

# PUBLIC DISCLOSURE COPY

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990****2018**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](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection****A** For the 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

PULMONARY FIBROSIS FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

230 EAST OHIO STREET

Room/suite

500

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60611-3270

**F** Name and address of principal officer:

SCOTT STASZAK

230 E OHIO STREET, SUITE 500, CHICAGO, IL 60611-3270

**D** Employer identification number

84-1558631

**E** Telephone number

(312) 265-2182

**G** Gross receipts \$ 11,630,838.**H(a)** Is this a group return for subordinates?  Yes  No**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:

501(c)(3)

501(c) ( ) ◀ (insert no.)

4947(a)(1) or

527

**J** Website: ▶ WWW.PULMONARYFIBROSIS.ORG**H(c)** Group exemption number ▶**K** Form of organization:

Corporation

Trust

Association

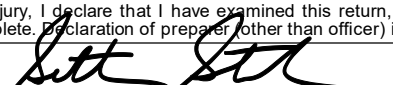
Other ▶

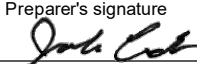
**L** Year of formation: 2000**M** State of legal domicile: CO**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	40.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,396.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	500.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,989,047.	8,449,631.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,993,145.	2,180,520.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,559.	275,682.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-321,285.	-457,148.
		8,743,466.	10,448,685.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	208,811.	293,007.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,149,318.	3,585,863.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,190,480.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,986,086.	4,609,314.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,344,215.	8,488,184.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	399,251.	1,960,501.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	8,884,514.	10,914,467.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,777,874.	2,850,718.
	6,106,640.	8,063,749.	

**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.

<b>Sign Here</b>		02/18/20
	Signature of officer	Date
	COO	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JACOB COOK		02/11/2020	<input type="checkbox"/>	P01240455
	Firm's name BDO USA, LLP	Firm's EIN 13-5381590	Phone no. 847-676-2000		
	Firm's address ▶ 9500 BRYN MAWR AVE. SUITE 300 ROSEMONT, IL 60018				

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** (2018)

# PUBLIC DISCLOSURE COPY

Form **8868**

(Rev. January 2019)

Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-1709

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

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

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

	Enter filer's identifying number, see instructions	
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	PULMONARY FIBROSIS FOUNDATION	84-1558631
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	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) . . . . . 01

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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/15, 2020, 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, 2018, and ending 06/30, 2019.

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

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

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

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 \$ 2,394,724. including grants of \$ ) (Revenue \$ 2,066,117. ) PFF PATIENT REGISTRY: TOTAL REVENUE RECOGNIZED FOR THE PROGRAM WAS \$2,566,117, WHICH INCLUDED CONTRIBUTIONS AND SPONSORSHIPS OF \$500,000 IN ADDITION TO THE PROGRAM SERVICE REVENUE OF \$2,066,117. THE PFF PATIENT REGISTRY (REGISTRY) IS A RESEARCH-FOCUSED COLLABORATIVE 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. THE REGISTRY IS AN ELECTRONIC DATABASE OF PATIENT INFORMATION (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 828,930. including grants of \$ ) (Revenue \$ 114,403. ) OUTREACH AND AWARENESS: 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, AND OTHER DISEASE AWARENESS AND EDUCATION PROGRAMS. DURING THE FISCAL YEAR, THE PFF ACCEPTED SEVEN NEW PFF AMBASSADORS INTO THE PROGRAM. THESE AMBASSADORS CONSIST OF PULMONARY FIBROSIS PATIENTS, (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 770,055. including grants of \$ 8,000. ) (Revenue \$ ) PFF CARE CENTER NETWORK: THE GOAL OF THE PFF CARE CENTER NETWORK IS TO ELEVATE THE STANDARD OF CARE FOR PATIENTS WITH PULMONARY FIBROSIS BY CONNECTING LEADING MEDICAL CENTERS THROUGHOUT THE U.S. THAT HAVE EXPERTISE IN TREATING FIBROTIC LUNG DISEASES. THE INSTITUTIONS THAT COMPRISE THE NETWORK USE A MULTIDISCIPLINARY APPROACH TO DELIVER COMPREHENSIVE PATIENT CARE WITH SPECIALIZED CARE TEAMS, WHICH INCLUDE INDIVIDUALS WITH EXPERTISE IN PULMONARY MEDICINE, RHEUMATOLOGY, RADIOLOGY, PATHOLOGY, GASTROENTEROLOGY, AND THORACIC SURGERY. THIS MULTIDISCIPLINARY, COLLABORATIVE APPROACH IS CRITICAL TO MANAGING A COMPLEX (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,346,150. including grants of \$ 285,007. ) (Revenue \$ )

4e Total program service expenses 6,339,859.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and disclosures.

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. [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.



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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 40		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 in 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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SCOTT STASZAK, COO 230 EAST OHIO STREET, SUITE 500 CHICAGO, IL 60611 312-265-2182

**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.

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

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

(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) GEORGE ELIADES, PHD CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) COLLEEN ATWELL VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(3) DAVID MCNINCH VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(4) LAURIE CHANDLER, CFP ® TREASURER	1.00 0.	X		X				0.	0.	0.
(5) TERENCE HALES SECRETARY	1.00 0.	X		X				0.	0.	0.
(6) WILLIAM T. SCHMIDT DIRECTOR / PRESIDENT AND CEO	40.00 0.	X		X				374,350.	0.	11,050.
(7) MIKE HENDERSON DIRECTOR	1.00 0.	X						0.	0.	0.
(8) JEFF HARRIS DIRECTOR	1.00 0.	X						0.	0.	0.
(9) WENDY MASON DIRECTOR	1.00 0.	X						0.	0.	0.
(10) ANDY LIMPER DIRECTOR	1.00 0.	X						0.	0.	0.
(11) BARBARA MURPHY DIRECTOR	1.00 0.	X						0.	0.	0.
(12) SCOTT STASZAK CHIEF OPERATING OFFICER	40.00 0.			X				246,951.	0.	7,409.
(13) LAURA SADLER CHIEF PROGRAM & BUS DEV OFFCR	40.00 0.				X			176,883.	0.	15,037.
(14) PAULINE BIANCHI VP, RESEARCH & PROGRAMS	40.00 0.					X		164,393.	0.	5,271.





