

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

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

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

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization <u>PULMONARY FIBROSIS FOUNDATION</u>			D Employer identification number <u>84-1558631</u>	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return					
	<input type="checkbox"/>	Final return/terminated					
<input type="checkbox"/>	Amended return	E Telephone number <u>(312) 265-2182</u>			G Gross receipts \$ <u>18,548,109.</u>		
<input type="checkbox"/>	Application pending						
F Name and address of principal officer: <u>SCOTT STASZAK</u> <u>230 E OHIO STREET, SUITE 500, CHICAGO, IL 60611-3270</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
							If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ <u>WWW.PULMONARYFIBROSIS.ORG</u>		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶							
L Year of formation: <u>2000</u>			M State of legal domicile: <u>CO</u>				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE PEOPLE AND RESOURCES TO PROVIDE ACCESS TO HIGH-QUALITY CARE AND LEAD RESEARCH FOR A CURE SO THAT PEOPLE WITH PULMONARY FIBROSIS WILL LIVE LONGER, HEALTHIER LIVES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	40.
	6	Total number of volunteers (estimate if necessary)	6	1,883.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,000.
	b Net unrelated business taxable income from Form 990-T, line 39	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,449,631.	8,450,064.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,180,520.	2,548,146.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	275,682.	293,084.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-457,148.	-589,250.
			10,448,685.	10,702,044.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	293,007.	342,863.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,585,863.	3,557,722.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,076,890.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,609,314.	7,391,038.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,488,184.	11,291,623.	
19	Revenue less expenses. Subtract line 18 from line 12	1,960,501.	-589,579.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	10,914,467.	10,892,804.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,850,718.	3,594,974.
		8,063,749.	7,297,830.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		4/14/2021	
	Signature of officer	Date	
	SCOTT STASZAK	COO	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JACOB COOK		4/14/2021
	Firm's name ▶ BDO USA, LLP	Check <input type="checkbox"/> if self-employed	PTIN P01240455
	Firm's address ▶ 9500 BRYN MAWR AVE. SUITE 300 ROSEMONT, IL 60018	Firm's EIN ▶ 13-5381590	Phone no. 847-676-2000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PULMONARY FIBROSIS FOUNDATION	Taxpayer identification number (TIN) 84-1558631
	Number, street, and room or suite no. If a P.O. box, see instructions. 230 EAST OHIO STREET 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60611-3270	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SCOTT STASZAK, COO

• The books are in the care of ► 230 EAST OHIO STREET, SUITE 500 CHICAGO IL 60611

Telephone No. ► 312 265-2182 Fax No. ►

• 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 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20__ or
► tax year beginning 07/01, 2019, and ending 06/30, 2020.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see 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:

TO MOBILIZE PEOPLE AND RESOURCES TO PROVIDE ACCESS TO HIGH-QUALITY CARE AND LEAD RESEARCH FOR A CURE SO THAT PEOPLE WITH PULMONARY FIBROSIS WILL LIVE LONGER, HEALTHIER LIVES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 2,540,164. including grants of \$) (Revenue \$ 172,700.)

OUTREACH AND AWARENESS:

TOTAL REVENUE RECOGNIZED FOR THE PROGRAM WAS \$2,423,701, WHICH INCLUDED CONTRIBUTIONS AND SPONSORSHIPS OF \$2,251,000 IN ADDITION TO THE PROGRAM SERVICE REVENUE OF \$172,700. THE PFF AMBASSADOR PROGRAM EMPOWERS PATIENTS, CAREGIVERS, AND HEALTH CARE PROFESSIONALS AS SPOKESPERSONS FOR THE PF COMMUNITY ON BEHALF OF THE PFF. PFF AMBASSADORS PROMOTE DISEASE AWARENESS, PROVIDE UP-TO-DATE INFORMATION, AND OFFER HOPE AND INSPIRATION TO THOSE AFFECTED BY PULMONARY FIBROSIS. PFF AMBASSADORS ARE AVAILABLE TO SPEAK AT PFF CARE CENTER NETWORK EVENTS, SUPPORT GROUP MEETINGS, FUNDRAISING EVENTS, (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 2,137,834. including grants of \$) (Revenue \$ 1,944,397.)

PFF PATIENT REGISTRY:

TOTAL REVENUE RECOGNIZED FOR THE PROGRAM WAS \$2,098,260, WHICH INCLUDED CONTRIBUTIONS AND SPONSORSHIPS OF \$153,863 IN ADDITION TO THE PROGRAM SERVICE REVENUE OF \$1,944,397. THE PFF REGISTRY (REGISTRY) IS A RESEARCH EFFORT THAT BRINGS TOGETHER MULTIPLE STAKEHOLDERS INCLUDING PATIENTS, HEALTH CARE PROVIDERS, AND RESEARCHERS TO ADVANCE RESEARCH AND IMPROVE THE QUALITY OF LIFE OF PATIENTS WITH PULMONARY FIBROSIS (PF). THE CRUX OF THE REGISTRY IS COMPRISED OF AN ELECTRONIC DATABASE OF PATIENT INFORMATION ON DIAGNOSIS, TREATMENT, AND QUALITY OF LIFE THAT IS DEIDENTIFIED (MADE ANONYMOUS) AND (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,201,863. including grants of \$) (Revenue \$ 431,049.)

PFF SUMMIT:

TOTAL REVENUE RECOGNIZED FOR THE PFF SUMMIT WAS \$1,230,929, WHICH INCLUDED \$636,508 IN CONTRIBUTIONS AND SPONSORSHIPS RECEIVED DURING THE YEAR OR RELEASED FROM PRIOR YEAR RECEIPTS. PFF SUMMIT 2019 IS THE PFF'S BIENNIAL INTERNATIONAL HEALTH CARE CONFERENCE ON PULMONARY FIBROSIS (PF). THE GOAL OF THE PFF SUMMIT IS TO FOSTER A COLLABORATIVE ENVIRONMENT TO IMPROVE EDUCATION AND AWARENESS OF PF AND TO IDENTIFY NEW APPROACHES TO TREAT, AND ULTIMATELY CURE, THIS DEVASTATING DISEASE. (CONTINUED ON SCHEDULE O)

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

(Expenses \$ 3,171,740. including grants of \$ 342,863.) (Revenue \$)

