'S HEALTHCARE OF ATLANTA 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-2367819	501C(3)	36,761.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	54,929.	0.			ADULT CARE
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	56,000.	0.			PILOT STUDY

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CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	63,349.	0.			RESEARCH STUDY
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	145,073.	0.			CLINICAL RESEARCH STUDY
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	229,000.	0.			TRAINING
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	270,435.	0.			RESEARCH
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	361,330.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	393,315.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL CORPORATION (BOSTON CHILDREN'S) - 300 LONGWOOD AVE - BOSTON, MA 02115	04-2774441	501C(3)	1,057,411.	0.			ADHERENCE
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027-0982	95-1690977	501C(3)	99,923.	0.			TRAINING
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027-0982	95-1690977	501C(3)	111,099.	0.			CLINICAL RESEARCH CENTER

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CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027-0982	95-1690977	501C(3)	217,225.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	34,720.	0.			ADHERENCE
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	107,362.	0.			QUALITY IMPROVEMENT
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	152,937.	0.			RESEARCH STUDY
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	174,078.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	285,930.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	371,000.	0.			TRAINING
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	600,000.	0.			RESEARCH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	744,398.	0.			CLINICAL RESEARCH

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CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	825,302.	0.			CLINICAL RESEARCH STUDY
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C(3)	3,009,161.	0.			CLINICAL CARE RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501C(3)	117,523.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501C(3)	244,420.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 1201 WEST LA VETA AVENUE - ORANGE, CA 92868	95-2321786	501C(3)	72,971.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 1201 WEST LA VETA AVENUE - ORANGE, CA 92868	95-2321786	501C(3)	103,765.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE - PITTSBURGH, PA 15224	25-1865744	501C(3)	350,150.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC HEALTH SYSTEM - 4401 PENN AVENUE - PITTSBURGH, PA 15224	25-0402510	501C(3)	54,000.	0.			CF CARE CENTER
CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC HEALTH SYSTEM - 4401 PENN AVENUE - PITTSBURGH, PA 15224	25-0402510	501C(3)	66,750.	0.			TRAINING

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CHILDREN'S LUNG SPECIALISTS 3006 S. MARYLAND PKWY LAS VEGAS, NV 89109	88-0271963	501C(3)	220,140.	0.			CF CARE CENTER
CHILDREN'S MEDICAL CENTER ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815	31-0672132	501C(3)	91,664.	0.			CLINICAL RESEARCH CENTER
CHILDREN'S MEDICAL CENTER ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815	31-0672132	501C(3)	233,410.	0.			CF CARE CENTER
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1640403	501C(3)	44,797.	0.			ADULT CARE
CHILDREN'S RESEARCH INSTITUTE (AT CNMC) - 111 MICHIGAN AVENUE NW - WASHINGTON, DC 20010	52-1654453	501C(3)	139,091.	0.			CLINICAL RESEARCH STUDY
CHILDREN'S RESEARCH INSTITUTE (AT CNMC) - 111 MICHIGAN AVENUE NW - WASHINGTON, DC 20010	52-1654453	501C(3)	140,000.	0.			RESEARCH
CHILDREN'S RESEARCH INSTITUTE (AT CNMC) - 111 MICHIGAN AVENUE NW - WASHINGTON, DC 20010	52-1654453	501C(3)	193,655.	0.			CF CARE CENTER
CHILDREN'S SPECIALTY GROUP, PLLC 811 REDGATE AVENUE NORFOLK, VA 23507	54-1871633	LLC	161,620.	0.			CF CARE CENTER
CHRISTIANA CARE HEALTH SERVICES, INC. - P.O. BOX 2653 - WILMINGTON, DE 19805-0653	51-0103684	501C(3)	27,067.	0.			CF CARE CENTER

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**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
CHRISTUS SANTA ROSA HEALTH SYSTEM 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207	74-1109665	501C(3)	49,520.	0.			CF CARE CENTER
CLAIRE'S PLACE FOUNDATION, INC. 2110 ARTESIA BLVD B REDONDO BEACH, CA 90278	45-2453459	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
COLORADO STATE UNIVERSITY 555 SOUTH HOWES, FORT COLLINS, CO 80523-2002	84-6000545	IRC 115	143,000.	0.			RESEARCH
CONNECTICUT CHILDREN'S MEDICAL CENTER - 202 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755	501C(3)	93,210.	0.			CF CARE CENTER
COOK CHILDREN'S MEDICAL CENTER, CF CENTER - 801 SEVENTH AVENUE - FORT WORTH, TX 76104	75-2051646	501C(3)	115,044.	0.			CLINICAL RESEARCH CENTER
COOK CHILDREN'S MEDICAL CENTER, CF CENTER - 801 SEVENTH AVENUE - FORT WORTH, TX 76104	75-2051646	501C(3)	355,720.	0.			CF CARE CENTER
CYSTIC FIBROSIS LIFESTYLE FOUNDATION - 300 71SR ST. - MIAMI, FL 33141	57-1163801	501C(3)	10,000.	0.			COMMUNITY IMPACT
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	39,379.	0.			CLINICAL 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.)

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DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	56,000.	0.			PILOT STUDY
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	103,579.	0.			CLINICAL RESEARCH STUDY
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501C(3)	442,246.	0.			RESEARCH
DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA CORPUS CHRISTI, TX 78411	74-2577746	501C(3)	121,925.	0.			CF CARE CENTER
DUKE UNIVERSITY 324 BLACKWELL ST. DURHAM, NC 27701	56-0532129	501C(3)	13,880.	0.			THERAPEUTICS DISCOVERY RESEARCH
DUKE UNIVERSITY 324 BLACKWELL ST. DURHAM, NC 27701	56-0532129	501C(3)	255,373.	0.			CF CARE CENTER
DUKE UNIVERSITY 324 BLACKWELL ST. DURHAM, NC 27701	56-0532129	501C(3)	707,304.	0.			CLINICAL CARE RESEARCH
EAST CAROLINA UNIVERSITY GREENVILLE CENTRE, SUITE 2900, GREENVILLE, NC 27858-4353	56-6000403	IRC 115	44,900.	0.			CF CARE CENTER
EAST TENNESSEE CHILDREN'S HOSPITAL ASSOCIATION, INC. - P.O. BOX 15010 - KNOXVILLE, TN 37901-5010	62-6002604	501C(3)	142,765.	0.			CF CARE CENTER

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EASTERN MAINE MEDICAL CENTER 489 STATE STREET BANGOR, ME 04402	01-0211501	501C(3)	65,325.	0.			CF CARE CENTER
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	128,794.	0.			RESEARCH STUDY
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	132,964.	0.			PILOT STUDY
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	201,532.	0.			TRAINING
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	265,209.	0.			CLINICAL RESEARCH CENTER
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	450,615.	0.			CF CARE CENTER
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	664,479.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	884,390.	0.			CLINICAL RESEARCH STUDY
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	1,000,000.	0.			THERAPEUTICS DISCOVERY RESEARCH

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EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501C(3)	1,057,707.	0.			QUALITY IMPROVEMENT
FAIRFAX NEONATAL ASSOCIATES, PC DBA/PEDIATRIC LUNG CENTER - 2730-B PROSPERITY AVENUE - FAIRFAX, VA 22031	54-1110106	C CORP	82,080.	0.			CF CARE CENTER
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N. - SEATTLE, WA 98109	23-7156071	501C(3)	62,618.	0.			RESEARCH STUDY
GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE, PA 17822-9800	23-6291113	501C(3)	176,960.	0.			CF CARE CENTER
GEORGIA TECH RESEARCH CORPORATION 505 TENTH ST., NW ATLANTA, GA 30318	58-0603146	501C(3)	261,800.	0.			RESEARCH STUDY
GEORGIA TECH RESEARCH CORPORATION 505 TENTH ST., NW ATLANTA, GA 30318	58-0603146	501C(3)	265,588.	0.			RESEARCH
GEORGIA TECH RESEARCH CORPORATION 505 TENTH ST., NW ATLANTA, GA 30318	58-0603146	501C(3)	868,000.	0.			CLINICAL RESEARCH STUDY
GUNDERSSEN LUTHERAN MEDICAL FOUNDATION - 1836 SOUTH AVENUE - LA CROSSE, WI 54601	39-1249705	501C(3)	45,460.	0.			CF CARE CENTER
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102-5037	06-0646668	501C(3)	93,760.	0.			CF CARE CENTER

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HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501C(3)	63,350.	0.			RESEARCH STUDY
HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501C(3)	82,970.	0.			PILOT STUDY
HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501C(3)	839,989.	0.			CLINICAL RESEARCH STUDY
HEALTH RESEARCH, INC./ NEW YORK STATE DEPARTMENT OF HEALTH - 150 BROADWAY - MENANDS, NY 12204-2893	14-1402155	170(B)(1)(A)(VI)	138,257.	0.			RESEARCH
HEALTHWELL FOUNDATION P.O. BOX 4133 GAITHERSBURG, MD 20885	20-0413676	501C(3)	4,800,000.	0.			PATIENT ASSISTANCE
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
HMH HOSPITALS CORPORATION 343 THORNALL STREET EDISON, NJ 08837	22-1487576	501C(3)	140,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029	13-6171197	501C(3)	99,996.	0.			TRAINING
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029	13-6171197	501C(3)	112,000.	0.			RESEARCH