**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,097,973.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	7,351,658.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		80,621.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			8,449,631.				
	<b>Program Service Revenue</b>	<b>2a</b> PFF PATIENT REGISTRY	<b>Business Code</b>					
		900099		2,066,117.	2,066,117.			
<b>b</b> OTHER PROGRAM SERVICE		900099		114,403.	114,403.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .			2,180,520.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			273,967.			273,967.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .		(i) Real					
		<b>b</b> Less: rental expenses . . . . .		(ii) Personal				
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . .			0.				
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities					
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	666,984.	495.				
		<b>c</b> Gain or (loss) . . . . .	664,774.	-495.				
	<b>d</b> Net gain or (loss) . . . . .	2,210.	-495.		1,715.		1,715.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,097,973.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		44,650.				
<b>b</b> Less: direct expenses . . . . .		<b>b</b>	511,393.					
<b>c</b> Net income or (loss) from fundraising events . . . . .				-466,743.			-466,743.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0.					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		14,352.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	5,491.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			8,861.			8,861.	
Miscellaneous Revenue								
<b>11a</b> ADVERTISING		<b>Business Code</b>						
		900099		500.		500.		
	<b>b</b> MISCELLANEOUS	900099		234.			234.	
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			734.					
<b>12 Total revenue.</b> See instructions. . . . .			10,448,685.	2,180,520.	500.	-181,966.		

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	293,007.	293,007.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,664,789.	1,010,400.	247,468.	406,921.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	1,475,982.	762,194.	348,733.	365,055.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,342.	20,010.	8,906.	12,426.
<b>9</b> Other employee benefits . . . . .	195,787.	84,836.	55,726.	55,225.
<b>10</b> Payroll taxes . . . . .	207,963.	108,475.	47,843.	51,645.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	49,582.		49,582.	
<b>c</b> Accounting . . . . .	26,450.		26,450.	
<b>d</b> Lobbying . . . . .	79,435.	79,435.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	0.			
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 3</b>	2,979,501.	2,885,465.	31,917.	62,119.
<b>12</b> Advertising and promotion . . . . .	74,139.	74,139.		
<b>13</b> Office expenses . . . . .	251,855.	166,027.	12,614.	73,214.
<b>14</b> Information technology. . . . .	13,761.	7,653.	2,489.	3,619.
<b>15</b> Royalties. . . . .	0.			
<b>16</b> Occupancy . . . . .	235,883.	131,041.	42,758.	62,084.
<b>17</b> Travel . . . . .	459,295.	404,248.	28,288.	26,759.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	5,491.	3,131.	457.	1,903.
<b>20</b> Interest . . . . .	1,326.		1,326.	
<b>21</b> Payments to affiliates. . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	58,255.	36,017.	12,103.	10,135.
<b>23</b> Insurance . . . . .	43,021.	23,880.	7,788.	11,353.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EVENT EXPENSES	136,259.	122,314.	2,515.	11,430.
<b>b</b> DUES/SUBSCRIPTIONS/REGISTRAT	40,306.	30,480.	8,141.	1,685.
<b>c</b> SOFTWARE EXPENSES	166.		166.	
<b>d</b> OTHER EXPENSES	154,589.	97,107.	22,575.	34,907.
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	8,488,184.	6,339,859.	957,845.	1,190,480.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	631,972.	<b>1</b>	221,577.
	<b>2</b> Savings and temporary cash investments	4,666,634.	<b>2</b>	3,975,907.
	<b>3</b> Pledges and grants receivable, net	63,801.	<b>3</b>	1,166,592.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	163,320.	<b>9</b>	223,507.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	234,766.		
	<b>b</b> Less: accumulated depreciation	164,896.		
	<b>11</b> Investments - publicly traded securities	77,486.	<b>10c</b>	69,870.
	<b>12</b> Investments - other securities. See Part IV, line 11	2,793,944.	<b>11</b>	4,710,031.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>12</b>	0.
	<b>14</b> Intangible assets	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	50,107.	<b>14</b>	99,963.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	437,250.	<b>15</b>	447,020.	
	8,884,514.	<b>16</b>	10,914,467.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,485,931.	<b>17</b>	1,406,425.
	<b>18</b> Grants payable	66,811.	<b>18</b>	104,311.
	<b>19</b> Deferred revenue	1,203,745.	<b>19</b>	1,327,306.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,387.	<b>25</b>	12,676.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	2,777,874.	<b>26</b>	2,850,718.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	3,287,709.	<b>27</b>	3,871,039.
	<b>28</b> Temporarily restricted net assets	2,818,931.	<b>28</b>	4,192,710.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	6,106,640.	<b>33</b>	8,063,749.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	8,884,514.	<b>34</b>	10,914,467.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	10,448,685.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	8,488,184.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	1,960,501.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	6,106,640.
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-3,392.
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b> Investment expenses . . . . .	<b>7</b>	0.
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	8,063,749.