4e Total program service expenses 9,051,601.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
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.
[X] Own website [] Another's website [X] 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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM T. SCHMIDT DIRECTOR/PRESIDENT AND CEO	40.00 0.			X			365,209.	0.	27,650.	
(2) SCOTT STASZAK CHIEF OPERATING OFFICER	40.00 0.			X			260,064.	0.	19,000.	
(3) PAULINE BIANCHI SENIOR VP, RESEARCH & PROGRAMS	40.00 0.					X	210,160.	0.	26,927.	
(4) LAURA SADLER CHIEF MARKETING OFFICER	40.00 0.				X		172,997.	0.	9,619.	
(5) KERRIE TREBONSKY VP, FINANCE	40.00 0.					X	131,368.	0.	30,393.	
(6) REX EDWARDS VP, CCN & PFF PATIENT REGISTRY	40.00 0.					X	144,586.	0.	16,225.	
(7) SETH KLEIN SR DIRECTOR, DEVELOPMENT OPS	40.00 0.					X	145,227.	0.	13,503.	
(8) ZOE BUBANY VP, BOARD & EXTERNAL RELATIONS	40.00 0.					X	120,096.	0.	10,747.	
(9) GEORGE ELIADES CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(10) COLLEEN ATTWELL VICE-CHAIR	1.00 0.	X		X			0.	0.	0.	
(11) DAVID MCNINCH VICE-CHAIR	1.00 0.	X		X			0.	0.	0.	
(12) LAURIE CHANDLER, CFP TREASURER	1.00 0.	X		X			0.	0.	0.	
(13) TERENCE HALES SECRETARY	1.00 0.	X		X			0.	0.	0.	
(14) MIKE HENDERSON DIRECTOR	1.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JEFF HARRIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) WENDI MASON ----- DIRECOR	1.00 ----- 0.	X						0.	0.	0.
(17) ANDY LIMPER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) BARBARA MURPHY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) DANA A. BALL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total							1,549,707.	0.	154,064.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,549,707.	0.	154,064.	

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 **▶** 8

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 1

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,115,387.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	7,334,677.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 1,965,513.				
	h	Total. Add lines 1a-1f ▶		8,450,064.				
	Program Service Revenue	2a	PPF PATIENT REGISTRY	Business Code	900099	1,944,397.	1,944,397.	
b		PPF SUMMIT	900099	431,049.	431,049.			
c		THERAPEUTICS NETWORK	900099	125,225.	125,225.			
d		STRATEGIC PARTNERSHIPS	900099	47,475.	47,475.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		2,548,146.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		257,033.			257,033.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	7,233,518.	1,962.		
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b	7,197,467.	1,962.			
	c	Gain or (loss)	7c	36,051.				
d	Net gain or (loss) ▶		36,051.			36,051.		
8a	Gross income from fundraising events (not including \$ 1,115,387. of contributions reported on line 1c). See Part IV, line 18	8a		44,315.				
			8b	640,858.				
			c	Net income or (loss) from fundraising events. ▶		-596,543.		-596,543.
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
			9b	0.				
			c	Net income or (loss) from gaming activities. ▶		0.		
10a	Gross sales of inventory, less returns and allowances	10a		11,069.				
			10b	5,778.				
			c	Net income or (loss) from sales of inventory. ▶		5,291.		5,291.
Miscellaneous Revenue	11a	ADVERTISING	Business Code	900099	2,000.	2,000.		
	b	MISCELLANEOUS	900099	2.			2.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		2,002.				
12	Total revenue. See instructions ▶		10,702,044.	2,548,146.	2,000.	-298,166.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	342,863.	342,863.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	866,871.	404,930.	182,764.	279,177.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,296,402.	1,396,434.	471,917.	428,051.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,680.	17,175.	8,709.	2,796.
9 Other employee benefits	161,009.	80,274.	48,948.	31,787.
10 Payroll taxes	204,760.	104,143.	56,745.	43,872.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	70,464.		70,464.	
c Accounting	25,269.		25,269.	
d Lobbying	280,017.	280,017.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 3	4,670,646.	4,432,858.	130,992.	106,796.
12 Advertising and promotion	166,003.	166,003.		
13 Office expenses	243,802.	177,583.	19,986.	46,233.
14 Information technology	12,938.	7,016.	3,031.	2,891.
15 Royalties	0.			
16 Occupancy	224,415.	122,470.	51,435.	50,510.
17 Travel	523,818.	483,619.	24,395.	15,804.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	7,537.	3,529.	2,567.	1,441.
20 Interest	2,036.		2,036.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	51,223.	27,721.	16,282.	7,220.
23 Insurance	44,813.	24,411.	10,348.	10,054.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSES	875,995.	860,085.	15,330.	580.
b DUES/SUBSCRIPTIONS/REGISTRAT	33,694.	21,982.	11,272.	440.
c SOFTWARE EXPENSES	335.		335.	
d OTHER EXPENSES	158,033.	98,488.	10,307.	49,238.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,291,623.	9,051,601.	1,163,132.	1,076,890.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	221,577.	1	483,720.
	2 Savings and temporary cash investments	3,975,907.	2	4,670,786.
	3 Pledges and grants receivable, net	1,166,592.	3	55,718.
	4 Accounts receivable, net.	0.	4	33,997.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	223,507.	9	137,343.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 223,703.		
	b Less: accumulated depreciation.	10b 180,713.		
	11 Investments - publicly traded securities.	69,870.	10c	42,990.
	12 Investments - other securities. See Part IV, line 11	4,710,031.	11	4,863,723.
	13 Investments - program-related. See Part IV, line 11.	0.	12	0.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	99,963.	14	172,896.
16 Total assets. Add lines 1 through 15 (must equal line 33)	447,020.	15	431,631.	
	10,914,467.	16	10,892,804.	
Liabilities	17 Accounts payable and accrued expenses	1,406,425.	17	1,523,757.
	18 Grants payable	104,311.	18	300,000.
	19 Deferred revenue.	1,327,306.	19	1,207,629.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	560,300.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,676.	25	3,288.
	26 Total liabilities. Add lines 17 through 25.	2,850,718.	26	3,594,974.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,871,039.	27	4,012,393.
	28 Net assets with donor restrictions.	4,192,710.	28	3,285,437.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	8,063,749.	32	7,297,830.	
33 Total liabilities and net assets/fund balances	10,914,467.	33	10,892,804.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,702,044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,291,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	-589,579.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,063,749.
5	Net unrealized gains (losses) on investments	5	-176,340.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,297,830.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 in 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,558,537.	5,775,504.	5,989,047.	8,449,631.	8,450,064.	34,222,783.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	5,558,537.	5,775,504.	5,989,047.	8,449,631.	8,450,064.	34,222,783.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						14,561,195.
6 Public support. Subtract line 5 from line 4						19,661,588.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	5,558,537.	5,775,504.	5,989,047.	8,449,631.	8,450,064.	34,222,783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,534.	11,635.	69,969.	273,967.	257,033.	627,138.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	2,101.	1,060.	691.	234.	2.	4,088.
11 Total support. Add lines 7 through 10						34,854,009.
12 Gross receipts from related activities, etc. (see instructions)					12	11,720,813.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	56.41 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	57.97 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in 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 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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, SECTION A

THE ORGANIZATION CHANGED THEIR ACCOUNTING YEAR END FROM DECEMBER 31 (CALENDAR YEAR) TO JUNE 30 (FISCAL YEAR) IN 2015. IN ACCORDANCE WITH THE INSTRUCTIONS, THE COLUMNS FOR YEARS 2015-2019 CORRESPOND TO THE 5 PRIOR TAX RETURNS FILED:

- 2015 = 2015 RETURN (6/30/2016 YEAR-END)
- 2016 = 2016 RETURN (6/30/2017 YEAR-END)
- 2017 = 2017 RETURN (6/30/2018 YEAR-END)
- 2018 = 2018 RETURN (6/30/2019 YEAR-END)
- 2019 = 2019 RETURN (6/30/2020 YEAR-END)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	2,101.	1,060.	691.	234.	2.	4,088.
TOTALS	<u>2,101.</u>	<u>1,060.</u>	<u>691.</u>	<u>234.</u>	<u>2.</u>	<u>4,088.</u>

Schedule of Contributors

2019

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

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
---	--

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **PULMONARY FIBROSIS FOUNDATION**

Employer identification number
84-1558631

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		\$ 1,436,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 689,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 439,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,965,178.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **PULMONARY FIBROSIS FOUNDATION**

Employer identification number

84-1558631

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
5	VARIOUS STOCK	\$ 1,965,178.	VAR

Name of organization **PULMONARY FIBROSIS FOUNDATION**

Employer identification number
84-1558631

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 information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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 PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		40,551.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		239,466.													
c Total lobbying expenditures (add lines 1a and 1b)		280,017.													
d Other exempt purpose expenditures		8,771,584.													
e Total exempt purpose expenditures (add lines 1c and 1d)		9,051,601.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		602,580.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		150,645.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	507,873.	456,061.	466,993.	602,580.	2,033,507.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,050,261.
c Total lobbying expenditures	43,156.	21,008.	79,435.	280,017.	423,616.
d Grassroots nontaxable amount	126,968.	114,015.	116,748.	150,645.	508,376.
e Grassroots ceiling amount (150% of line 2d, column (e))					762,564.
f Grassroots lobbying expenditures	120.		58,081.	40,551.	98,752.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

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.

Blank lines for providing supplemental information as required by Part IV.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

Schedule D (Form 990) 2019

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
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBGLIGATION	3,288.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"), EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER IRC SECTION 509(A).

THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. IN EVALUATING THE ORGANIZATION'S ACTIVITIES, MANAGEMENT BELIEVES ITS POSITION OF TAX-EXEMPT STATUS IS BASED ON CURRENT FACTS AND CIRCUMSTANCES AND THERE HAVE BEEN NO UNCERTAIN POSITIONS TAKEN RELATED TO RECORDING INCOME TAXES.

IT IS THE POLICY OF THE ORGANIZATION TO INCLUDE IN MANAGEMENT AND GENERAL EXPENSES PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES. THERE WERE NO PENALTIES FROM TAXING AUTHORITIES INCLUDED IN MANAGEMENT AND GENERAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2020.

SCHEDULE D, PART XI, LINE 4B - OTHER ADJUSTMENTS

SPECIAL EVENTS:	\$ (640,858)
SALE OF GOODS:	(5,778)
TOTAL:	\$ (646,636)

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENTS: \$640,858

SALE OF GOODS: 5,778

TOTAL: \$646,636

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
		PFF WALKS (event type)	BROADWAY BELTS (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	767,510.	392,192.		1,159,702.
	2 Less: Contributions	767,510.	347,877.		1,115,387.
	3 Gross income (line 1 minus line 2)		44,315.		44,315.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,500.			1,500.
	7 Food and beverages	2,053.	67,228.		69,281.
	8 Entertainment	4,195.	483.		4,678.
	9 Other direct expenses	393,646.	171,753.		565,399.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				640,858.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-596,543.	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a 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 explanation 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 I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

PULMONARY FIBROSIS FOUNDATION

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

Employer identification number

84-1558631

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)(3)	50,000.				SEE PART IV
(2) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	50,000.				SEE PART IV
(3) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)(3)	50,000.				SEE PART IV
(4) MAYO CLINIC 200 FIRST ST NW ROCHESTER, MN 55905	41-6011702	501(C)(3)	50,000.				SEE PART IV
(5) THE RECTOR & VISITORS OF THE UNIV OF VA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	50,000.				SEE PART IV
(6) UCSF 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	50,000.				SEE PART IV
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

FOR LARGER GRANTS, THE ORGANIZATION REQUESTS SEMI-ANNUAL REPORTS
 DETAILING THE USE OF GRANT FUNDS FROM THE RECIPIENT ORGANIZATIONS.

SCHEDULE I, PART II, LINE 1(H) PURPOSE OF GRANT

(1) SINGLE CELL RNA-SEQUENCING BASED CHARACTERIZATION OF BRONCHOALVEOLAR
 CELL POPULATIONS IN HYPERSENSITIVITY PNEUMONITIS

HYPERSENSITIVITY PNEUMONITIS (HP) CAN BE DIFFICULT TO DIAGNOSE AND MAY BE
 CONFUSED WITH OTHER FIBROTIC LUNG CONDITIONS INCLUDING IDIOPATHIC

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PULMONARY FIBROSIS. THIS PROJECT WILL USE A NOVEL TECHNOLOGY THAT

MEASURES GENE EXPRESSION IN INDIVIDUAL LUNG IMMUNE CELLS, OBTAINED BY PERFORMING A WASHING OF THE LUNG, TO INVESTIGATE THE ORIGIN, NATURE AND ACTIVATION STATES OF THESE CELLS. ADDITIONALLY, THE GENE EXPRESSION DATA WILL BE USED TO IDENTIFY A UNIQUE HP 'MOLECULAR SIGNATURE' WHICH CAN BE USED TO DIFFERENTIATE THE CONDITION FROM OTHER TYPES OF FIBROTIC LUNG DISEASE.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART II, LINE 2(H) PURPOSE OF GRANT

(2) PULMONARY FIBROSIS AS A DISEASE OF DISRUPTED EPITHELIAL PROTEOSTASIS AND CELL STRESS

MUTATIONS IN THE SURFACTANT PROTEIN C (SFTPC) GENE HAVE BEEN IDENTIFIED IN A SUBSET OF PATIENTS WITH FAMILIAL PULMONARY FIBROSIS. THESE MUTATIONS RESULT IN MISFOLDED PROTEINS THAT ACTIVATE EPITHELIAL CELL STRESS PATHWAYS, PROVIDING AN OPPORTUNITY TO STUDY THE PATHWAY FROM CELL STRESS TO LUNG FIBROSIS. USING A RECENTLY PUBLISHED MURINE SFTPC MUTANT LUNG FIBROSIS MODEL AND PRIMARY HUMAN IPF CELLS FROM EXPLANTED LUNGS, THE

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

GRANT WILL ADDRESS THE CENTRAL HYPOTHESIS THAT EPITHELIAL CELL STRESS DRIVES LUNG FIBROSIS BY ALTERING CELL REPAIR MECHANISMS. THIS WORK WILL PROVIDE MECHANISTIC INSIGHT INTO IPF PATHOGENESIS WITH THE OVERALL GOAL OF IDENTIFYING TARGETABLE UPSTREAM PATHWAYS.