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INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0620889	501C(3)	81,069.	0.			ADULT CARE
INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0620889	501C(3)	95,301.	0.			CF CARE CENTER
IOM HEALTH SYSTEM L.P. 7950 W JEFFERSON FORT WAYNE, IN 46804	35-1963748	C CORP	70,967.	0.			CF CARE CENTER
IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE DES MOINES, IA 50309	42-1467682	501C(3)	105,655.	0.			CF CARE CENTER
JAEB CENTER FOR HEALTH RESEARCH FOUNDATION, INC. - 15310 AMBERLY DRIVE, SUITE 350 - TAMPA, FL 33647	59-3187624	501C(3)	329,645.	0.			CLINICAL RESEARCH STUDY
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC. - 3329 JOHNSON STREET - HOLLYWOOD, FL 33021	65-0492343	501C(3)	97,458.	0.			CLINICAL RESEARCH CENTER
KAISER FOUNDATION RESEARCH INSTITUTE, A DIVIDISION OF KAISER FOUNDATION HOSPITAL - ONE KAISER PLAZA - OAKLAND, CA 94612	94-1105628	501C(3)	446,221.	0.			CF CARE CENTER
KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL, 1601 VATTIER MANHATTAN, KS 66506	48-0771751	GOVERNMENT ENTIT	140,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
KID LOGISTICS 470 ARUNDEL DRIVE BRANDON, MS 39047-8104	81-3019912	501C(3)	7,846.	0.			COMMUNITY IMPACT

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LANDON PEDIATRIC FOUNDATION 3291 LOMA VISTA RD VENTURA, CA 93003	93-1097216	501C(3)	47,765.	0.			CF CARE 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
LEHIGH VALLEY HOSPITAL 2100 MACK BLVD ALLENTOWN, PA 18103-5622	23-1689692	501C(3)	121,932.	0.			CF CARE CENTER
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET LOMA LINDA, CA 92354	95-1816009	501C(3)	91,625.	0.			CF CARE CENTER
LONG ISLAND JEWISH MEDICAL CENTER 270-05 76TH AVENUE NEW HYDE PARK, NY 11040	11-2241326	501C(3)	330,546.	0.			CF CARE CENTER
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - P.O. BOX 33932 - SHREVEPORT, LA 71130	72-0702002	501C(3)	151,291.	0.			CF CARE CENTER
LOYOLA UNIVERSITY CHICAGO 820 NORTH MICHIGAN AVENUE CHICAGO, IL 60611-2147	36-1408475	501C(3)	68,474.	0.			CF CARE CENTER
LOYOLA UNIVERSITY CHICAGO 820 NORTH MICHIGAN AVENUE CHICAGO, IL 60611-2147	36-1408475	501C(3)	291,200.	0.			CLINICAL CARE RESEARCH
MAGEE-WOMEN'S RESEARCH INSTITUTE AND FOUNDATION - 3240 CRAFT PLACE - PITTSBURGH, PA 15213	25-1462312	501C(3)	83,063.	0.			CLINICAL RESEARCH STUDY

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MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175	01-0238552	501C(3)	45,993.	0.			ADULT CARE
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175	01-0238552	501C(3)	133,111.	0.			CLINICAL RESEARCH CENTER
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175	01-0238552	501C(3)	229,660.	0.			CF CARE CENTER
MARSHFIELD CLINIC RESEARCH FOUNDATION - 1000 N OAK AVENUE - MARSHFIELD, WI 54449	39-0452970	501C(3)	66,720.	0.			CF CARE CENTER
MARY BRIDGE CHILDREN'S FOUNDATION P.O. BOX 5299 TACOMA, WA 98415	94-3030039	501C(3)	82,485.	0.			CF CARE CENTER
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501C(3)	63,350.	0.			RESEARCH STUDY
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501C(3)	489,629.	0.			THERAPEUTICS DISCOVERY RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501C(3)	125,960.	0.			CF CARE CENTER
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501C(3)	73,050.	0.			CF CARE CENTER

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MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501C(3)	82,284.	0.			ADULT CARE
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	29,866.	0.			CLINICAL CARE RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	39,608.	0.			ADULT CARE
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	284,575.	0.			CF CARE CENTER
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	286,729.	0.			CLINICAL RESEARCH CENTER
MEMORIAL HEALTH SERVICES 17360 BROOKHURST STREET FOUNTAIN VALLEY, CA 92708	95-1643381	501C(3)	144,182.	0.			CLINICAL RESEARCH CENTER
MEMORIAL MEDICAL CENTER FOUNDATION (ON BEHALF OF LONG BEACH MEMORIAL MEDICAL CEN - 2801 ATLANTIC AVENUE - LONG BEACH, CA 90806	95-6105984	501C(3)	198,035.	0.			CF CARE CENTER
MH MISSION HOSPITAL LLLP PO BOX 550 NASHVILLE, TN, MD 37202-0550	83-2048706	LLP	49,850.	0.			CF CARE CENTER
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501C(3)	79,150.	0.			CF CARE CENTER

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MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501C(3)	324,200.	0.			THERAPEUTICS DISCOVERY RESEARCH
MIDDLE EAST CYSTIC FIBROSIS ASSOCIATION - 675 VFW PARKWAY SUITE 226 - CHESTNUT HILL, MA 02467-3656	85-1096028	170(B)(1)(A)(VI)	60,660.	0.			QUALITY IMPROVEMENT
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	22-2456079	501C(3)	67,474.	0.			CLINICAL RESEARCH CENTER
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	22-2456079	501C(3)	161,035.	0.			CF CARE CENTER
NATIONAL DISEASE RESEARCH INTERCHANGE - 1628 JOHN F. KENNEDY BLVD - PHILADELPHIA, PA 19103	23-2213205	509(A)(2)	294,954.	0.			THERAPEUTICS DISCOVERY RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	27,140.	0.			ADHERENCE
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	35,640.	0.			ADULT CARE
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	38,413.	0.			CLINICAL RESEARCH CENTER
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	120,669.	0.			PILOT STUDY

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NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	150,827.	0.			RESEARCH CENTER
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	290,365.	0.			CF CARE CENTER
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	340,596.	0.			CLINICAL RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	389,719.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	575,447.	0.			CLINICAL RESEARCH CENTER
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501C(3)	1,148,524.	0.			CLINICAL RESEARCH STUDY
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
NEMOURS CHILDREN'S HEALTH SYSTEM 1600 ROCKLAND ROAD WILMINGTON, DE 19803-3607	59-0634433	501C(3)	89,600.	0.			CLINICAL RESEARCH STUDY
NEMOURS CHILDREN'S HEALTH SYSTEM 1600 ROCKLAND ROAD WILMINGTON, DE 19803-3607	59-0634433	501C(3)	210,571.	0.			CLINICAL RESEARCH CENTER

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NEMOURS CHILDREN'S HEALTH SYSTEM 1600 ROCKLAND ROAD WILMINGTON, DE 19803-3607	59-0634433	501C(3)	477,020.	0.			CF CARE CENTER
NEW YORK UNIVERSITY ONE FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	68,050.	0.			RESEARCH STUDY
NEW YORK UNIVERSITY ONE FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C(3)	150,330.	0.			CF CARE CENTER
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
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	28,393.	0.			ADHERENCE
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	41,055.	0.			CLINICAL RESEARCH STUDY
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	104,920.	0.			CLINICAL RESEARCH CENTER
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501C(3)	123,810.	0.			CF CARE CENTER
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	7,459.	0.			ADHERENCE

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OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	82,564.	0.			ADULT CARE
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	101,566.	0.			QUALITY IMPROVEMENT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	201,843.	0.			CLINICAL RESEARCH CENTER
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	377,751.	0.			CLINICAL RESEARCH STUDY
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501C(3)	427,733.	0.			CF CARE CENTER
OREGON STATE UNIVERSITY P.O. BOX 1086 CORVALLIS, OR 97339-1086	61-1730890	IRC 115	63,350.	0.			RESEARCH STUDY
ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COMMERCE BLVD #50 ORLANDO, FL 32806	59-2244943	501C(3)	117,705.	0.			CF CARE CENTER
OSF SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501C(3)	85,893.	0.			CLINICAL RESEARCH CENTER
OSF SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637	37-0662569	501C(3)	156,680.	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
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	IRC 115	104,189.	0.			CLINICAL RESEARCH CENTER
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	IRC 115	235,580.	0.			CF CARE CENTER
PENSACOLA LUNG GROUP, MDS, PA 4700 BAYOU BOULEVARD PENSACOLA, FL 32503	59-2313481	501C(3)	60,220.	0.			CF CARE CENTER
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 CAMELBACK ROAD - PHOENIX, AZ 85016	74-2421549	501C(3)	341,270.	0.			CF CARE CENTER
PROVIDENCE HEALTH & SERVICES WASHINGTON - P.O. BOX 389672 - SEATTLE, WA 98138-9672	51-0216586	170(B)(1)(A)(III)	41,136.	0.			ADULT CARE
PROVIDENCE HEALTH & SERVICES WASHINGTON - P.O. BOX 389672 - SEATTLE, WA 98138-9672	51-0216586	170(B)(1)(A)(III)	143,398.	0.			CLINICAL RESEARCH CENTER
PROVIDENCE HEALTH & SERVICES WASHINGTON - P.O. BOX 389672 - SEATTLE, WA 98138-9672	51-0216586	170(B)(1)(A)(III)	302,070.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - OFFICE OF RESEARCH - IRVINE, CA 92697-7600	95-2226406	501C(3)	133,876.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - OFFICE OF RESEARCH - IRVINE, CA 92697-7600	95-2226406	501C(3)	145,600.	0.			CLINICAL CARE RESEARCH

Schedule I (Form 990)

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REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE - BERKELEY, CA 94720	94-6002123	U.S. STATE	587,688.	0.			THERAPEUTICS DISCOVERY RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	55,928.	0.			PILOT STUDY
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	57,545.	0.			ADHERENCE
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	65,450.	0.			RESEARCH STUDY
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	183,449.	0.			CLINICAL RESEARCH STUDY
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	256,230.	0.			CF CARE CENTER
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	274,925.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	357,959.	0.			TRAINING
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	606,447.	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.)