**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 in 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



# PUBLIC DISCLOSURE COPY

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

## Public Charity Status and Public Support

OMB No. 1545-0047

2018

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

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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**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)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,278,122.	5,558,537.	5,775,504.	5,989,047.	8,449,631.	27,050,841.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	1,278,122.	5,558,537.	5,775,504.	5,989,047.	8,449,631.	27,050,841.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						11,148,249.
<b>6 Public support.</b> Subtract line 5 from line 4						15,902,592.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4. . . . .	1,278,122.	5,558,537.	5,775,504.	5,989,047.	8,449,631.	27,050,841.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	6,852.	14,534.	11,635.	69,969.	273,967.	376,957.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	401.	2,101.	1,060.	691.	234.	4,487.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						27,432,285.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	9,172,667.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	57.97%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	57.54%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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 <b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**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 2014-2018 CORRESPOND TO THE 5 PRIOR TAX RETURNS FILED:

- 2014 = 2014 SHORT-YEAR RETURN (6/30/2015 YEAR-END)
- 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)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	401.	2,101.	1,060.	691.	234.	4,487.
TOTALS	<u>401.</u>	<u>2,101.</u>	<u>1,060.</u>	<u>691.</u>	<u>234.</u>	<u>4,487.</u>

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**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

# PUBLIC DISCLOSURE COPY

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	_____	\$ 1,613,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 850,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 1,120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 980,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)



# PUBLIC DISCLOSURE COPY

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

# PUBLIC DISCLOSURE COPY

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

# PUBLIC DISCLOSURE COPY

## SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

# 2018

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](http://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) 2018

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		58,081.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		21,354.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		79,435.													
<b>d</b> Other exempt purpose expenditures . . . . .		6,260,424.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		6,339,859.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		466,993.													
<table border="1"> <thead> <tr> <th><b>If the amount on line 1e, column (a) or (b) is:</b></th> <th><b>The lobbying nontaxable amount is:</b></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>		<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		116,748.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount		507,873.	456,061.	466,993.	1,430,927.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,146,391.
<b>c</b> Total lobbying expenditures		43,156.	21,008.	79,435.	143,599.
<b>d</b> Grassroots nontaxable amount		126,968.	114,015.	116,748.	357,731.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					536,597.
<b>f</b> Grassroots lobbying expenditures			120.	58,081.	58,201.

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 main 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)



# PUBLIC DISCLOSURE COPY

## SCHEDULE D (Form 990)

### Supplemental Financial Statements

OMB No. 1545-0047

▶ 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.

# 2018

▶ Attach to Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PULMONARY FIBROSIS FOUNDATION

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.

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

### Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2b
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	2d
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	▶ \$ _____
(ii) Assets included in Form 990, Part X. . . . .	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	▶ \$ _____
b Assets included in Form 990, Part X. . . . .	▶ \$ _____

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
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 Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAPITAL LEASE OBLIGATION	12,676.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	10,962,672.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-3,392.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-3,392.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>		10,966,064.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-517,379.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-517,379.	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>		10,448,685.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	9,005,563.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	517,379.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	517,379.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>		8,488,184.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>		8,488,184.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**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. THE ORGANIZATION MAINTAINS AN EMPLOYEE COMMUTER BENEFITS PLAN, BENEFITS UNDER WHICH ARE DEEMED TO BE UNRELATED BUSINESS INCOME AS OF JANUARY 1, 2018.

IT IS THE POLICY OF THE ORGANIZATION TO INCLUDE IN MANAGEMENT AND GENERAL EXPENSES PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES. THERE ARE PENALTIES OF \$133 AND INTEREST OF \$18 FROM TAXING AUTHORITIES INCLUDED IN MANAGEMENT AND GENERAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2019; THERE WERE NO PENALTIES OR INTEREST INCLUDED FOR THE PRECEDING FISCAL YEAR.

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

SPECIAL EVENTS	(\$511,393)
SALE OF GOODS	(\$5,491)
LOSS ON SALE OF ASSETS	(\$495)

**Part XIII** Supplemental Information (continued)

TOTAL (\$517,379)

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

SPECIAL EVENTS \$511,393

SALE OF GOODS \$5,491

LOSS ON SALE OF ASSETS \$495

TOTAL \$517,379





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

Revenue	(a) Event #1 PFF WALKS <small>(event type)</small>	(b) Event #2 BROADWAY BELTS <small>(event type)</small>	(c) Other events <small>(total number)</small>	(d) Total events (add col. (a) through col. (c))
	<b>1</b> Gross receipts . . . . .	730,910.	411,712.	
<b>2</b> Less: Contributions . . . . .	730,910.	367,062.		1,097,972.
<b>3</b> Gross income (line 1 minus line 2) . . . . .		44,650.		44,650.
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .	2,757.	61,526.		64,283.
<b>8</b> Entertainment . . . . .	3,159.	1,066.		4,225.
<b>9</b> Other direct expenses . . . . .	276,905.	165,980.		442,885.
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				511,393.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-466,743.

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

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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).

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# PUBLIC DISCLOSURE COPY

**SCHEDULE I  
(Form 990)**

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public  
Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

**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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637-5418	36-2177139	501(C)(3)	50,000.				SEE PART IV
<b>(2)</b> TRUSTEES OF BOSTON UNIVERSITY, BU MEDICAL C 72 E CONCORD ST BOSTON, MA 02118	04-2103547	501(C)(3)	50,000.				SEE PART IV
<b>(3)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	50,000.				SEE PART IV
<b>(4)</b> THE UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA, IA 52242	42-6004813	501(C)(3)	50,000.				SEE PART IV
<b>(5)</b> TRUSTEES OF COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	5,533.				SEE PART IV
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

# PUBLIC DISCLOSURE COPY

**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  
PULMONARY FIBROSIS (PF) IS A DESTRUCTIVE INTERSTITIAL LUNG DISEASE OFTEN  
CHARACTERIZED BY PROFOUND SCARRING OF THE LUNGS. IN SEVERE PF, LUNG  
FUNCTION AND QUALITY OF LIFE DETERIORATE, WITH DEATH ENSUING WITHIN 3-5  
YEARS IN THE MAJORITY OF PATIENTS. WHILE THE CAUSE OF PF IS FREQUENTLY  
UNKNOWN, RECENT STUDIES CONDUCTED IN NON-AFRICAN-AMERICAN PATIENTS

**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					
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6					
7					