SCHEDULE I, PART II, LINE 3(H) PURPOSE OF GRANT

(3) THE DEVELOPMENT AND VALIDATION OF A DISEASE SPECIFIC HEALTH RELATED QUALITY OF LIFE INSTRUMENT FOR PATIENTS WITH CHRONIC HYPERSENSITIVITY PNEUMONITIS (CHP)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PATIENTS WITH CHP HAVE VARIABLE CLINICAL COURSES AND THE TESTS CURRENTLY USED TO MEASURE DISEASE STATUS, SUCH AS PULMONARY FUNCTION TESTING, ARE NOT THE OUTCOMES THAT ARE TRULY IMPORTANT TO PATIENTS. AS MORE CHP PATIENTS ARE ENROLLED IN THERAPEUTIC TRIALS, THIS GRANT PROPOSES TO DEVELOP A PATIENT-CENTERED OUTCOME SPECIFIC TO CHP PATIENTS THAT COMPREHENSIVELY COVERS THE ASPECTS OF QUALITY OF LIFE THAT PATIENTS HAVE IDENTIFIED AS IMPORTANT IN PRIOR RESEARCH. THE PROPOSED SURVEY WILL OFFER A PATIENT-CENTERED PERSPECTIVE ON DISEASE SEVERITY AND TREATMENT EFFECTIVENESS.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART II, LINE 4(H) PURPOSE OF GRANT

(4) TARGETING THE HIPPO/YAP PATHWAY THROUGH G PROTEIN-COUPLED RECEPTORS:

A VIABLE MECHANISM TO TREAT PULMONARY FIBROSIS

AT THE CELLULAR LEVEL, ONE OF THE CORE CONTRIBUTORS TO PULMONARY FIBROSIS ARE ACTIVATED MESENCHYMAL CELLS REFERRED TO AS MYOFIBROBLASTS. RECENT STUDIES HAVE IDENTIFIED AN IMPORTANT ROLE FOR YAP AND TAZ TRANSCRIPTION FACTORS IN ACTIVATING MYOFIBROBLASTS IN TISSUE FIBROSIS. IT HAS RECENTLY BEEN REPORTED THAT G-PROTEIN COUPLED RECEPTOR (GPCR) ACTIVATION CAN BLOCK NUCLEAR LOCALIZATION AND ACTIVITY OF YAP/TAZ. THE GRANT HYPOTHEZIZES THAT

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SELECTIVELY ACTIVATING THESE RECEPTORS IN LUNG MYOFIBROBLASTS WILL ABLATE

THE PROFIBROTIC EFFECT OF THESE CELLS IN IDIOPATHIC PULMONARY FIBROSIS

(IPF). IN SUPPORT OF THIS CONCEPT THE GRANT WILL PRESENT PRELIMINARY DATA

TESTING A SMALL PANEL OF GPCR LIGANDS IN LUNG FIBROBLASTS AND EPITHELIAL

CELLS. THE SUCCESSFUL HISTORY OF GPCR LIGANDS AS THERAPEUTICS HAS LED TO

A HIGHLY TRANSLATIONAL APPROACH TO PURSUE THIS HYPOTHESIS.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART II, LINE 5(H) PURPOSE OF GRANT

(5) ROLE OF POLYUNSATURATED FATTY ACIDS IN PULMONARY FIBROSIS

THERE IS A DESPERATE NEED FOR NEW TREATMENTS AS MODIFIABLE RISK FACTORS MAY BE TARGETS FOR THERAPY THAT IMPROVE OUTCOMES FOR PATIENTS. USING THE PULMONARY FIBROSIS FOUNDATION REGISTRY AND BIOREPOSITORY, THIS GRANT WILL TO EXAMINE WHETHER HIGHER OMEGA-3 INTAKE IS ASSOCIATED WITH BETTER LUNG FUNCTION AND EXERCISE CAPACITY IN ADULTS WITH PULMONARY FIBROSIS. IT WILL EXAMINE MECHANISMS THAT MAY BE DRIVING THESE ASSOCIATIONS INCLUDING WHETHER OMEGA-3 FATTY ACIDS SLOW ACCELERATED AGING WHICH IS A KEY

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

CHARACTERISTIC OF PULMONARY FIBROSIS.

SCHEDULE I, PART II, LINE 6(H) PURPOSE OF GRANT

(6) CLOSING THE EVIDENCE GAP IN ILLD: THE USE OF REAL WORLD OBSERVATIONAL COHORTS TO UNDERSTAND THE NATURAL HISTORY OF FIBROTIC LUNG

THIS GRANT WILL DEVELOP A MODEL FOR INTEGRATING CLINICAL RESEARCH INTO ROUTINE CLINICAL CARE IN ORDER TO GENERATE EVIDENCE THAT IS APPLICABLE TO DIVERSE, REAL-WORLD PATIENT POPULATIONS AND ALIGNED WITH THE CLINICAL QUESTIONS THAT ARE PRIORITIES FOR PATIENTS, CAREGIVERS AND PROVIDERS. THE

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

GRANT PROPOSES TO HARNESS THE ROBUST PATIENT-LEVEL AND HEALTH SYSTEM LEVEL INFORMATION CONTINUOUSLY GENERATED AND CAPTURED IN THE ELECTRONIC HEALTH RECORD, TO STUDY THE ASSOCIATION BETWEEN PREDICTORS AND OUTCOMES, WHICH CAN BE USED TO DEVELOP BEST PRACTICES IN ILL CARE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

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 checked="" 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
1a		
1b		X
2		X
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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.

SCHEDULE J, PART I, LINE 1A

CEO RESIDES IN MD AND CANNOT RELOCATE AT THIS TIME, HOWEVER, HE NEEDS TO SPEND SUBSTANTIAL TIME IN CHICAGO AND THEREFORE PFF AGREED TO PROVIDE A HOUSING ALLOWANCE.

SCHEDULE J, PART I, LINE 1B

DETAILS ARE DISCLOSED IN CEO'S EMPLOYMENT CONTRACT. WE DO NOT OFFER THIS ARRANGEMENT TO OTHER STAFF MEMBERS AND THUS DO NOT HAVE A WRITTEN POLICY FOR A HOUSING ALLOWANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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 for instructions and the latest information.

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6.	1,965,178.	FMV
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 ▶ (OTHER)	X	1.	335.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2019

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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 O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

CONTINUED FROM FORM 990, PART III, LINE 4A:

AND OTHER DISEASE AWARENESS AND EDUCATION PROGRAMS. DURING THE FISCAL YEAR, THE PFF ACCEPTED 14 NEW PFF AMBASSADORS INTO THE PROGRAMS. THESE AMBASSADORS CONSIST OF PULMONARY FIBROSIS PATIENTS, CAREGIVERS, LUNG TRANSPLANT RECIPIENTS, AND THOSE WHO LOST A LOVED ONE TO THE DISEASE. PFF AMBASSADORS SPOKE AT 34 IN-PERSON EVENTS INCLUDING SUPPORT GROUP MEETINGS, EDUCATIONAL CONFERENCES AND FUNDRAISERS AND HAD OVER A DOZEN VIRTUAL OPPORTUNITIES AS SOCIETY SHIFTED DURING COVID-19.