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REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	877,690.	0.			CLINICAL CARE RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO AT DENVER - 1800 GRANT STREET - DENVER, CO 80203	84-6000555	501C(3)	1,083,149.	0.			CLINICAL RESEARCH
RENOWN HEALTH FOUNDATION 1155 MILL ST RENO, NV 89502	94-2972749	501C(3)	60,470.	0.			CF CARE CENTER
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C(3)	35,640.	0.			ADULT CARE
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C(3)	162,585.	0.			CF CARE CENTER
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY RD - NORTH CHICAGO, IL 60064	36-2181973	501C(3)	65,450.	0.			RESEARCH STUDY
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY RD - NORTH CHICAGO, IL 60064	36-2181973	501C(3)	139,994.	0.			RESEARCH
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY RD - NORTH CHICAGO, IL 60064	36-2181973	501C(3)	263,457.	0.			THERAPEUTICS DISCOVERY RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501C(3)	113,070.	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
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07107	46-2354111	IRC 115	126,124.	0.			CLINICAL RESEARCH CENTER
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07107	46-2354111	IRC 115	152,311.	0.			CF CARE CENTER
SAINT BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039	22-1494440	501C(3)	52,145.	0.			CF CARE CENTER
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC. - 5215 HOLY CROSS PARKWAY - MISHAWAKA, IN 46545-1469	35-0868157	501C(3)	112,675.	0.			CF CARE CENTER
SAINT JOSEPH'S HOSPITAL AND MEDICAL CENTER - 703 MAIN STREET - PATERSON, NJ 07503	22-1487602	501C(3)	53,805.	0.			CF CARE CENTER
SANFORD CLINIC P.O. BOX 5039 SIOUX FALLS, SD 57117-5039	46-0447693	501C(3)	109,686.	0.			CLINICAL RESEARCH CENTER
SANFORD CLINIC P.O. BOX 5039 SIOUX FALLS, SD 57117-5039	46-0447693	501C(3)	175,000.	0.			CF CARE CENTER
SANFORD MEDICAL CENTER FARGO P.O. BOX 2010 FARGO, ND 58122-2206	45-0226909	501C(3)	53,475.	0.			CF CARE CENTER
SANTA BARBARA COTTAGE HOSPITAL 400 WEST PUEBLO STREET SANTA BARBARA, CA 93105	95-1644629	501C(3)	84,900.	0.			CF CARE CENTER

Schedule I (Form 990)

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SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	127,817.	0.			ADULT CARE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	138,993.	0.			TRAINING
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	266,360.	0.			CF CARE CENTER
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	2,560,430.	0.			CLINICAL RESEARCH STUDY
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	6,361,303.	0.			CLINICAL RESEARCH CENTER
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501C(3)	8,041,150.	0.			CLINICAL RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 S. COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501C(3)	55,592.	0.			PILOT STUDY
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 S. COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501C(3)	125,000.	0.			RESEARCH
SOCIAL GOOD FUND 12651 SAN PABLO AVE., RICHMOND, CA 94805	46-1323531	501C(3)	15,000.	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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SOUTH BROWARD HOSPITAL DISTRICT 3501 JOHNSON STREET HOLLYWOOD, FL 33021	59-6014973	501C(3)	188,930.	0.			CF CARE CENTER
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	77,939.	0.			ADULT CARE
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	120,028.	0.			CLINICAL RESEARCH CENTER
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501C(3)	394,220.	0.			CF CARE CENTER
ST. ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501-4520	45-0226711	501C(3)	53,455.	0.			CF CARE CENTER
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	56,207.	0.			CLINICAL RESEARCH STUDY
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	87,490.	0.			CLINICAL RESEARCH CENTER
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	107,008.	0.			ADULT CARE
ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501C(3)	195,325.	0.			CF CARE CENTER

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ST. LUKE'S REGIONAL MEDICAL CENTER, LTD - 190 E BANNOCK - BOISE, ID 83712	82-0161600	501C(3)	108,645.	0.			CLINICAL RESEARCH CENTER
ST. LUKE'S REGIONAL MEDICAL CENTER, LTD - 190 E BANNOCK - BOISE, ID 83712	82-0161600	501C(3)	367,799.	0.			CF CARE 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)	79,090.	0.			CF CARE CENTER
STATE OF ARIZONA 150 N 18TH AVE PHOENIX, AZ 85007	86-6004791	U.S. STATE	32,589.	0.			QUALITY IMPROVEMENT
STATE OF MISSISSIPPI/UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216-4505	64-6008520	501C(3)	179,925.	0.			CF CARE CENTER
SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501C(3)	34,716.	0.			ADHERENCE
SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501C(3)	71,517.	0.			CLINICAL RESEARCH
SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501C(3)	128,499.	0.			ADULT CARE
SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501C(3)	213,550.	0.			CLINICAL RESEARCH CENTER

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SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501C(3)	579,467.	0.			CF CARE CENTER
SUTTER BAY HOSPITALS 475 BRANNAN STREET SAN FRANCISCO, CA 94107-5419	94-0562680	501C(3)	40,340.	0.			CF CARE CENTER
SUTTER MEDICAL CENTER, SACRAMENTO P.O. BOX 160727 SACRAMENTO, CA 95833	94-1156621	501C(3)	101,700.	0.			CF CARE CENTER
TAMPA GENERAL HOSPITAL FOUNDATION, INC. - P.O. BOX 1289 - TAMPA, FL 33601	23-7354477	501C(3)	176,200.	0.			CF CARE CENTER
TEMPLE UNIVERSITY OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION - 1852 N 10TH STREET - PHILADELPHIA, PA 19122	23-1365971	501C(3)	65,577.	0.			RESEARCH
TEXAS A&M AGRILIFE RESEARCH P.O. BOX 10420 COLLEGE STATION, TX 77842	74-6000541	501C(3)	140,000.	0.			RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - 3601 4TH STREET - LUBBOCK, TX 79430-6209	75-2668014	501C(3)	77,503.	0.			CF CARE CENTER
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 6823 ST CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501C(3)	32,746.	0.			ADULT CARE
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 6823 ST CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501C(3)	55,890.	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)	108,329.	0.			CLINICAL RESEARCH CENTER
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - 6823 ST CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501C(3)	224,060.	0.			CF CARE CENTER
THE AMERICAN SOCIETY OF GENE AND CELL THERAPY - 20800 SWENSON DRIVE, SUITE 300 - WAUKESHA, WI 53186	91-1766321	C CORP	300,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA - BOX 870136 - TUSCALOOSA, AL 35487	63-6001138	501C(3)	63,732.	0.			PILOT STUDY
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF AR ACTING FOR AND ON BEHALF OF THE UN - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR	71-6046242	U.S. STATE	42,419.	0.			ADULT CARE
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF AR ACTING FOR AND ON BEHALF OF THE UN - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR	71-6046242	U.S. STATE	138,500.	0.			CLINICAL RESEARCH CENTER
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF AR ACTING FOR AND ON BEHALF OF THE UN - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR	71-6046242	U.S. STATE	183,079.	0.			CF CARE CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	93,880.	0.			CLINICAL RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	96,776.	0.			CLINICAL RESEARCH STUDY

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THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	101,735.	0.			TRAINING
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	131,015.	0.			RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	207,044.	0.			CLINICAL RESEARCH CENTER
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501C(3)	238,395.	0.			CF CARE CENTER
THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C(3)	193,290.	0.			CF CARE CENTER
THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C(3)	200,593.	0.			CLINICAL RESEARCH CENTER
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	46,440.	0.			ADULT CARE
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	72,712.	0.			CLINICAL RESEARCH CENTER
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	128,350.	0.			CF CARE CENTER

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THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	332,500.	0.			RESEARCH
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44131	34-0714585	501C(3)	1,009,944.	0.			CLINICAL CARE RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70 WEST - COLUMBIA, MO 65211-8230	43-6003859	501C(3)	81,820.	0.			ADULT CARE
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70 WEST - COLUMBIA, MO 65211-8230	43-6003859	501C(3)	140,000.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70 WEST - COLUMBIA, MO 65211-8230	43-6003859	501C(3)	176,240.	0.			CF CARE CENTER
THE DISTRATORS 4208 1/2 INGRAHAM ST SAN DIEGO, CA 92109	85-4369229	501C(3)	10,000.	0.			COMMUNITY IMPACT
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW ROAD - WESTBURY, NY 11590	11-2673595	501C(3)	159,860.	0.			CLINICAL RESEARCH CENTER
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW ROAD - WESTBURY, NY 11590	11-2673595	501C(3)	165,592.	0.			CLINICAL RESEARCH
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	63,800.	0.			RESEARCH STUDY

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THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	131,500.	0.			TRAINING
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	152,757.	0.			ADULT CARE
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	167,400.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	183,730.	0.			CLINICAL RESEARCH CENTER
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	229,300.	0.			CF CARE CENTER
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	311,920.	0.			CLINICAL CARE RESEARCH
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	414,452.	0.			CLINICAL RESEARCH STUDY
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	456,888.	0.			RESEARCH
THE GENERAL HOSPITAL CORPORATION (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C(3)	1,023,760.	0.			QUALITY IMPROVEMENT

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**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)	35,400.	0.			ADULT CARE
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222139	501C(3)	156,849.	0.			CLINICAL RESEARCH CENTER
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222139	501C(3)	224,515.	0.			CF CARE CENTER
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	28,511.	0.			TRAINING
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	34,418.	0.			ADHERENCE
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	127,298.	0.			PILOT STUDY
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	440,085.	0.			CF CARE CENTER
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	499,999.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	539,036.	0.			RESEARCH