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

SUGGEST ONE'S GENETICS CONTRIBUTE TO THE RISK OF DEVELOPING PF. AFRICAN AMERICANS (AA) ARE THE LARGEST U.S. MINORITY RACE WITH OVER 40 MILLION PEOPLE AND HAVE WORSE SURVIVAL IN NUMEROUS PULMONARY DISEASES. HOWEVER, THE VARIATION OF THESE GENETIC MARKERS AND THEIR ASSOCIATION WITH PF IN AA IS UNKNOWN. THIS PROJECT SEEKS TO UTILIZE CLINICAL AND GENETIC DATA COLLECTED ACROSS DIVERSE RACES TO IDENTIFY GENETIC MARKERS ASSOCIATED WITH THE MOST SEVERE FORM OF PF IN AA AND NON-AA PATIENTS. APPLYING THIS APPROACH TO PRECISION MEDICINE IS EXPECTED TO IDENTIFY NEW GENES AND GENE PATHWAYS THAT MAY ONE DAY SERVE AS TARGETS FOR THE TREATMENT OF PF ACROSS AA AND NON-AA POPULATIONS.



# PUBLIC DISCLOSURE COPY

**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					
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**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

THE POORLY UNDERSTOOD PATHOGENESIS OF PULMONARY FIBROSIS (PF) AND LACK OF RELIABLE PRECLINICAL MODELS IMPEDE DEVELOPMENT OF EFFECTIVE THERAPIES. RECENT DATA IMPLICATE DYSFUNCTION OF ALVEOLAR EPITHELIAL TYPE 2 (AT2) CELLS AS A KEY INITIATOR OF PF PATHOGENESIS. FAMILIAL AND SPORADIC FORMS OF PF APPEAR TO BE ASSOCIATED WITH MUTATIONS IN GENES THAT ARE SELECTIVELY EXPRESSED IN AT2 CELLS, SUCH AS SURFACTANT PROTEIN C (SFTPC), AND MAY OFFER INSIGHTS INTO HOW DYSFUNCTIONAL AT2 CELLS INITIATE PF. AS ACCESS TO PRIMARY AT2 CELLS FROM PF PATIENTS IS LIMITED, WE SOUGHT TO ENGINEER A DISEASE MODEL UTILIZING PATIENT-SPECIFIC INDUCED PLURIPOTENT

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

STEM CELLS (IPSCS). IPSCS ARE GENERATED BY REPROGRAMMING PATIENT BLOOD OR SKIN CELLS. FOR THIS PROPOSAL, WE GENERATED IPSCS FROM PATIENTS WITH INTERSTITIAL LUNG DISEASE CARRYING THE MOST COMMON SFTPC MUTATION (I73T) AND OPTIMIZED METHODS FOR DIFFERENTIATING THEM INTO FUNCTIONAL AT2 CELLS IN VITRO. USING GENE-EDITING TECHNOLOGY, WE GENERATED CORRECTED AND MUTANT IPSCS WHICH WE WILL DIFFERENTIATE INTO AT2 CELLS. ULTIMATE COMPARISON OF MUTANT AND CORRECTED PATIENT-SPECIFIC IPSC-DERIVED AT2 CELLS WILL HELP DEFINE THE MECHANISMS THAT INITIATE PF PATHOGENESIS.

**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					
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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 3(H) PURPOSE OF GRANT

PULMONARY FIBROSIS, ONE OF THE MOST DEVASTATING LUNG DISEASES, IS INCREASING WORLDWIDE. IT IS FEATURED WITH IRREVERSIBLY DAMAGED LUNG TISSUES, WHICH MAKES IT HARD FOR LUNGS TO WORK PROPERLY, AND PATIENTS WITH THE PULMONARY FIBROSIS BECOME PROGRESSIVELY SHORT OF BREATH. THE RECENTLY APPROVED THERAPIES FOR IPF HAVE LIMITED EFFICACY. THUS, FURTHER INVESTIGATIONS ARE KEY TO FINDING NEW, EFFECTIVE THERAPEUTIC TARGETS. LUNG MACROPHAGES, THE INITIAL DEFENSE-FIGHTING IMMUNE CELLS IN THE LUNGS, HAVE A CRITICAL ROLE IN DEVELOPMENT OF PULMONARY FIBROSIS. OXIDATIVE STRESS IN LUNG MACROPHAGES IS IMPORTANT FOR FIBROSIS DEVELOPMENT. CHANGES

**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					
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4					
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7					

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

IN CELLULAR METABOLISM AND THE GENERATION OF NEW MITOCHONDRIA ARE CRUCIAL  
 IN MULTIPLE DISEASES, INCLUDING CANCER AND HEART DISEASE. HOWEVER, THE  
 ROLE OF METABOLISM AND INCREASING THE NUMBER OF MITOCHONDRIA IN LUNG  
 MACROPHAGES IN PULMONARY FIBROSIS IS UNKNOWN. IN THIS PROPOSAL, WE WILL  
 USE INNOVATIVE STRATEGIES TO DETERMINE IF CHANGES IN METABOLISM AND  
 MITOCHONDRIA COPIES IN LUNG MACROPHAGES PROMOTE PULMONARY FIBROSIS. THE  
 RESULTS MAY SUPPORT THE NOTION THAT METABOLISM AND MITOCHONDRIA IN  
 MACROPHAGES ARE POTENTIAL THERAPEUTIC TARGETS FOR PULMONARY FIBROSIS.