THE PFF DAUGHTERS PROGRAM WAS FOUNDED TO EXPAND AWARENESS OF PULMONARY FIBROSIS, ESPECIALLY AMONG POLICYMAKERS, VIA GRASSROOTS EVENTS AND FUNDRAISERS ACROSS THE NATION, IN ORDER TO GENERATE A BROADER UNDERSTANDING OF THE IMPACT THE DISEASE HAS ON THOSE LIVING WITH PF AND THEIR FAMILIES. THE PFF DAUGHTERS PROGRAM IS NOW THE PFF ADVOCATES, WITH MORE THAN 1,000 MEMBERS.

PULMONARY FIBROSIS AWARENESS MONTH (SEPTEMBER) IS WHEN THE PF COMMUNITY UNITES AS A COLLECTIVE VOICE TO ENHANCE DISEASE AWARENESS AND PROVIDE OUTREACH TO THOSE IN NEED. DURING PULMONARY FIBROSIS AWARENESS MONTH, THE PF COMMUNITY JOINED THE PFF AND PARTICIPATED IN THE #BLUEUP4PF CAMPAIGN, ATTENDED EDUCATIONAL EVENTS, HOSTED TEAM PFF FUNDRAISING EVENTS, PARTICIPATED IN WEBINARS AND SPREAD DISEASE AWARENESS THROUGH SOCIAL MEDIA.

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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MORE THAN A COUGH CAMPAIGN: IN SEPTEMBER 2019, THE PULMONARY FIBROSIS FOUNDATION (PFF) AND THREE LAKES FOUNDATION (TLF) JOINED FORCES TO LAUNCH A NEW PARTNERSHIP TO COMBAT PF. THE "MORE THAN A COUGH" (MTAC) CAMPAIGN WAS CREATED TO DRIVE PUBLIC AWARENESS OF PULMONARY FIBROSIS (PF) AND WAS A KEY PIECE OF THIS EFFORT. THE INNOVATIVE MULTI-CHANNEL MTAC CAMPAIGN, WHICH RAN THROUGH APRIL 2020, FEATURED TWO ANIMATED CHARACTERS, NORM AND JENNIFER, DESIGNED TO ILLUSTRATE THE EXPERIENCES OF PATIENTS AND CAREGIVERS. THEY WERE INTRODUCED VIA DIGITAL, SOCIAL MEDIA, BROADCAST, AND PRINT ADVERTISEMENTS IN CHICAGO FOLLOWED BY A GOOGLE CAMPAIGN IN THE TEST MARKETS OF BIRMINGHAM, SCOTTSDALE, AND NASHVILLE. MTAC PRODUCED OVER 62 MILLION IMPRESSIONS, 432,000 VISITORS TO THE MTAC LANDING PAGE, AND 53,000 DOWNLOADS OF THE PULMONARY FIBROSIS RISK LIST. THE CAMPAIGN ACHIEVED A 576% INCREASE IN THE SEARCH TERM "PULMONARY FIBROSIS" IN CHICAGO ALONE.

CONTINUED FROM FORM 990, PART III, LINE 4B:

INDEPENDENTLY MANAGED BY A DATA COORDINATING CENTER. THE REGISTRY ALSO COLLECTS BIOLOGICAL SPECIMENS THAT PATIENTS HAVE AGREED TO GIVE, WHICH ARE DEIDENTIFIED AND INDEPENDENTLY MANAGED BY A MEDICAL SPECIMEN STORAGE FACILITY ASSOCIATED WITH THE DATA COORDINATING CENTER. THE REGISTRY'S KEY AIMS ARE TO: (1) CONDUCT BENCHMARKING AND QUALITY IMPROVEMENT EFFORTS ACROSS THE PFF'S MEDICAL CENTER NETWORK; (2) DEVELOP A MORE REPRESENTATIVE UNDERSTANDING OF PF PATIENT IN THE UNITED STATES; (3) FACILITATE RESEARCH IN IDENTIFIED PRIORITY AREAS; AND (4) INCREASE THE PFF'S REACH WITHIN THE PF COMMUNITY. AS OF JUNE 30, 2020, THE REGISTRY HAS ACTIVATED 42 SITES AND IDENTIFIED 2,003 PATIENTS FOR ENROLLMENT.

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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THIS VITAL PROGRAM IS COMPLETING ITS FIRST PHASE AND WILL EMBARK ON THE NEXT PHASE TO CONTINUE TO CAPTURE CLINICAL PATIENT INFORMATION AND EXPAND INTO THE COMMUNITY TO COLLECT INFORMATION FROM OTHER PATIENTS, LUNG TRANSPLANT RECIPIENTS, CAREGIVERS, AND FAMILIES. THIS WILL PROVIDE A MORE REPRESENTATIVE UNDERSTANDING OF THE PF COMMUNITY AND CREATE A ROBUST POOL OF ENGAGED COMMUNITY MEMBERS FOR ADVOCACY, CLINICAL TRIALS, AND OTHER RESEARCH. TO LEARN MORE ABOUT THE PFF PATIENT REGISTRY, PLEASE GO TO: [HTTP://BIT.LY/PFFREGISTRY](http://bit.ly/pffregistry).

CONTINUED FROM FORM 990, PART III, LINE 4C:

THE PFF SUMMIT FEATURES AN INNOVATIVE CONTINUING MEDICAL EDUCATION (CME) PROGRAM FOR HEALTH CARE PROFESSIONALS AND SESSIONS FOR PF PATIENTS AND CAREGIVERS THAT ADDRESS THEIR GROWING EDUCATIONAL NEEDS. (NOTE: SOME EXPENSES FOR THE PFF SUMMIT 2019 WERE INCLUDED IN THE 2018 FORM 990).

FORM 990, PART III, LINE 4D:

1. MARKETING:

ACTIVITIES WERE FIRST CONCENTRATED DURING SEPTEMBER, OCTOBER, AND NOVEMBER TO LEVERAGE EXPOSURE OFFERED BY PULMONARY FIBROSIS AWARENESS MONTH (SEPTEMBER) AND THROUGH THE PFF SUMMIT (NOVEMBER). IN JANUARY, WE COMMISSIONED A FIRST OF ITS KIND NATIONAL SURVEY TO MEASURE PUBLIC AWARENESS OF PF. THE ONLINE SURVEY WAS ADMINISTERED TO 2,103 ADULTS NATIONWIDE AND WE FOUND THAT 86% OF AMERICANS DO NOT KNOW THE SYMPTOMS OF PF. THE SURVEY ANNOUNCEMENT WAS FOLLOWED BY A SATELLITE MEDIA TOUR WITH TV AND RADIO STATIONS ACROSS THE U.S. TO DRIVE AWARENESS OF PF. ON FEB. 27, DR. COSGROVE CONDUCTED 20 INTERVIEWS WITH TELEVISION AND RADIO

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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STATIONS ACROSS THE COUNTRY. USING RARE DISEASE AWARENESS WEEK AS A STORY DRIVER, HE DESCRIBED THE SYMPTOMS AND RISK FACTORS OF PF AND ENCOURAGED THE AUDIENCE TO VISIT ABOUTPF.ORG OR DISCUSS THE DISEASE WITH THEIR PHYSICIAN. WE ALSO RECORDED AND DISTRIBUTED AN AUDIO NEWS RELEASE TO RADIO STATIONS NATIONWIDE.