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THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	927,550.	0.			CLINICAL RESEARCH STUDY
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	1,178,428.	0.			CLINICAL RESEARCH CENTER
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C(3)	1,597,591.	0.			CLINICAL CARE RESEARCH
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226-3548	39-0806261	501C(3)	124,983.	0.			CLINICAL RESEARCH CENTER
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226-3548	39-0806261	501C(3)	360,561.	0.			CF CARE CENTER
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	27,295.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	110,000.	0.			RESEARCH STUDY
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	112,000.	0.			PILOT STUDY
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	IRC 115	200,000.	0.			RESEARCH CENTER

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THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET STREET - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	74,703.	0.			ADULT CARE
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET STREET - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	120,897.	0.			CLINICAL RESEARCH CENTER
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 NORTH EMMET STREET - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501C(3)	264,930.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	41,100.	0.			ADULT CARE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	56,000.	0.			PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	109,152.	0.			CLINICAL RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95618	94-6036494	501C(3)	160,520.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095-1406	95-6006143	501C(3)	46,440.	0.			ADULT CARE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095-1406	95-6006143	501C(3)	168,000.	0.			CLINICAL CARE RESEARCH

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095-1406	95-6006143	501C(3)	187,750.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095-1406	95-6006143	501C(3)	502,100.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	63,350.	0.			RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	84,000.	0.			PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	89,600.	0.			CLINICAL RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	94,613.	0.			CLINICAL RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0934	95-6006144	501C(3)	325,275.	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)	63,350.	0.			RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	89,634.	0.			CLINICAL RESEARCH CENTER

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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)	100,000.	0.			CLINICAL RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	195,190.	0.			PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	201,500.	0.			TRAINING
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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	375,815.	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)	675,312.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	22,928.	0.			ADHERENCE
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	41,377.	0.			PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	46,440.	0.			ADULT CARE

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	63,350.	0.			RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	142,600.	0.			TRAINING
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	236,339.	0.			CLINICAL RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	356,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	529,644.	0.			CF CARE CENTER
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	564,029.	0.			CLINICAL RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	584,253.	0.			CLINICAL CARE RESEARCH
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	32,039.	0.			ADHERENCE
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	34,059.	0.			CLINICAL RESEARCH

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THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	55,922.	0.			PILOT STUDY
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	61,566.	0.			CLINICAL RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	83,024.	0.			RESEARCH STUDY
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	141,219.	0.			TRAINING
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	201,855.	0.			CLINICAL RESEARCH CENTER
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	237,088.	0.			CLINICAL CARE RESEARCH
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	301,870.	0.			ADULT CARE
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - COURTHOUSE DEPT 106 - BAGLEY, MN 56621	41-6007513	501C(3)	538,911.	0.			CF CARE CENTER
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	56,000.	0.			PILOT 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)	61,235.	0.			RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	61,990.	0.			TRAINING
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	179,389.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	247,374.	0.			CLINICAL RESEARCH CENTER
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	428,096.	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 ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501C(3)	68,050.	0.			RESEARCH STUDY
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501C(3)	137,150.	0.			RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 N. TORREY PINES ROAD LA JOLLA, CA 92307	33-0435954	501C(3)	34,025.	0.			RESEARCH STUDY

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THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501C(3)	116,895.	0.			CLINICAL RESEARCH CENTER
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501C(3)	182,895.	0.			CF CARE CENTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	37,828.	0.			ADULT CARE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	56,000.	0.			PILOT STUDY
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	65,000.	0.			TRAINING
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	142,040.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	145,600.	0.			CLINICAL CARE RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	295,328.	0.			CLINICAL RESEARCH CENTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032-3702	13-5598093	501C(3)	411,415.	0.			CF CARE CENTER

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THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	34,714.	0.			ADHERENCE
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	70,558.	0.			CLINICAL RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	161,166.	0.			TRAINING
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	183,468.	0.			RESEARCH STUDY
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	306,879.	0.			PILOT STUDY
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	375,729.	0.			CF CARE CENTER
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	414,173.	0.			CLINICAL RESEARCH CENTER
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	665,354.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	750,000.	0.			RESEARCH CENTER

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THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	951,100.	0.			RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	1,391,971.	0.			CLINICAL RESEARCH STUDY
THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES - 12201 RESEARCH PARKWAY - ORLANDO, FL 32826	59-2924021	170(B)(1)(A)(II)	56,000.	0.			PILOT STUDY
THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES - 12201 RESEARCH PARKWAY - ORLANDO, FL 32826	59-2924021	170(B)(1)(A)(II)	125,000.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611-2991	36-2177139	501C(3)	175,230.	0.			CF CARE CENTER
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	39,315.	0.			QUALITY IMPROVEMENT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	41,139.	0.			ADULT CARE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	96,073.	0.			CLINICAL RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	222,349.	0.			RESEARCH STUDY

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**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 UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	325,000.	0.			TRAINING
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	333,170.	0.			PILOT STUDY
THE 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
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	551,559.	0.			CF CARE CENTER
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	616,873.	0.			CLINICAL RESEARCH STUDY
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	633,435.	0.			CLINICAL RESEARCH CENTER
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	1,060,800.	0.			RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200, - CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	2,522,746.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE UNIVERSITY OF TENNESSEE 63 SOUTH DUNLAP STREET MEMPHIS, TN 38163	62-6001636	IRC 115	55,996.	0.			PILOT STUDY

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THE UNIVERSITY OF TENNESSEE 63 SOUTH DUNLAP STREET MEMPHIS, TN 38163	62-6001636	IRC 115	181,075.	0.			CF CARE CENTER
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501C(3)	240,593.	0.			CLINICAL RESEARCH STUDY
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501C(3)	1,066,172.	0.			THERAPEUTICS DISCOVERY RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3900	74-1586031	501C(3)	185,266.	0.			CLINICAL 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)	304,258.	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)	28,144.	0.			ADHERENCE
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	41,142.	0.			ADULT CARE
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	131,243.	0.			TRAINING
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	249,967.	0.			THERAPEUTICS DISCOVERY RESEARCH

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THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	339,524.	0.			CLINICAL RESEARCH CENTER
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9020	75-6002868	170(B)(1)(A)(V)	486,570.	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)	587,842.	0.			CLINICAL RESEARCH STUDY
THE UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	501C(3)	40,072.	0.			ADULT CARE
THE UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	501C(3)	112,422.	0.			CLINICAL RESEARCH CENTER
THE UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	501C(3)	138,767.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 33. S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501C(3)	56,539.	0.			CF CARE CENTER
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501C(3)	56,000.	0.			PILOT STUDY
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501C(3)	131,576.	0.			RESEARCH

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TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	78,555.	0.			PILOT STUDY
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	126,700.	0.			RESEARCH STUDY
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	270,923.	0.			RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	308,966.	0.			QUALITY IMPROVEMENT
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	350,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 03755-1421	02-0222111	501C(3)	720,000.	0.			RESEARCH CENTER
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	46,440.	0.			ADULT CARE
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	83,930.	0.			QUALITY IMPROVEMENT
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	149,965.	0.			TRAINING

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TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	264,651.	0.			CLINICAL RESEARCH CENTER
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	468,538.	0.			CF CARE CENTER
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	1,079,815.	0.			CLINICAL CARE RESEARCH
TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501C(3)	1,374,272.	0.			CLINICAL RESEARCH STUDY
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	61,856.	0.			PILOT STUDY
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	64,535.	0.			CLINICAL RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	88,308.	0.			CLINICAL RESEARCH STUDY
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	145,600.	0.			CLINICAL CARE RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	158,594.	0.			ADULT CARE

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	214,511.	0.			THERAPEUTICS DISCOVERY RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	280,000.	0.			RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501C(3)	326,700.	0.			CF CARE CENTER
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501C(3)	38,300.	0.			CF CARE CENTER
UNITED STATES ADULT CYSTIC FIBROSIS ASSOCIATION - 9450 SOUTHWEST GEMINI DRIVE - BEAVERTON, OR 97008-7105	93-1036770	501C(3)	10,000.	0.			COMMUNITY IMPACT
UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATES - 1001 MAIN ST - BUFFALO, NY 14203	16-1238821	501C(3)	201,165.	0.			CF CARE CENTER
UNIVERSITY HOSPITALS OF CLEVELAND / RAINBOW BABIES - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805	501C(3)	106,424.	0.			ADULT CARE
UNIVERSITY HOSPITALS OF CLEVELAND / RAINBOW BABIES - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805	501C(3)	274,975.	0.			CF CARE CENTER
UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C(3)	50,000.	0.			CLINICAL RESEARCH STUDY

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UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C(3)	78,898.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C(3)	227,843.	0.			CF CARE CENTER
UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVENUE - FARMINGTON, CT 06032	52-1725543	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BUILDING - GAINESVILLE, FL 32611-5500	59-6002052	IRC 115	35,640.	0.			ADULT CARE
UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BUILDING - GAINESVILLE, FL 32611-5500	59-6002052	IRC 115	112,000.	0.			PILOT STUDY
UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BUILDING - GAINESVILLE, FL 32611-5500	59-6002052	IRC 115	133,634.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BUILDING - GAINESVILLE, FL 32611-5500	59-6002052	IRC 115	268,785.	0.			CF CARE CENTER
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. DEPARTMENT OF INFECTIOUS DISEASE - 310 EAST CAMPUS ROAD - ATHENS, GA 30602	58-1353149	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	50,000.	0.			CLINICAL RESEARCH STUDY

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UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	72,500.	0.			TRAINING
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	110,000.	0.			RESEARCH STUDY
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	123,177.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	228,207.	0.			CF CARE CENTER
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	512,000.	0.			RESEARCH
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	800,000.	0.			RESEARCH CENTER
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501C(3)	1,977,074.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF KANSAS CENTER FOR RESEARCH, INC. - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	170(B)(1)(A)(II)	200,000.	0.			CLINICAL RESEARCH STUDY