# PUBLIC DISCLOSURE COPY

**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

HYPERSENSITIVITY PNEUMONITIS (HP) IS AN INFLAMMATORY LUNG DISEASE CAUSED BY EXPOSURE TO VARIOUS ENVIRONMENTAL TRIGGERS. IT IMPAIRS LUNG FUNCTION CAUSING SHORTNESS OF BREATH, AFFECTS OXYGENATION AND CAN CAUSE LUNG FIBROSIS. PATIENTS ARE USUALLY TREATED WITH STEROIDS AND OTHER IMMUNOSUPPRESSIVE MEDICATIONS BUT PATIENTS STILL CAN DEVELOP PERSISTENT AND/OR PROGRESSIVE DISEASE. NEW ADVANCED THERAPIES ARE USED IN OTHER INFLAMMATORY DISEASES BUT THEIR EFFICACY IN HP IS UNKNOWN. WE ALSO DO NOT WHICH OF THESE THERAPIES COULD POTENTIALLY WORK IN HP MAINLY BECAUSE OUR KNOWLEDGE OF THE IMMUNE RESPONSE IS LIMITED DUE TO THE LACK OF STUDIES IN

**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					
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7					

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

THIS AREA. OUR PROJECT WILL RECRUIT PATIENTS WITH HP AND EXTRACT THE IMMUNE CELLS FROM THEIR LUNGS BY PERFORMING A LUNG WASH THROUGH A BRONCHOSCOPE. WE WILL THEN EXAMINE THE IMMUNE RESPONSE AND THE VARIOUS SUBTYPES OF THE IMMUNE CELLS IN THEIR LUNGS. A BETTER UNDERSTANDING OF THE TYPE OF IMMUNE RESPONSE AND IMMUNE CELLS WILL LAY THE GROUND WORK FOR FUTURE MORE IN-DEPTH STUDIES AND GUIDE US IN DESIGNING FUTURE TREATMENT STUDIES USING NEW DRUGS THAT TARGET THE SPECIFIC IMMUNE RESPONSE. BY STOPPING THE INFLAMMATION WE CAN PREVENT LUNG FIBROSIS.



# PUBLIC DISCLOSURE COPY

**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					
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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

IDIOPATHIC PULMONARY FIBROSIS IS STILL AN INTRACTABLE LUNG DISEASE WITH A DISMAL PROGNOSIS. ALTHOUGH RECENT TRIALS SUGGEST THAT TWO DRUGS SLOW DISEASE PROGRESSION TO SOME EXTENT, THE ONLY DEFINITIVE TREATMENT IS LUNG TRANSPLANTATION, AN INTERVENTION HAMPERED BY LOW AVAILABILITY OF DONOR ORGANS, AND SEVERE SURGICAL, MEDICAL AND IMMUNOLOGICAL COMPLICATIONS. INNOVATIVE APPROACHES ARE THEREFORE URGENTLY NEEDED. DEVELOPING SUCH APPROACHES REQUIRES INSIGHT INTO THE MECHANISMS UNDERLYING THIS DISEASE, WHICH ARE CURRENTLY LARGELY UNKNOWN, DESPITE DECADES OF RESEARCH. HERE WE PROPOSE TO DEVELOP AN IN VITRO MODEL FOR IPF THAT WILL ALLOW MODELING 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					
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5					
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7					

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

DISEASE, EXAMINE THE MECHANISMS LEADING TO THE DISEASE, AND PERFORM SCREENING FOR DRUGS THAT MAY ALTER ITS COURSE. WE WILL GENERATE INDUCED PLURIPOTENT STEM CELLS (IPSCS) FROM CELLS FROM PATIENTS AND APPROPRIATE CONTROLS. IPSCS ARE PRODUCED BY REPROGRAMMING CELLS (SKIN OR BLOOD, FOR EXAMPLE) TO STEM CELLS. THESE CAN THEN BE DIFFERENTIATED INTO LUNG CELLS. THESE LUNG CELL POPULATIONS DERIVED FROM IPF PATIENTS WILL THEN BE USED TO EXAMINE HOW THEY DIFFER FROM CELLS DERIVED FROM NORMAL CONTROLS.

# PUBLIC DISCLOSURE COPY

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2018

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><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
<b>1a</b>		
<b>1b</b>		X
<b>2</b>		X
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM T. SCHMIDT DIRECTOR / PRESIDENT AND CEO	(i)	374,350.	0.	0.	8,400.	2,650.	385,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SCOTT STASZAK CHIEF OPERATING OFFICER	(i)	246,951.	0.	0.	7,409.	0.	254,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LAURA SADLER CHIEF PROGRAM & BUS DEV OFFCR	(i)	176,883.	0.	0.	5,590.	9,447.	191,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PAULINE BIANCHI VP, RESEARCH & PROGRAMS	(i)	164,393.	0.	0.	4,015.	1,256.	169,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

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.

# PUBLIC DISCLOSURE COPY

**SCHEDULE M  
(Form 990)**

## Noncash Contributions

OMB No. 1545-0047

2018

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

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	8 .	68,397 .	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	3 .	12,224 .	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? . . . . .	<b>30a</b>		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? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		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) 2018

JSA

8E1298 1.000

**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.

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# PUBLIC DISCLOSURE COPY

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PULMONARY FIBROSIS FOUNDATION

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public  
Inspection

Employer identification number

84-1558631

FORM 990, PART III, LINES 4A-4C

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

THAT IS DE-IDENTIFIED (MADE ANONYMOUS) AND INDEPENDENTLY MANAGED BY A DATA COORDINATING CENTER. THE REGISTRY ALSO COLLECTS BIOLOGICAL SPECIMENS THAT PATIENTS HAVE AGREED TO GIVE, WHICH ARE DE-IDENTIFIED AND INDEPENDENTLY MANAGED BY A MEDICAL SPECIMEN STORAGE FACILITY ASSOCIATED WITH THE DATA COORDINATING CENTER. THE GOALS OF THE PFF PATIENT REGISTRY ARE TO FACILITATE THE DEVELOPMENT OF EFFECTIVE THERAPIES BY PROVIDING RESEARCHERS WITH DATA TO ADDRESS SPECIFIC RESEARCH QUESTIONS AND FACILITATE RECRUITMENT FOR CLINICAL TRIALS. TO MEET THESE GOALS, THE REGISTRY WILL COLLECT ACCURATE CLINICAL DATA ON THE CURRENT CARE, TREATMENT, AND QUALITY OF LIFE FOR PATIENTS WITH DIVERSE FORMS OF PULMONARY FIBROSIS AS WELL AS BIOLOGICAL SPECIMENS WHEN POSSIBLE.