THESE ACTIVITIES OVERALL CONTINUED TO INCREASE AWARENESS OF PF AND ITS RISK FACTORS NATIONWIDE, GENERATING MORE THAN 515.1 MILLION IMPRESSIONS AND SUCCESSFULLY GREW TRAFFIC TO THE ABOUTPF.ORG MICROSITE AND TO THE PFF'S WEBSITE, PULMONARYFIBROSIS.ORG. INQUIRIES TO THE PFF'S PATIENT COMMUNICATION CENTER (PCC) ALSO GREW AS A RESULT OF THE CAMPAIGN.

CONSTITUENCIES SERVED BY THE MARKETING CAMPAIGN EXTENSION IN TRADITIONAL AND DIGITAL MEDIA INCLUDED PATIENTS AND POTENTIAL PATIENTS; CAREGIVERS AND FAMILIES; HEALTHCARE PROVIDERS; AT-RISK POPULATIONS.

2. EDUCATION:

THE PULMONARY FIBROSIS FOUNDATION (PFF) IS COMMITTED TO PROVIDING QUALITY DISEASE EDUCATION TO THE PULMONARY FIBROSIS COMMUNITY. THE PFF STRIVES TO PROVIDE PATIENTS, CAREGIVERS, FAMILY MEMBERS, AND HEALTH CARE PROVIDERS WITH THE RESOURCES NECESSARY TO MORE FULLY UNDERSTAND PF, AND TO PROVIDE PATIENTS WITH THE TOOLS NECESSARY TO LIVE WITH THE DISEASE AND IMPROVE THEIR QUALITY OF LIFE.

THE FOUNDATION CREATED A VARIETY OF NEW MATERIALS AND RESOURCES FOR THE PF COMMUNITY IN FISCAL YEAR 2019-2020. PRINTED MATERIALS INCLUDED THE PF

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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FAMILY AND FRIENDS POSTCARDS. THE PFF OXYGEN BASICS BOOKLET WAS TRANSLATED TO SPANISH. THE FOLLOWING MATERIALS WERE UPDATED TO INCLUDE NEW PFF RESOURCES AND REFLECT NEW TREATMENT INFORMATION DUE TO MEDICATION LABEL EXPANSIONS: PULMONARY FIBROSIS INFORMATION GUIDE (AND TRANSLATIONS), ILD NURSING AND ALLIED HEALTH GUIDE, NINTEDANIB FACT SHEET, PIRFENIDONE FACT SHEET, SCLERODERMA-ASSOCIATED ILD FACT SHEET, PF CLINICAL TRIAL POSTCARD, AND ABOUT PFF BROCHURE. PRINTED EDUCATIONAL MATERIALS ARE DISTRIBUTED THROUGH THE PFF PATIENT COMMUNICATION CENTER AND AT EDUCATION EVENTS AND CONFERENCES. THE PFF DEVELOPED GUIDANCE AND FAQ DOCUMENTS ABOUT COVID-19 AND CURATED A LIST OF RELEVANT RESOURCES RELATED TO COVID-19 TO PROVIDE RELIABLE INFORMATION ABOUT THE PANDEMIC TO MEMBERS OF THE PF COMMUNITY. THE PFF ALSO PRODUCED TWO VIDEOS ABOUT COVID-19 TITLED "PFF COVID-19 GUIDANCE" AND "COVID-19 EVERYDAY PRECAUTIONS." THE PFF ADDED A NEW PATIENT STORY VIDEO TO THE LIFE WITH PULMONARY FIBROSIS SERIES IN ENGLISH AND SPANISH. ADDITIONALLY, THE PFF PRODUCED A NEW SERIES OF SHORT VIDEOS TITLED "WORDS OF WISDOM" WHICH PROVIDES PERSPECTIVES AND ADVICE FROM CAREGIVERS IN THE PF COMMUNITY. THESE VIDEOS CAN BE FOUND ON THE FOUNDATION'S YOUTUBE CHANNEL.

THE PFF DISEASE EDUCATION WEBINAR SERIES ENGAGES THE PF COMMUNITY IN AN ONLINE WEBINAR DISCUSSION WHERE THEY LEARN FROM, CONNECT WITH, AND POSE QUESTIONS TO LEADING PULMONARY FIBROSIS SPECIALISTS EACH MONTH. TEN WEBINARS WERE PRESENTED IN FISCAL YEAR 2019-20 AND ALL CAN BE VIEWED ON THE PFF WEBSITE AT [HTTPS://BIT.LY/PFFWEBINARS](https://bit.ly/pffwebinars) AND ON THE FOUNDATION'S YOUTUBE CHANNEL. TOPICS ADDRESSED DURING THIS TIME PERIOD INCLUDE

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IDIOPATHIC INTERSTITIAL LUNG DISEASES, SUPPLEMENTAL OXYGEN, TREATMENT OPTIONS, PF RESEARCH, OCCUPATIONAL PF, AND COVID-19.

3. PFF CARE CENTER NETWORK

THE PULMONARY FIBROSIS FOUNDATION (PFF) IS DEDICATED TO PROMOTING EARLIER RECOGNITION AND DIAGNOSIS OF PULMONARY FIBROSIS AND ENSURING THAT PATIENTS RECEIVE THE HIGHEST QUALITY HEALTHCARE. AS PART OF THAT COMMITMENT, OVER THE PAST THREE YEARS THE PFF HAS WORKED WITH THE PF MEDICAL COMMUNITY TO ESTABLISH THE PFF CARE CENTER NETWORK (CCN), WHERE PEOPLE WITH PF CAN FIND EXPERIENCED MEDICAL PROFESSIONALS WHO UNDERSTAND THEIR DISEASE AND SUPPORT SERVICES TO IMPROVE THE QUALITY OF THEIR LIVES. THE GOALS OF THE PFF CCN IS TO DELIVER STATE OF THE ART, PATIENT-CENTERED CARE; TO DISSEMINATE EDUCATION TO SUPPORT OUR PATIENTS, CAREGIVERS AND PROVIDERS; TO GIVE VOICE TO THE NEEDS OF OUR COMMUNITY THROUGH ADVOCACY AND FUNDRAISING; AND TO ACCELERATE RESEARCH IN PF BOTH DIRECTLY AND THROUGH COLLABORATIONS AND NETWORKING.