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UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501C(3)	32,038.	0.			RESEARCH STUDY
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501C(3)	55,797.	0.			ADHERENCE
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501C(3)	75,041.	0.			TRAINING
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501C(3)	76,440.	0.			ADULT CARE
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501C(3)	164,492.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501C(3)	265,455.	0.			CF CARE CENTER
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C(3)	144,195.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C(3)	288,970.	0.			CF CARE CENTER
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET - LOUISVILLE, KY 40202-1959	61-1029626	501C(3)	10,800.	0.			PILOT STUDY

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET - LOUISVILLE, KY 40202-1959	61-1029626	501C(3)	86,101.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET - LOUISVILLE, KY 40202-1959	61-1029626	501C(3)	229,130.	0.			CF CARE CENTER
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	42,630.	0.			ADULT CARE
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	86,797.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	154,345.	0.			CF CARE CENTER
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	216,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655	04-3167352	IRC 115	280,000.	0.			RESEARCH
UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501C(3)	76,064.	0.			ADULT CARE
UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501C(3)	130,118.	0.			CLINICAL RESEARCH CENTER

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UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501C(3)	239,050.	0.			CF CARE CENTER
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501C(3)	94,513.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501C(3)	384,755.	0.			CF CARE CENTER
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	IRC 115	174,540.	0.			CF CARE CENTER
UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C(3)	215,600.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	56,000.	0.			PILOT STUDY
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	188,791.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	196,850.	0.			RESEARCH STUDY
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	280,556.	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
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	435,695.	0.			TRAINING
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	585,782.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	678,916.	0.			RESEARCH CENTER
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501C(3)	949,921.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH PHYSICIANS - CLINICAL TRAIL RECEIPTS, MAIL STOP UST 015801, 600 GRANT ST - PITTSBURGH, PA	23-2919472	501C(3)	49,879.	0.			ADULT CARE
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	39,805.	0.			ADULT CARE
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	65,451.	0.			RESEARCH STUDY
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	79,410.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	246,001.	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
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	280,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501C(3)	560,000.	0.			RESEARCH
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	IRC 115	97,770.	0.			CF CARE CENTER
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA, FL 33620-5800	59-3102112	IRC 115	76,400.	0.			CF CARE CENTER
UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF CONTRACTS AND GRANTS LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	27,775.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF CONTRACTS AND GRANTS LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	151,350.	0.			CF CARE CENTER
UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF CONTRACTS AND GRANTS LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	167,318.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF CONTRACTS AND GRANTS LOS ANGELES, CA 90089-0701	95-1642394	501C(3)	224,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF TENNESSE MEDICAL CENTER - 1924 ALCOA HIGHWAY - KNOXVILLE, TN 37920	31-1626179	501C(3)	154,055.	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
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER - 11937 US HIGHWAY 271 - TYLER, TX 75708-3154	75-6001354	501C(3)	54,369.	0.			CF CARE CENTER
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER - 11937 US HIGHWAY 271 - TYLER, TX 75708-3154	75-6001354	501C(3)	73,875.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	61,999.	0.			TRAINING
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	86,401.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	233,857.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112-0922	87-6000525	501C(3)	495,605.	0.			CF CARE CENTER
UNIVERSITY OF VERMONT MEDICAL CENTER INC. - 111 COLCHESTER AVENUE - BURLINGTON, VT 05401	03-0219309	501C(3)	184,065.	0.			CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	82,080.	0.			ADULT CARE
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	85,600.	0.			TRAINING

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 WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	111,486.	0.			CF CARE CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	194,530.	0.			CLINICAL CARE RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	228,270.	0.			PILOT STUDY
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	279,983.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	293,725.	0.			RESEARCH STUDY
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	365,369.	0.			CLINICAL RESEARCH CENTER
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	503,870.	0.			CLINICAL RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	534,681.	0.			THERAPEUTICS DISCOVERY RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	550,000.	0.			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
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	IRC 115	1,115,469.	0.			CLINICAL RESEARCH STUDY
UNIVERSITY PSYCHIATRIC PRACTICE, INC. - 462 GRIDER STREET - BUFFALO, NY 14215	16-1426208	501C(3)	26,043.	0.			CF CARE CENTER
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 51 COLLEGE ROAD DURHAM, NH 03824	02-6000937	501C(3)	3,531,889.	0.			QUALITY IMPROVEMENT
UPSTATE AFFILIATE ORGANIZATION 300 E. MCBEE AVE., GREENVILLE, SC 29601	81-1723202	501C(3)	104,275.	0.			CF CARE CENTER
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	94-1294954	501C(3)	90,275.	0.			CLINICAL RESEARCH CENTER
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	94-1294954	501C(3)	193,019.	0.			CF CARE CENTER
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE SOUTH - NASHVILLE, TN 37232	35-2528741	501C(3)	75,000.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE SOUTH - NASHVILLE, TN 37232	35-2528741	501C(3)	134,890.	0.			CLINICAL RESEARCH CENTER
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE SOUTH - NASHVILLE, TN 37232	35-2528741	501C(3)	378,136.	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
VARIETY CHILDREN'S HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155-3009	59-0638499	501C(3)	54,150.	0.			CF CARE CENTER
VHS CHILDREN'S HOSPITAL OF MICHIGAN, INC. - 8663 WOODWARD AVE - DETROIT, MI 48201	27-2845064	C CORP	108,840.	0.			CF CARE CENTER
VIA CHRISTI HOSPITAL WICHITA, INC. 929 N SAINT FRANCIS WICHITA, KS 67214	48-1172106	501C(3)	199,639.	0.			CF CARE CENTER
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	34,720.	0.			ADHERENCE
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	35,640.	0.			ADULT CARE
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	122,583.	0.			CLINICAL RESEARCH CENTER
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	133,000.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284-3035	54-6001758	IRC 115	257,242.	0.			CF CARE CENTER
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501C(3)	83,763.	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
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501C(3)	177,415.	0.			CF CARE CENTER
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501C(3)	62,500.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501C(3)	69,500.	0.			TRAINING
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501C(3)	110,000.	0.			RESEARCH STUDY
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501C(3)	145,600.	0.			CLINICAL CARE RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501C(3)	253,579.	0.			CLINICAL RESEARCH CENTER
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501C(3)	479,160.	0.			CF CARE CENTER
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501C(3)	12,389.	0.			ADULT CARE
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501C(3)	96,610.	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
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501C(3)	123,159.	0.			CLINICAL RESEARCH CENTER
WEST CHESTER UNIVERSITY 700 S HIGH STREET WEST CHESTER, PA 19383	23-2417773	U.S. STATE	104,308.	0.			CLINICAL RESEARCH STUDY
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501C(3)	33,360.	0.			ADHERENCE
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501C(3)	85,148.	0.			CLINICAL RESEARCH CENTER
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501C(3)	241,395.	0.			CF CARE CENTER
WESTERN MICHIGAN UNIVERSITY SCHOOL OF MEDICINE - 1000 OAKLAND DRIVE - KALAMAZOO, MI 49008	45-4135256	501C(3)	56,108.	0.			CF CARE CENTER
WILLIAM MARSH RICE UNIVERSITY 6100 S. MAIN MS-16 HOUSTON, TX 77005-1892	74-1109620	170(B)(1)(A)(II)	6,000.	0.			TRAINING
WILLIAM MARSH RICE UNIVERSITY 6100 S. MAIN MS-16 HOUSTON, TX 77005-1892	74-1109620	170(B)(1)(A)(II)	53,000.	0.			RESEARCH CENTER
WILLIAM MARSH RICE UNIVERSITY 6100 S. MAIN MS-16 HOUSTON, TX 77005-1892	74-1109620	170(B)(1)(A)(II)	54,907.	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
WILLIAM MARSH RICE UNIVERSITY 6100 S. MAIN MS-16 HOUSTON, TX 77005-1892	74-1109620	170(B)(1)(A)(II)	280,000.	0.			THERAPEUTICS DISCOVERY RESEARCH
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	U.S. STATE	41,110.	0.			ADULT CARE
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	26,794.	0.			CLINICAL RESEARCH STUDY
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	75,990.	0.			RESEARCH STUDY
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	92,027.	0.			CLINICAL RESEARCH CENTER
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	112,000.	0.			PILOT STUDY
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	140,000.	0.			RESEARCH
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	172,000.	0.			TRAINING
YALE UNIVERSITY 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501C(3)	181,735.	0.			CF CARE CENTER

Schedule I (Form 990)





**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	26	459,523.	0.		
COMMUNITY IMPACT	3	29,689.	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 ONLY FOR THE PURPOSE

FOR WHICH THE GRANT IS MADE AND 2) OBTAIN FULL AND COMPLETE REPORTS FROM

THE GRANTEE ORGANIZATION ON HOW THE FUNDS ARE SPENT CONSISTENT WITH IRS

GUIDELINES FOR EXPENDITURE RESPONSIBILITY. THE ORGANIZATION PERFORMS

PRE-GRANT INQUIRIES DEALING WITH MATTERS SUCH AS THE IDENTITY, HISTORY,

ACTIVITIES, AND PRACTICES OF THE GRANTEE TO GAIN REASONABLE ASSURANCE THAT

THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE FOR WHICH RECEIVED. ONCE A

GRANT IS APPROVED, A WRITTEN AGREEMENT IS SIGNED BY BOTH THE ORGANIZATION

AND THE GRANTEE THAT INCLUDES THE FOLLOWING AGREEMENTS: ANY AMOUNTS NOT

USED FOR PURPOSES OF THE GRANT WILL BE REPAID, THE GRANTEE WILL KEEP

RECORDS OF RECEIPTS AND EXPENDITURES AND MAKE THEM AVAILABLE TO THE GRANTOR

AT REASONABLE TIMES, AND FUNDS CANNOT BE USED TO INFLUENCE LEGISLATION OR

UNDERTAKE ANY NONEXEMPT ACTIVITY.