THIS VITAL PROGRAM IS CLOSE TO FULLY FUNDED FOR THE INITIAL 5 YEAR PLAN, BUT ADDITIONAL FUNDING IS NEEDED TO COMPLETE THE INITIAL PLAN AND THEN TO ALLOW THE PFF PATIENT REGISTRY TO EXPAND BEYOND THE ORIGINAL PLAN FOR 2,000 PATIENTS, PROVIDING MORE CLINICAL DATA AND FURTHER EXPEDITING RESEARCH. AS OF JUNE 30, 2019, THE PFF PATIENT REGISTRY HAS ACTIVATED 42 SITES AND IDENTIFIED 2,003 PATIENTS FOR ENROLLMENT. 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 4B:

CAREGIVERS AND LUNG TRANSPLANT RECIPIENTS. PFF AMBASSADORS SPOKE AT OVER



# PUBLIC DISCLOSURE COPY

Schedule O (Form 990 or 990-EZ) 2018

Page **2**

Name of the organization

PULMONARY FIBROSIS FOUNDATION

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35 EVENTS INCLUDING SUPPORT GROUP MEETINGS, EDUCATIONAL CONFERENCES AND FUNDRAISERS.

THE PFF DAUGHTERS PROGRAM EXPANDS AWARENESS OF PULMONARY FIBROSIS, ESPECIALLY AMONG POLICYMAKERS, VIA GRASSROOTS EVENTS AND FUNDRAISERS ACROSS THE NATION. MEMBERS OF PFF DAUGHTERS JOIN TOGETHER TO USE THEIR COLLECTIVE VOICE TO INCREASE AWARENESS ABOUT PF, ADVOCATE FOR IMPROVED CARE FOR PEOPLE WITH PF, AND RAISE SUPPORT FOR CONTINUED RESEARCH EFFORTS. MEMBERSHIP IN THE PFF DAUGHTERS PROGRAM IS OPEN TO ANYONE AFFECTED BY PULMONARY FIBROSIS - PAST, PRESENT AND FUTURE.

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. THE PFF EXPANDED ITS GROUP OF ADVOCATES TO OVER 750 MEMBERS.

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

DISEASE LIKE PULMONARY FIBROSIS AND ENSURING INDIVIDUALS RECEIVE AN ACCURATE DIAGNOSIS, OBTAIN QUALITY CLINICAL CARE, AND ACQUIRE IMPORTANT SUPPORT SERVICES.

HEALTH CARE EXPERTS AT CARE CENTERS HAVE EXTENSIVE EXPERIENCE IN THE

# PUBLIC DISCLOSURE COPY

Schedule O (Form 990 or 990-EZ) 2018

Page 2

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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TREATMENT OF PF AND ARE DEDICATED TO THE CARE OF PATIENTS WITH THIS DISEASE. THE SPECIFIC CAUSE OF PF, WHETHER ENVIRONMENTAL, RELATED TO ANOTHER ILLNESS, UNKNOWN (IDIOPATHIC), OR OTHERWISE, CAN SIGNIFICANTLY INFLUENCE THE PROGRESSION OF THE DISEASE AND TREATMENT OPTIONS, SO IT IS IMPORTANT THAT EACH PATIENT BE CONSIDERED AND TREATED INDIVIDUALLY. IN JANUARY OF 2019, THE PFF CALLED FOR NEW CENTER APPLICATIONS AND ADDED 8 ADDITIONAL CENTERS, BRINGING THE TOTAL ACROSS THE UNITED STATES TO 68 CENTERS. THIS INCREASED THE CCN'S MSA (METROPOLITAN STATISTICAL AREA) COVERAGE TO 82.63%, BRINGING IT CLOSER TO THE PFF'S GOAL OF 90% OF THE TOTAL U.S. POPULATION HAVING ACCESS TO A PFF CCN SITE WITHIN A 2-HOUR OR 120-MILE RADIUS. OUR VP OF RESEARCH AND DEVELOPMENT VISITED OVER HALF OF THE 68 CCN SITES TO LEARN MORE ABOUT THEIR UNIQUE CLINICAL PRACTICES, AS WELL AS SHARE THE RESOURCES AVAILABLE TO THEM AT THE PFF. TO LEARN MORE ABOUT THE PFF CARE CENTER NETWORK OR FIND A PFF CARE CENTER PLEASE GO TO: [HTTPS://BIT.LY/PFFCCN](https://bit.ly/pffccn)

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

1. 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.

# PUBLIC DISCLOSURE COPY

Schedule O (Form 990 or 990-EZ) 2018

Page 2

Name of the organization

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THE FOUNDATION CREATED NEW PRINT MATERIALS IN 2018-2019, INCLUDING THE OXYGEN BASICS BOOKLET (AVAILABLE IN BOTH ENGLISH AND SPANISH), THE ILD NURSING AND ALLIED HEALTH GUIDE, THE PULMONARY REHABILITATION POCKET GUIDE, AND THE DISEASE AND TREATMENT FACT SHEET SERIES. THESE PRINTED EDUCATIONAL MATERIALS ARE DISTRIBUTED THROUGH THE PFF PATIENT COMMUNICATION CENTER AND AT EDUCATION EVENTS AND CONFERENCES. THE PFF ADDED NEW VIDEOS TO THE LIFE WITH PULMONARY FIBROSIS SERIES, PROVIDING CONTENT THAT COVERS DISEASE EDUCATION AND PATIENT STORIES. THESE VIDEOS CAN BE FOUND AT [HTTP://BIT.LY/LIFEWITHPFF](http://bit.ly/lifewithpff) AND ON THE FOUNDATION'S YOUTUBE CHANNEL. IN ORDER TO GIVE PATIENTS EASIER ACCESS TO LOCATE CLINICAL TRIALS, THE PFF SUPPORTS A CLINICAL TRIALS FINDER APPLICATION ON THE WEBSITE, WHICH CAN BE FOUND AT [HTTP://BIT.LY/PFFTRIALFINDER](http://bit.ly/pfftrialfinder).