THE CCN'S PROGRAMMATIC SERVICE ACCOMPLISHMENTS ARE HIGHLIGHTED BELOW. THE PFF MEDICAL TEAM HAS DEVELOPED A NEW PFF CCN ANNUAL REPORT TO ALL 68 CARE CENTERS. THIS CENTER BASED REPORT WILL HAVE A STRONG EMPHASIS ON BENCHMARKING, RESEARCH, CLINICAL CARE, COMMUNITY-BASED CLINICAL SUPPORT, AND PATIENT SATISFACTION. WE ANTICIPATE THAT WITH THIS DATA CENTRIC APPROACH WE WILL BE BETTER POSITIONED TO UNDERSTAND THE UNIQUE CHARACTERISTICS WITHIN OUR NETWORK.

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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THE PALLIATIVE CARE SERVICES IN CARE CENTERS SURVEY WORKING GROUP STRIVED FOR 100% CARE CENTER PARTICIPATION WITH AN ESTIMATED 136 SURVEY RESPONSES. THE AIM OF THIS SURVEY IS TO UNDERSTAND THE ROLE OF PALLIATIVE CARE SERVICES, PERSPECTIVES AND CURRENT RESOURCES AVAILABLE TO PROVIDERS WHO CARE FOR PATIENTS WITH PULMONARY FIBROSIS AND INTERSTITIAL LUNG DISEASE. THE SURVEY WAS DISSEMINATED TO PHYSICIANS, ADVANCE PRACTICE PROVIDERS, NURSES, RESPIRATORY THERAPISTS, AND SOCIAL WORKERS WHO CARE FOR ILD PATIENTS AT THE 68 PFF CARE CENTERS. INTERSTITIAL LUNG DISEASE (ILD) CAUSES A PROFOUND SYMPTOM BURDEN AND CARRIES A HIGH MORTALITY. PALLIATIVE CARE IS DEDICATED TO IMPROVING QUALITY OF LIFE AND EMPOWERING PATIENTS IN ADVANCE CARE PLANNING. EARLY INTEGRATION OF PALLIATIVE CARE IN ILD IMPROVES THE RATES OF ADVANCE CARE PLANNING AND SYMPTOMATIC MANAGEMENT. KNOWLEDGE OF ILD PROVIDER PERSPECTIVES ON PALLIATIVE CARE IS KEY TO IMPROVING CARE DELIVERY TO ILD PATIENTS. DESCRIPTIVE STATISTICS WILL BE COMPILED FOR SURVEY RESPONSES IN THE NEXT FISCAL YEAR.

THE SURVEY FOR PFF CARE CENTERS DURING THE 2020 COVID-19 PANDEMIC WAS CONDUCTED BY THE PFF CARE CENTER NETWORK. THE PURPOSE OF THIS SURVEY IS TO GATHER CENTER BASED INFORMATION ON THE IMPACT OF THE CORONAVIRUS DISEASE (COVID-19) BY DEVELOPING FUNCTIONING STRATEGIES FOR CLINICAL TRIAL NETWORKS IN THE EVENT OF THE NEXT SURGE OR OTHER EVENT MAKING PHYSICAL VISITS NOT POSSIBLE. THE RESULTS FROM THIS SURVEY WILL ONLY BE USED FOR ACADEMIC RESEARCH IN ORDER TO ALLOW THE PFF TO MOVE HEALTH INITIATIVES AND ADVOCACY RECOMMENDATIONS MEASURES FORWARD.

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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KEY RESEARCH INITIATIVES SUCH AS THESE WE WILL MAKE AN IMPACT IN PROMOTING EARLIER RECOGNITION AND DIAGNOSIS OF PULMONARY FIBROSIS AND ENSURING THAT PATIENTS RECEIVE THE HIGHEST QUALITY HEALTHCARE.

4. ADVOCACY:

DURING THE YEAR, THE PFF ENGAGED POLICYMAKERS IN ADVOCATING FOR INCREASED FUNDING FOR PULMONARY FIBROSIS RESEARCH AND IMPROVED ACCESS TO OXYGEN FOR PATIENTS. THE PFF HOSTED A VIRTUAL HILL DAY IN MARCH TO ALLOW CONSTITUENTS TO SPEAK WITH THEIR MEMBERS OF CONGRESS ABOUT THE IMPACT OF PULMONARY FIBROSIS IN THEIR LIVES AND THE NEED FOR RESEARCH FUNDING. THE PFF SUCCESSFULLY ASKED THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO WAIVE THE IN-PERSON TESTING REQUIREMENTS FOR OXYGEN CERTIFICATION DURING THE PUBLIC HEALTH EMERGENCY CAUSED BY COVID-19. THE PFF PROVIDED TRAINING TO GRASSROOTS ADVOCATES ON MEETING WITH THEIR LAWMAKERS TO ADVOCATE FOR THE NEEDS OF THE COMMUNITY.

5. RESEARCH GRANTS

THE PULMONARY FIBROSIS FOUNDATION (PFF) PLACES ENORMOUS IMPORTANCE ON CREATING AN ENVIRONMENT THAT WILL ASSIST IN THE DEVELOPMENT OF EFFECTIVE TREATMENTS FOR PULMONARY FIBROSIS (PF).

THE PFF SCHOLARS PROGRAM SUPPORTS PROJECTS THAT OFFER A HIGH LIKELIHOOD OF IMPROVING THE UNDERSTANDING OF PF IN THE FOLLOWING RESEARCH AREAS: BASIC SCIENCE, TRANSLATIONAL, CLINICAL, EPIDEMIOLOGICAL, AND HEALTH SERVICES. THE GOAL OF THE PFF SCHOLARS PROGRAM IS TO SUPPORT EMERGING INVESTIGATORS TO ADVANCE RESEARCH THAT COULD TRANSLATE INTO SUCCESSFUL

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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THERAPIES, WHILE ALSO ENABLING THESE PROMISING RESEARCHERS TO OBTAIN DEPENDENT FUNDING AND CONTINUE THEIR CUTTING-EDGE RESEARCH. THE RESEARCH REVIEW COMMITTEE ADMINISTERS THE PEER-REVIEWED PROCESS, WHICH FUNDS SIX \$50,000 GRANTS PER CYCLE. THE PFF ALSO CONSIDERS OTHER SMALLER GRANTS THAT FIT THE RESEARCH GUIDELINES.