SCHEDULE I, PART III:

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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) 2021

**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)	591,799.	801,723.	7,599.	625,413.	32,011.	2,058,545.	349,170.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARC S. GINSKY COO (UNTIL 8/2021)	(i)	307,612.	182,760.	755,439.	29,088.	39,362.	1,314,261.	208,550.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL P. BOYLE, M.D. PRESIDENT & CEO	(i)	544,205.	194,921.	4,977.	404,233.	43,657.	1,191,993.	67,071.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC KOEHRSEN MANAGING DIRECTOR, INVESTMENTS	(i)	366,062.	429,351.	1,168.	174,199.	42,657.	1,013,437.	136,176.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EARL LEE MANAGING DIRECTOR, INVESTMENTS	(i)	415,733.	308,053.	1,097.	175,456.	14,867.	915,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM SKACH, M.D. EVP & CHIEF SCIENTIFIC OFFICER	(i)	513,545.	135,245.	4,572.	141,077.	35,820.	830,259.	44,369.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VERA H. TWIGG CFO (UNTIL 7/2021)	(i)	240,543.	107,550.	268,646.	95,878.	14,203.	726,820.	107,439.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRUCE MARSHALL, M.D. EVP & CHIEF MEDICAL OFFICER	(i)	500,000.	74,072.	4,572.	136,453.	0.	715,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN P. CLANCY, M.D. VP, CLINICAL RESEARCH	(i)	407,258.	73,952.	4,035.	82,642.	39,716.	607,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PRESTON CAMPBELL, M.D. FORMER CEO & STRATEGIC ADVISOR	(i)	291,363.	105,144.	2,988.	171,210.	30,142.	600,847.	105,144.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRIS GEGELYS CHIEF LEGAL OFFICER & SECRETARY	(i)	400,966.	60,199.	3,994.	77,034.	43,657.	585,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GENTIANA AROVAS INVESTMENT OPERATIONS DIRECTOR	(i)	360,205.	105,840.	1,444.	74,448.	42,657.	584,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANTHONY DURMOWICZ, M.D. VP, CLINICAL DEVELOPMENT	(i)	424,420.	55,093.	6,360.	78,791.	2,000.	566,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MAUREEN FRASER SVP, FIELD MNGMT (UNTIL 5/2021)	(i)	119,965.	34,141.	331,309.	49,794.	25,548.	560,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) IRENA BARISIC (AS OF 6/2021) EVP, CFAO & ASST SEC. & ASST TRSR	(i)	286,373.	60,000.	570.	28,569.	1,266.	376,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**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 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 LUMP-SUM PAYMENTS, AND SALES PROCEEDS FROM TRANSFER OF  
THE FOREGOING TO THIRD PARTIES RELATED TO THE DEVELOPMENT AND APPROVAL OF  
CF DRUGS.

PART I, LINE 4A:

A FORMER OFFICER LISTED ON THE FORM 990, PART VII, SECTION A RECEIVED  
PAYMENTS UNDER A SEVERANCE ARRANGEMENT, AS DESCRIBED IN FURTHER DETAIL

**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.

IN SCHEDULE J, PART III, FOOTNOTE 10, BELOW.

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

CERTAIN PERSONS LISTED IN FORM 990, PART VII, SECTION A PARTICIPATE IN

A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH INTERESTS ARE

FORFEITED BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES

EMPLOYMENT PRIOR TO THE DESIGNATED VESTING DATE. FURTHER INFORMATION

ABOUT THE NONQUALIFIED DEFERRED COMPENSATION PLAN IN WHICH THOSE

PERSONS PARTICIPATE, INCLUDING THE AMOUNT OF ANY PAYMENT MADE BY THE

PLAN DURING THE REPORTING YEAR, IS PROVIDED IN THE ADDITIONAL

INFORMATION FOR SCHEDULE J, PART II, BELOW.

A) NAME: M. BOYLE, M.D.; (B)(I) BASE COMPENSATION: BASE SALARY -

\$544,205; (B)(II) BONUS & INCENTIVE COMPENSATION: ANNUAL INCENTIVE PLAN

BENEFIT (1) - \$127,850, LONG-TERM INCENTIVE PLAN PAYMENT, WHICH WAS

PREVIOUSLY REPORTED (6) - \$67,071; (B)(III) OTHER REPORTABLE

COMPENSATION: TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE

PREMIUM AND OTHER TAXABLE BENEFITS- \$4,977;; (C) DEFERRED COMPENSATION:

**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.

RETIREMENT BENEFIT (2) - \$29,088, SERP (4) - \$100,000, LONG-TERM

INCENTIVE PLAN BENEFIT (6) - \$275,145; (D) NONTAXABLE BENEFITS:

EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT -

\$32,862, EMPLOYEE CONTRIBUTION TO HEALTH SAVINGS ACCOUNT BENEFIT -

\$6,200, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN

BENEFIT - \$4,595; (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) -

\$67,071.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: M. GINSKY.; (B)(I) BASE

COMPENSATION: BASE SALARY - \$307,613; (B)(II) BONUS & INCENTIVE

COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) - \$94,205, LONG-TERM

INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$88,555;

(B)(III) OTHER REPORTABLE COMPENSATION: OTHER BENEFITS INCLUDING

TAXABLE GENERAL ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM -

\$2,828, SECTION 457(B) PLAN (5) - \$19,500, VESTED SERP ACCOUNT (7) -

\$189,841, SEVERANCE (10) - \$523,362, PTO PAYOUT - \$19,908; (C) DEFERRED

COMPENSATION: RETIREMENT BENEFIT (2) - \$29,088; (D) NONTAXABLE

BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN

BENEFIT - \$32,958, EMPLOYEE CONTRIBUTION TO HEALTH SAVINGS ACCOUNT



**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.

BENEFIT - \$3,577, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH

PLAN BENEFIT - \$2,828; (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3)

- \$208,550.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: I. BARISIC; (B)(I) BASE

COMPENSATION: BASE SALARY - \$286,373; (B)(II) BONUS & INCENTIVE

COMPENSATION: BONUS - \$60,000; (B)(III) GROUP TERM LIFE INSURANCE

PREMIUM - \$570; (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT (2) -

\$28,569; (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL

ORGANIZATION HEALTH PLAN BENEFIT - \$1,101, EMPLOYEE CONTRIBUTION TO

GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$165.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: V. TWIGG; (B)(I) BASE

COMPENSATION: BASE SALARY - \$240,543; (B)(II) BONUS & INCENTIVE

COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (1) - \$69,895, LONG-TERM

INCENTIVE PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$37,655;

(B)(III) OTHER REPORTABLE COMPENSATION: SECTION 457(B) PLAN (5) -

\$19,500, SECTION 457(B) PLAN DISTRIBUTION (11) - \$154,180, VESTED SERP

ACCOUNT (8) - \$94,966; (C) DEFERRED COMPENSATION: RETIREMENT BENEFIT

**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.

(2) - \$29,088, LONG-TERM INCENTIVE PLAN BENEFIT (6) - \$66,790; (D)

NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION

HEALTH PLAN BENEFIT - \$10,526, EMPLOYEE CONTRIBUTION TO FLEXIBLE

SPENDING ACCOUNT BENEFIT - \$507, EMPLOYEE CONTRIBUTION TO GENERAL

ORGANIZATION HEALTH PLAN BENEFIT - \$3,170; (F) COMPENSATION REPORTED IN

PRIOR FORM 990 (3) \$107,439.

CYSTIC FIBROSIS FOUNDATION. (A) NAME: J. MAHLER; (B)(I)

BASE COMPENSATION: BASE SALARY - \$591,799; (B)(II) BONUS & INCENTIVE

COMPENSATION: ANNUAL INCENTIVE PLAN BENEFIT (9) - \$801,723; (B)(III)

OTHER REPORTABLE COMPENSATION: OTHER BENEFITS INCLUDING TAXABLE GENERAL

ORGANIZATION GROUP TERM LIFE INSURANCE PREMIUM - \$7,523; (C) DEFERRED

COMPENSATION: RETIREMENT BENEFIT (2) - \$29,088, SERP (4) - \$100,000,

DEFERRED RETENTION INCENTIVE (9) \$496,325; (D) NONTAXABLE BENEFITS:

EMPLOYER CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN BENEFIT -

\$22,810, EMPLOYEE CONTRIBUTION TO HEALTH SAVINGS ACCOUNT BENEFIT -

\$6,200, EMPLOYEE CONTRIBUTION TO GENERAL ORGANIZATION HEALTH PLAN

BENEFIT - \$3,001; (F) COMPENSATION REPORTED IN PRIOR FORM 990 (3) -

\$349,170.

**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.

(A) NAME: P. CAMPBELL, M.D.; (B)(I) BASE COMPENSATION: BASE SALARY -

\$291,363; (B)(II) BONUS & INCENTIVE COMPENSATION: LONG-TERM INCENTIVE

PLAN PAYMENT, WHICH WAS PREVIOUSLY REPORTED (6) - \$105,144; (B)(III)

OTHER REPORTABLE COMPENSATION: TAXABLE GENERAL ORGANIZATION GROUP TERM

LIFE INSURANCE PREMIUM AND OTHER - \$2,988; (C) DEFERRED COMPENSATION:

RETIREMENT BENEFIT (2) - \$29,088, LONG-TERM INCENTIVE PLAN BENEFIT (6)

- \$142,122; (D) NONTAXABLE BENEFITS: EMPLOYER CONTRIBUTION TO GENERAL

ORGANIZATION HEALTH PLAN BENEFIT -\$21,505, EMPLOYEE CONTRIBUTION TO

FLEXIBLE SPENDING ACCOUNT BENEFIT - \$2,750, EMPLOYEE CONTRIBUTION TO

GENERAL ORGANIZATION HEALTH PLAN BENEFIT - \$5,887; (F) COMPENSATION

REPORTED IN PRIOR FORM 990 (3) - \$105,144.