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. SEVEN WEBINARS WERE PRESENTED IN FISCAL YEAR 2018-19 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.

## 2. 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). IN ADDITION TO CREATING THE PFF PATIENT REGISTRY TO PROVIDE RESEARCHERS WITH DATA TO ADDRESS SPECIFIC

# PUBLIC DISCLOSURE COPY

Schedule O (Form 990 or 990-EZ) 2018

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RESEARCH QUESTIONS, ENCOURAGING COLLABORATIVE RELATIONS BETWEEN INDUSTRY AND ACADEMIC RESEARCHERS, AND DEVELOPING SOLUTIONS TO BRIDGE EXISTING GAPS IN PF RESEARCH.

THE PFF RESEARCH FUND SUPPORTS PROJECTS THAT OFFER A HIGH LIKELIHOOD OF IMPROVING THE UNDERSTANDING OF PF IN THE FOLLOWING AREAS: BASIC SCIENCE, TRANSLATIONAL SCIENCE, CLINICAL MEDICINE/RESEARCH AND SOCIAL SCIENCE/QUALITY OF LIFE. THE SCIENTIFIC ADVISORY COMMITTEE ADMINISTERS THE PEER-REVIEWED PROCESS WHICH FUNDS FOUR \$50,000 GRANTS PER GRANT CYCLE. PFF ALSO SPONSORS OTHER SMALLER GRANTS THAT FIT THE RESEARCH GUIDELINES.

### 3. 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.

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. THESE GROUPS MEET ONCE PER MONTH OVER THE PHONE IN A CONFERENCE CALL SETTING. EACH MONTHLY MEETING PROVIDES A CHANCE TO

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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.

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 SPONSORED A CONGRESSIONAL BRIEFING, FEATURING NATIONAL HEART, LUNG, AND BLOOD INSTITUTE DIVISION OF LUNG DISEASE DIRECTOR JAMES KILEY AS A SPEAKER TO RAISE AWARENESS ABOUT PULMONARY FIBROSIS. SENATOR CHRIS COONS HOSTED THE BRIEFING. THE PFF PROVIDED COMMENTS ON REGULATORY RULES REGARDING COVERAGE OF SUPPLEMENTAL OXYGEN, ADVOCATING FOR THE NEEDS OF PULMONARY FIBROSIS PATIENTS. THE PFF PROVIDED TRAINING TO GRASSROOTS ADVOCATES ON MEETING WITH THEIR LAWMAKERS TO ADVOCATE FOR THE NEEDS OF THE COMMUNITY.

5. 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 ANSWERS QUESTIONS ABOUT THE AVAILABILITY OF SUPPORT SERVICES AND OTHER ESSENTIAL RESOURCES, AND PROVIDES INFORMATION THAT IS TAILORED TO INDIVIDUALS' NEEDS. RESOURCES AVAILABLE INCLUDE: INFORMATION ON PFF PROGRAMS, EDUCATIONAL AND ADVOCACY MATERIALS, HOW TO FIND MEDICAL CARE, ACCESS TO SUPPORT SERVICES, INFORMATION ABOUT

# PUBLIC DISCLOSURE COPY

Schedule O (Form 990 or 990-EZ) 2018

Page **2**

Name of the organization

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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 CREATE AND PROVIDE THOSE MATERIALS. THE FOUNDATION ALSO FACILITATES PHYSICIAN EDUCATION BY PROVIDING MATERIALS AT EDUCATIONAL CONFERENCES. THE FOUNDATION LAUNCHED AN OXYGEN INFORMATION LINE TO PROVIDE PATIENTS AND CAREGIVERS WITH INFORMATION ON ACCESSING AND SAFELY USING SUPPLEMENTAL OXYGEN.

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 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 COMPLETE 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

# PUBLIC DISCLOSURE COPY

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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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 PROGRAMS AND BUSINESS DEVELOPMENT 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.

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 60646	MARKETING CONSULTING	145,438.

# PUBLIC DISCLOSURE COPY

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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ATTACHMENT 3

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>
SITE PAYMENTS	1,162,693.	1,162,693.		
MEDICAL CONSULTING	472,386.	462,239.		10,147.
REGISTRY DCC CONSULTANT	323,233.	323,233.		
MARKETING CAMPAIGN CONSULTANT	287,033.	287,033.		
REGISTRY HRCT COLLECTION CONSU	181,125.	181,125.		
OTHER CONSULTING	126,474.	119,835.	6,639.	
MARKETING CONSULTING	121,638.	117,950.		3,688.
REGISTRY MANAGEMENT CONSULTING	85,501.	85,501.		
MERCHANT CARD CHARGES	45,136.		402.	44,734.
COLLECTION KIT	32,097.	32,097.		
MEDIA RELATIONS	26,563.	26,563.		
TRANSLATION SERVICES	25,161.	25,161.		
GRAPHIC DESIGN	24,530.	24,530.		
IT CONSULTANT	20,274.	5,460.	14,814.	
INVESTMENT FEES	19,879.		19,879.	
EMPLOYEE ADMINISTRATION FEES	14,141.	7,939.	2,452.	3,750.
STIPENDS	12,775.	12,775.		
OTHER OUTSIDE SERVICES	6,335.	5,304.	1,031.	
WRITING/EDITING	5,320.	5,320.		
PHOTOGRAPY	507.	707.		-200.
FIRST GIVING PROCESSING FEES	13.		13.	
RECRUITMENT FEES	-13,313.		-13,313.	
<b>TOTALS</b>	<u>2,979,501.</u>	<u>2,885,465.</u>	<u>31,917.</u>	<u>62,119.</u>