6. SUPPORT GROUPS:

THE PFF SUPPORT GROUP LEADER NETWORK PROVIDES A FORUM FOR PF SUPPORT GROUP LEADERS TO CONNECT, EXCHANGE IDEAS, AND SHARE BEST PRACTICES. THE PFF'S SUPPORT GROUP NETWORK CONSISTS OF OVER 140 SUPPORT GROUPS ACROSS THE COUNTRY. DURING THE PUBLIC HEALTH EMERGENCY CAUSED BY COVID-19, MANY GROUPS HAVE BEEN MEETING VIRTUALLY, WITH SUPPORT FROM THE PFF. ONLINE SUPPORT GROUP COMMUNITIES ARE A GREAT WAY FOR PATIENTS, CAREGIVERS, FAMILY MEMBERS, AND FRIENDS TO VIRTUALLY CONNECT FOR SUPPORT AND INFORMATION. FOR THOSE WHO ARE UNABLE TO ATTEND AN IN-PERSON GROUP, OR SIMPLY WANT ADDITIONAL INTERACTIONS BETWEEN MEETINGS, THE PULMONARY FIBROSIS FOUNDATION OFFERS TWO TELEPHONE-BASED SUPPORT GROUPS: PFF VOICES AND CARING CONVERSATIONS. IN ADDITION, THE PFF HAS ADDED COLOQUIO, A SPANISH-LANGUAGE TELEPHONE SUPPORT GROUP. THESE GROUPS MEET ONCE PER MONTH OVER THE PHONE IN A CONFERENCE CALL SETTING. EACH MONTHLY MEETING PROVIDES A CHANCE TO DISCUSS DIFFERENT TOPICS RELATED TO PULMONARY FIBROSIS, SHARE PERSONAL STORIES, ASK QUESTIONS AND PROVIDE SUPPORT TO ONE ANOTHER. VISIT [HTTP://BIT.LY/PFFSUPPORT](http://bit.ly/pffsupport) TO LEARN MORE.

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7. PFF PATIENT COMMUNICATION CENTER (PCC):

THE PFF PATIENT COMMUNICATION CENTER (PCC) SERVES AS THE CENTRAL INFORMATION HUB FOR PULMONARY FIBROSIS PATIENTS, CAREGIVERS, THE SUPPORT GROUP LEADER NETWORK (SEE SUPPORT GROUP SECTION), AND HEALTH CARE PROFESSIONALS. THE PCC STAFF PROVIDES GENERAL INFORMATION ABOUT PULMONARY FIBROSIS THAT IS TAILORED TO INDIVIDUALS' NEEDS AND ANSWERS QUESTIONS ABOUT THE AVAILABILITY OF SUPPORT SERVICES AND OTHER ESSENTIAL RESOURCES. RESOURCES AVAILABLE INCLUDE: INFORMATION ON PFF PROGRAMS, EDUCATIONAL AND ADVOCACY MATERIALS, HOW TO FIND MEDICAL CARE AND SUPPORT GROUPS, ACCESS TO SUPPORT SERVICES, INFORMATION ABOUT AVAILABLE TREATMENTS, AND HOW TO FIND CLINICAL TRIALS. THE FOUNDATION CONTINUOUSLY SURVEYS THE PF COMMUNITY TO DETERMINE ADDITIONAL EDUCATIONAL MATERIALS OR TRANSLATIONS OF CURRENT MATERIALS THAT ARE NEEDED AND WORKS TO DEVELOP THOSE MATERIALS TO FIT UNMET NEEDS IN THE COMMUNITY. THE FOUNDATION ALSO FACILITATES PHYSICIAN EDUCATION BY PROVIDING MATERIALS THROUGH THE PATIENT COMMUNICATION CENTER AND AT EDUCATIONAL CONFERENCES. THE FOUNDATION MAINTAINS AN OXYGEN INFORMATION LINE TO PROVIDE PATIENTS AND CAREGIVERS WITH GENERAL INFORMATION ON ACCESSING AND SAFELY USING SUPPLEMENTAL OXYGEN. IN FISCAL YEAR 2019-2020, THE PATIENT COMMUNICATION CENTER RECEIVED 4,647 INQUIRIES VIA TELEPHONE AND EMAIL.

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

A COPY OF FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE FILING. THE FORM 990 IS AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING THE FORM.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WITHIN THE EMPLOYEE

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HANDBOOK AND ALL EMPLOYEES ARE REQUIRED TO ADHERE TO THE POLICY.

EMPLOYEES SIGN A DISCLOSURE FORM EACH YEAR. ANNUALLY, BOARD MEMBERS ARE SENT A FORM TO FILL OUT STATING WHETHER THEY HAVE ANY CONFLICTS OF INTEREST. IF SUCH CONFLICTS EXIST, THEN THEY FILL OUT AN ADDITIONAL FORM OUTLINING THOSE CONFLICTS. THE EXECUTIVE COMMITTEE REVIEWS ANY CONFLICTS THAT ARISE.

FORM 990, PART VI, SECTION B, LINES 15A & B:

CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER'S COMPENSATION WAS APPROVED BY THE EXECUTIVE COMMITTEE, WHICH SERVES AS THE COMPENSATION COMMITTEE. THIS APPROVAL WAS BASED ON A REVIEW BY AN INDEPENDENT COMPENSATION CONSULTANT AND IS SUPPORTED BY A WRITTEN EMPLOYMENT CONTRACT. THE COMMITTEE ALSO REVIEWED COMPENSATION SURVEYS AND FORM 990S OF OTHER ORGANIZATIONS TO ENSURE THE COMPENSATION WAS APPROPRIATE. THE SALARY FOR THE CHIEF MARKETING OFFICER WAS NOT REVIEWED BY THE COMPENSATION COMMITTEE, BUT THE SALARY WAS IN LINE WITH THE MARKET.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NY, NC, ND, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DOROTHY COYLE RACLAW 5855 N. KENNETH AVE. CHICAGO, IL 60626	MARKETING CONSULTING	144,575.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
MARKETING CONSULTING	2,290,214.	2,290,214.	0.	0.
SITE PAYMENTS	894,926.	894,926.	0.	0.
REGISTRY DCC CONSULTING	340,612.	340,612.	0.	0.
OTHER CONSULTING	335,191.	254,235.	36,966.	43,990.
MEDICAL CONSULTING	322,143.	311,996.	0.	10,147.
REGISTRY CONSULTING	166,965.	166,965.	0.	0.
CME	72,250.	72,250.	0.	0.
RECRUITMENT FEES	54,665.	0.	54,665.	0.
MERCHANT CARD CHARGES	48,980.	32.	338.	48,610.
STIPENDS	22,625.	22,625.	0.	0.

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ATTACHMENT 3 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
INVESTMENT FEES	21,776.	0.	21,776.	0.
MEDIA RELATIONS	19,685.	19,685.	0.	0.
COLLECTION KIT	19,650.	19,650.	0.	0.
GRAPHIC DESIGN	19,500.	19,500.	0.	0.
IT CONSULTING	15,897.	3,500.	12,397.	0.
EMPLOYEE ADMINISTRATION FEES	13,496.	7,251.	3,196.	3,049.
OTHER OUTSIDE SERVICES	13,160.	11,506.	1,654.	0.
WRITING/EDITING	3,660.	3,660.	0.	0.
PHOTOGRAPHY	2,240.	1,240.	0.	1,000.
REGISTRY HRCT CONSULTING	-6,989.	-6,989.	0.	0.
TOTALS	<u>4,670,646.</u>	<u>4,432,858.</u>	<u>130,992.</u>	<u>106,796.</u>