(1) THIS IS AN AWARD SUBJECT TO, AND BASED ON, ACHIEVEMENT OF ANNUAL

PERFORMANCE STANDARDS ESTABLISHED IN ADVANCE BY THE COMPENSATION

COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES

ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE

PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS OR LUMP-SUM PAYMENTS,

AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES

**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.

RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS.

(2) THIS IS THE EMPLOYER CONTRIBUTION MADE UNDER THE CYSTIC FIBROSIS  
FOUNDATION 401(K) PLAN FOR THE 2021 PLAN YEAR.

(3) THIS AMOUNT IS INCLUDED IN COLUMN B OF THIS FORM 990 AND HAS  
ALREADY BEEN PREVIOUSLY REPORTED AS COMPENSATION ON PRIOR YEARS' FORM  
990S, AND THEREFORE (AS REQUIRED BY THE INSTRUCTIONS) IS  
DOUBLE-REPORTED.

(4) A. THIS IS AN UNVESTED EMPLOYER CONTRIBUTION TO THE SERP.

B. SERP INTERESTS ARE FORFEITED BY THE PARTICIPANT IF THE  
PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT PRIOR TO ATTAINING THE  
VESTING DATE DESIGNATED BY CFF (WHICH IS EITHER A SPECIFIED AGE OR  
DATE, DEPENDING ON THE PARTICIPANT).

C. SERP INTERESTS ARE HELD IN A TRUST SUBJECT TO THE CLAIMS OF  
CFF'S BANKRUPTCY CREDITORS. IN THE EVENT OF A CFF BANKRUPTCY,

**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.

PARTICIPANTS WOULD BECOME GENERAL UNSECURED CREDITORS OF CFF.

D. THE SERP IS A NONQUALIFIED DEFERRED COMPENSATION PLAN. THIS  
MEANS THAT PARTICIPANTS DO NOT RECEIVE THE TAX BENEFITS AVAILABLE TO  
PARTICIPANTS IN TAX QUALIFIED RETIREMENT PLANS. FOR EXAMPLE, UNDER  
CURRENT LAW, INTERESTS UNDER SERPS ARE REPORTABLE AS TAXABLE  
COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET  
PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO  
THE PARTICIPANT).

E. THE SERP'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY  
AN INDEPENDENT COMPENSATION CONSULTANT.

F. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE SERP AT ANY  
TIME.

(5) A. THIS IS A VESTED CONTRIBUTION TO THE 457(B) PLAN FOR THE  
REPORTING PERIOD.

**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.

B. IN THE EVENT OF A CFF BANKRUPTCY, PARTICIPANTS ARE GENERAL UNSECURED

CREDITORS OF CFF.

C. DISTRIBUTIONS FROM THE 457(B) PLAN MAY NOT BE ROLLED-OVER TO AN IRA

OR QUALIFIED PLAN (BUT MAY ONLY BE ROLLED-OVER TO ANOTHER 457(B) PLAN).

D. THE 457(B) PLAN'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE

BY AN INDEPENDENT COMPENSATION CONSULTANT. CONTRIBUTIONS TO THE 457(B)

PLAN ARE SUBJECT TO ANNUAL IRS LIMITS (\$19,500 FOR 2021).

E. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE 457(B) PLAN AT ANY

TIME.

(6) THIS PLAN PROVIDES FOR AWARDS THAT RELATE TO A THREE-YEAR

PERFORMANCE PERIOD, SUBJECT TO, AND BASED ON, ACHIEVEMENT OF

PERFORMANCE OBJECTIVES ESTABLISHED IN ADVANCE BY THE COMPENSATION

COMMITTEE OF THE BOARD. ANY FINANCIAL PERFORMANCE OBJECTIVES

ESTABLISHED UNDER THE INCENTIVE COMPENSATION PLAN DO NOT INCLUDE

PROGRAM-RELATED REVENUES SUCH AS ROYALTY STREAMS OR LUMP-SUM PAYMENTS,

**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.

AND SALES PROCEEDS FROM TRANSFER OF THE FOREGOING TO THIRD PARTIES

RELATED TO THE DEVELOPMENT AND APPROVAL OF CF DRUGS. EACH YEAR, A NEW

THREE-YEAR PERFORMANCE PERIOD BEGINS. AS REQUIRED BY THE FORM 990

INSTRUCTIONS, THE AMOUNTS REPORTED IN COLUMN (C) ON THIS FORM 990

REFLECT AN ESTIMATE OF THE PORTION OF EACH AWARD THAT THE EXECUTIVE

ACCRUED UNDER THE PLAN FOR PERFORMANCE IN 2021 (I.E., WITH RESPECT TO

THE 2019-2021, 2020-2022 AND 2021-2023 PERFORMANCE PERIODS), BUT THE

AMOUNTS REPORTED IN COLUMN (C) HAVE NOT BEEN EARNED, AWARDED OR PAID

UNDER THE PLAN. THE INDIVIDUAL MUST BE EMPLOYED ON 12/31/21, 12/31/22

AND 12/31/23 TO BE ELIGIBLE TO RECEIVE FULL PAYMENT OF THE AWARD FOR

THE 2019-2021, 2020-2022 AND 2021-2023 PERFORMANCE PERIODS,

RESPECTIVELY. THE AWARD RELATING TO THE 3-YEAR PERFORMANCE PERIOD

ENDING 12/31/20 WAS PAID IN 2021, AND IS PROPERLY REPORTED AGAIN (AS

COMPENSATION IN COLUMN (B)(II)) ON THIS FORM 990 (EVEN THOUGH AN

ESTIMATE OF THE PORTION OF THIS AWARD THAT THE EXECUTIVE ACCRUED UNDER

THE PLAN FOR PERFORMANCE IN 2020, 2019 AND 2018 WAS REPORTED IN COLUMN

(C) OF THE FORM 990 FOR EACH OF THOSE YEARS).

(7) THIS AMOUNT BECAME VESTED AND TAXABLE IN 2021 UNDER THE SERP

**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.

DESCRIBED IN FOOTNOTE (4) ABOVE, UNDER WHICH THE INDIVIDUAL RECEIVED

CONTRIBUTIONS FROM 2017-2021. AS REQUIRED, A PORTION OF THE

CONTRIBUTIONS TO THIS SERP THAT GENERATED THE AMOUNT REPORTED IN COLUMN

B (III) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN

COLUMN (C). THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F

OF THIS FORM 990.

(8) THIS AMOUNT BECAME VESTED AND TAXABLE IN 2021 UNDER THE SERP

DESCRIBED IN FOOTNOTE (4) ABOVE, UNDER WHICH THE INDIVIDUAL RECEIVED

CONTRIBUTIONS FROM 2019-2021. AS REQUIRED, A PORTION OF THE

CONTRIBUTIONS TO THIS SERP THAT GENERATED THE AMOUNT REPORTED IN COLUMN

B (III) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN

COLUMN (C). THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F

OF THIS FORM 990. A PORTION OF THIS AMOUNT ALSO REFLECTS A DISTRIBUTION

OF POST-VESTING DATE EARNINGS GENERATED ON AMOUNTS THAT PREVIOUSLY

BECAME VESTED AND WERE REPORTED AS TAXABLE COMPENSATION ON A PRIOR

YEAR'S FORM 990.

(9) A. THE INVESTMENT DEPARTMENT INCENTIVE AND RETENTION PLAN PROVIDES



**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.

AN AWARD THAT MAY BE EARNED SUBJECT TO, AND BASED ON, ACHIEVEMENT OF  
ANNUAL PERFORMANCE STANDARDS ESTABLISHED IN ADVANCE BY THE COMPENSATION  
COMMITTEE OF THE BOARD. UNTIL A PARTICIPANT REACHES AGE 63, 50% OF THE  
ANNUAL AWARD IS PAID FOLLOWING THE COMPLETION OF THE PERFORMANCE YEAR  
AND THE REMAINING 50% IS PAID AS DESCRIBED BELOW. AFTER A PARTICIPANT  
REACHES AGE 63, 100% OF THE ANNUAL AWARD IS PAID FOLLOWING THE  
COMPLETION OF THE PERFORMANCE YEAR.

B. UNDER THE PLAN, UNTIL THE PARTICIPANT REACHES AGE 63, THE REMAINING  
50% OF THE EARNED AWARD IS A DEFERRED RETENTION INCENTIVE. THIS  
DEFERRED RETENTION INCENTIVE IS SUBJECT TO A SUBSTANTIAL RISK OF  
FORFEITURE. THE DEFERRED RETENTION INCENTIVE BECOMES VESTED ON MARCH 31  
TWO YEARS AFTER IT IS DETERMINED THE AWARD HAS BEEN EARNED AND IS PAID  
IMMEDIATELY THEREAFTER. THE DEFERRED RETENTION INCENTIVE IS FORFEITED  
BY THE PARTICIPANT IF THE PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT  
OR IS TERMINATED FOR CAUSE PRIOR TO ATTAINING THE VESTING DATE. DEFERRED  
INTERESTS ARE SUBJECT TO THE CLAIMS OF CFF'S BANKRUPTCY CREDITORS. IN THE  
EVENT OF A CFF BANKRUPTCY, THE PARTICIPANT WOULD BECOME A GENERAL  
UNSECURED CREDITOR OF CFF.

**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.

C. THE PLAN'S DESIGN WAS REVIEWED AND OPINED UPON AS REASONABLE BY AN  
INDEPENDENT COMPENSATION CONSULTANT.

D. CFF RETAINS THE RIGHT TO AMEND OR TERMINATE THE PLAN AT ANY TIME.

(10) AS PART OF A SEVERANCE AGREEMENT, THE EXECUTIVE RECEIVED THIS  
AMOUNT, 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.

(11) THIS AMOUNT WAS DISTRIBUTED AND TAXABLE IN 2021 UNDER THE 457(B)  
PLAN DESCRIBED IN FOOTNOTE (5) ABOVE. A PORTION OF THE CONTRIBUTIONS  
TO THIS 457(B) PLAN THAT GENERATED THE AMOUNT REPORTED IN COLUMN B

(III) OF THIS FORM 990 WERE REPORTED ON PRIOR YEARS' FORM 990S IN  
COLUMN (B). THOSE PREVIOUSLY REPORTED AMOUNTS ARE REFLECTED IN COLUMN F  
OF THIS FORM 990.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>CYSTIC FIBROSIS FOUNDATION</b>	Employer identification number <b>13-1930701</b>
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<b>Part I</b>	<b>Types of Property</b>	<b>(a) Check if applicable</b>	<b>(b) Number of contributions or items contributed</b>	<b>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining noncash contribution amounts</b>
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 .....	<b>X</b>	<b>44</b>	<b>55,288.</b>	<b>NET CASH RECEIPTS</b>
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	<b>X</b>	<b>99</b>	<b>1,653,343.</b>	<b>NET CASH RECEIPTS</b>
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other ...				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( <u>TANGIBLE AUCT</u> )	<b>X</b>	<b>5,952</b>	<b>2,609,935.</b>	<b>NET CASH RECEIPTS</b>
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

<b>29</b> 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 .....	<b>29</b>	<b>0</b>
---	-----------	----------

	<b>Yes</b>	<b>No</b>
<b>30a</b> 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>X</b>	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>X</b>	
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> 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) 2021**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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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 PROGRAMS - SINCE 1955, THE CYSTIC FIBROSIS FOUNDATION HAS BEEN

DEDICATED TO CURING AND CONTROLLING CYSTIC FIBROSIS (CF). THE CYSTIC

FIBROSIS FOUNDATION IS THE WORLD'S LEADER IN THE SEARCH FOR A CURE FOR

CYSTIC FIBROSIS, A LIFE-THREATENING GENETIC DISEASE THAT AFFECTS MORE

THAN 32,100 PEOPLE IN THE UNITED STATES, AND 70,000 WORLDWIDE.

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

DOLLARS IN RESEARCH COSTS TO HELP DISCOVER/DEVELOP EFFECTIVE CF DRUGS

AND THERAPIES. IN 2021, THE CF FOUNDATION INVESTED \$266 MILLION INTO

RESEARCH AND CARE. DUE IN PART TO THE FOUNDATION'S EFFORTS, THE LIFE

EXPECTANCY OF PEOPLE WITH CF HAS MORE THAN DOUBLED IN THE LAST 30

YEARS, AND RESEARCH TO FIND A CURE IS MORE PROMISING THAN EVER BEFORE.

THE CF FOUNDATION HAS ATTRACTED INDUSTRY TO JOIN ITS MISSION BY FUNDING

DRUG DISCOVERY AND DEVELOPMENT RESEARCH CONDUCTED BY BIOTECHNOLOGY

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

Schedule O (Form 990) 2021

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

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

CF RESEARCH AND FUNDS A SPECIALIZED CF CLINICAL TRIALS NETWORK OF

NEARLY 90 FOUNDATION-ACCREDITED CARE CENTERS. AS A RESULT OF THIS

FUNDING, IN 2021 THE CF DRUG DEVELOPMENT PIPELINE HAD 42 THERAPIES IN

DEVELOPMENT IN ADDITION TO 16 FDA APPROVED TREATMENTS THAT ADDRESS

COMPLICATIONS LIKE INFECTIONS AND A POTENTIAL CURE.

THE TREATMENT AND CARE PROTOCOLS DEVELOPED BY THE CF FOUNDATION ARE

HELPING TENS OF THOUSANDS OF PEOPLE WITH THE DISEASE LIVE LONGER,

HEALTHIER LIVES.

TO SUPPORT ITS MISSION, THE FOUNDATION 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 2021, THE FOUNDATION PROVIDED MORE THAN \$47 MILLION OF SUPPORT FOR

CARE CENTERS AND CLINICIANS.

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

COLLECTING INFORMATION ON THE HEALTH STATUS OF MORE THAN 31,411 PEOPLE

WITH CF 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.

FORM 990, PART III, LINE 4B:

COMMUNITY SERVICES - THE FOUNDATION PROVIDES MUCH-NEEDED SUPPORT FOR

Schedule O (Form 990) 2021

Page **2**

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

PATIENTS AND THEIR FAMILIES AS THEY MANAGE THE PHYSICAL, EMOTIONAL, AND

FINANCIAL CHALLENGES OF LIVING WITH CF FROM SUPPORTING SPECIALIZED

QUALITY CF CARE, TO PROVIDING INFORMATION AND RESOURCES TO HELP PEOPLE

WITH CF BECOME EFFECTIVE PARTNERS IN THEIR CARE, TO DEVELOPING PROGRAMS

TO HELP CONNECT PEOPLE WITH CF AND THEIR LOVED ONES WITH OTHERS IN THE

CF COMMUNITY SO THEY FEEL LESS ALONE. APPROXIMATELY 32,100 PEOPLE WITH

CF WERE SERVED IN 2021, INCLUDING APPROXIMATELY 779 INDIVIDUALS WHO

WERE NEWLY DIAGNOSED.

LACK OF ADEQUATE INSURANCE COVERAGE FOR CF THERAPIES HAS BEEN A

CONSISTENT CONCERN FOR THOSE LIVING WITH THE DISEASE AND THEIR

FAMILIES. 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 2021, SKILLED COMPASS CASE MANAGERS FIELDING MORE THAN 10,000

REQUESTS 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.

TODAY, MORE THAN HALF OF ALL PEOPLE WITH CF ARE AGE 18 OR OLDER. IN

2021, APPROXIMATELY 1,175 PEOPLE WITH CF AND THEIR FAMILY MEMBERS

JOINED VIRTUAL EVENTS, INCLUDING BREATHECON, RESEARCHCON, AND CF

MINICON: TRANSPLANT, DESIGNED BY AND FOR ADULTS WITH CF, THEIR

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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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 2021, THERE

WERE 289 PUBLICATIONS AND 32 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 2021, OVER 3,033,553

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

LAUNCHED A NEW WEBSITE IN 2021 TO BETTER SUPPORT AND INFORM PEOPLE WITH

CF AND THEIR FAMILIES, CLINICIANS, AND RESEARCHERS. IN ADDITION TO MANY

UPDATED ARTICLES AND CONTENT SECTIONS BUILT FOR THE NEW WEBSITE, THE

FOUNDATION PUBLISHED 98 BLOG POSTS.

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 ITS BEING FILED, WITH SUFFICIENT TIME FOR REVIEW AND

COMMENT ALLOWED. THE 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. IN ALL CASES THE



Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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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 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 2021 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 THE DISEASE THE OPPORTUNITY  
TO LEAD FULL, PRODUCTIVE LIVES. THE INDEPENDENT COMPENSATION COMMITTEE OF  
THE CF FOUNDATION'S BOARD OF TRUSTEES FOLLOWS THE PROCESS DESCRIBED IN THE  
IRS INTERMEDIATE SANCTIONS RULES WHEN DETERMINING COMPENSATION.  
SPECIFICALLY, THE COMMITTEE:

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

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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, REVISED IF NECESSARY AND APPROVED AT THE FOLLOWING MEETING OF THE COMMITTEE.

Schedule O (Form 990) 2021

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Name of the organization	Employer identification number
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(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, COO AND SECRETARY

EXECUTIVE VICE PRESIDENT AND CFAO

CHIEF INVESTMENT OFFICER

SENIOR VP, THERAPEUTICS DEVELOPMENT

EXECUTIVE VICE PRESIDENT & CHIEF SCIENTIFIC OFFICER

EXECUTIVE VICE PRESIDENT & CHIEF MEDICAL OFFICER

THE PROCESS WAS LAST UNDERTAKEN IN 2020 WITH RESPECT TO COMPENSATION TO BE

PAID IN 2021 TO ALL 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 AND THE ORGANIZATION'S WEBSITE PROVIDED A DIRECT LINK TO ITS FORM

990 ON GUIDESTAR.ORG.

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

Name of the organization CYSTIC FIBROSIS FOUNDATION	Employer identification number 13-1930701
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WERE AVAILABLE UPON REQUEST BY CONTACTING THE NATIONAL OFFICE OF THE CYSTIC  
FIBROSIS FOUNDATION IN WRITING OR BY PHONE.

INFORMATION ON HOW TO OBTAIN THE GOVERNING DOCUMENTS WAS AVAILABLE ON THE  
FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2021. THE BOARD AND OFFICER  
CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS WERE  
AVAILABLE ON THE FOUNDATION'S WEBSITE, WWW.CFF.ORG, DURING 2021.

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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**Open to Public  
Inspection**

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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) 2021

**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	-8,814,871.	74,703,104.		X	N/A		X	98.21%
LF-CFF INCUBATOR FUND LP 800 BOYLSTON STREET, SUITE 155 BOSTON, MA 02199	INVESTMENTS	DE		EXCLUDED	-393,812.	800,795.		X	N/A		X	100%
SAGACIA FUND LP 2777 SUMMER STREET, SUITE 301 STAMFORD, CT 06905	INVESTMENTS	DE		EXCLUDED	-7,526,501.	147,956,206.		X	N/A		X	56.36%

**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	5,734,034.	384,237.	100%	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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	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
<b>(1)</b> TSSP ROTATIONAL CREDIT FEEDER, LP	S	139,975,845.	CASH
<b>(2)</b> SAGACIA FUND LP	B	10,000,000.	CASH
<b>(3)</b> LF-CFF INCUBATOR FUND LP	B	1,194,607.	CASH
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

## Schedule R (Form 990) 2021