Pulmonary Fibrosis Foundation  
Instructions for Filing  
Form 990-T  
990-T - Exempt Organization Business Income Tax Return  
For the year ended June 30, 2019

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2020 with:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a \$7,738 overpayment. Of this amount, \$0 will be refunded to you. Also, \$7,738 has been applied to your 2019 estimated tax.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

# PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

# 2018

Department of the Treasury  
Internal Revenue Service

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

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/> 501(c)(3)</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 220(e)</td> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 530(a)</td> <td><input type="checkbox"/> 529(a)</td> <td colspan="5"></td> </tr> </table> <p><b>C</b> Book value of all assets at end of year <u>10,914,467.</u></p>	<input checked="" type="checkbox"/> 501(c)(3)										<input type="checkbox"/> 408(e)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408A	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 529(a)						<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>PULMONARY FIBROSIS FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>230 EAST OHIO STREET 500</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60611-3270</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>84-1558631</b></p> <p><b>E</b> Unrelated business activity code (See instructions.) <b>541800</b></p>
<input checked="" type="checkbox"/> 501(c)(3)																							
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408A	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 529(a)																			

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

**J** The books are in care of ▶ **SCOTT STASZAK, COO** Telephone number ▶ **312-265-2182**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			
c	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation (attach statement)		5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11	500.		500.
12	Other income (See instructions; attach schedule)		12			
13	<b>Total.</b> Combine lines 3 through 12		13	500.		500.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)						
14	Compensation of officers, directors, and trustees (Schedule K)					
15	Salaries and wages		15			
16	Repairs and maintenance		16			
17	Bad debts		17			
18	Interest (attach schedule) (see instructions)		18			
19	Taxes and licenses		19			
20	Charitable contributions (See instructions for limitation rules)		20			
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a			
23	Depletion		23			
24	Contributions to deferred compensation plans		24			
25	Employee benefit programs		25			
26	Excess exempt expenses (Schedule I)		26			
27	Excess readership costs (Schedule J)		27			
28	Other deductions (attach schedule)		28			
29	<b>Total deductions.</b> Add lines 14 through 28		29			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30			500.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31			
32	<b>Unrelated business taxable income.</b> Subtract line 31 from line 30		32			500.

# PUBLIC DISCLOSURE COPY

Form **8868**

(Rev. January 2019)

Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-1709

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

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

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

	Enter filer's identifying number, see instructions	
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	PULMONARY FIBROSIS FOUNDATION	84-1558631
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	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) . . . . . 07

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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/15, 2020, 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, 2018, and ending 06/30, 2019.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 7,776.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 6,476.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 1,300.

**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.

**Part III Total Unrelated Business Taxable Income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	<b>33</b>	500.
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	<b>35</b>	
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	<b>36</b>	500.
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000.
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	0.

**Part IV Tax Computation**

<b>39</b>	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	<b>39</b>	
<b>40</b>	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	<b>40</b>	
<b>41</b>	Proxy tax. See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	Tax on Noncompliant Facility Income. See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	

**Part V Tax and Payments**

<b>45 a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	<b>45a</b>			
<b>b</b>	Other credits (see instructions).	<b>45b</b>			
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>			
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827).	<b>45d</b>			
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>			
<b>46</b>	Subtract line 45e from line 44.	<b>46</b>			
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	<b>47</b>			
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>			0.
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	<b>49</b>			
<b>50 a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	2,438.		
<b>b</b>	2018 estimated tax payments	<b>50b</b>	4,000.		
<b>c</b>	Tax deposited with Form 8868.	<b>50c</b>	1,300.		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>			
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>			
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>			
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>50g</b>			
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>			7,738.
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	<b>52</b>			
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>53</b>			
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>			7,738.
<b>55</b>	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 7,738. <b>Refunded</b>	<b>55</b>			

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		X

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

<b>Sign Here</b>	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JACOB COOK	Preparer's signature <i>Jacob Cook</i>	Date 02/11/2020	Check <input type="checkbox"/> if self-employed
	Firm's name BDO USA, LLP	Firm's EIN 13-5381590	PTIN P01240455	Phone no. 847-676-2000
	Firm's address 9500 BRYN MAWR AVE. SUITE 300, ROSEMONT, IL 60018			

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>1</b></td> <td style="width: 75%;">Inventory at beginning of year . . . . .</td> <td style="width: 5%;"><b>1</b></td> <td style="width: 15%;"></td> </tr> <tr> <td><b>2</b></td> <td>Purchases . . . . .</td> <td><b>2</b></td> <td></td> </tr> <tr> <td><b>3</b></td> <td>Cost of labor . . . . .</td> <td><b>3</b></td> <td></td> </tr> <tr> <td><b>4a</b></td> <td>Additional section 263A costs (attach schedule) . . . . .</td> <td><b>4a</b></td> <td></td> </tr> <tr> <td><b>b</b></td> <td>Other costs (attach schedule) . . . . .</td> <td><b>4b</b></td> <td></td> </tr> <tr> <td><b>5</b></td> <td><b>Total.</b> Add lines 1 through 4b . . . . .</td> <td><b>5</b></td> <td></td> </tr> </table>	<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>		<b>2</b>	Purchases . . . . .	<b>2</b>		<b>3</b>	Cost of labor . . . . .	<b>3</b>		<b>4a</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>		<b>b</b>	Other costs (attach schedule) . . . . .	<b>4b</b>		<b>5</b>	<b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>6</b></td> <td style="width: 75%;">Inventory at end of year . . . . .</td> <td style="width: 5%;"><b>6</b></td> <td style="width: 15%;"></td> </tr> <tr> <td><b>7</b></td> <td><b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .</td> <td><b>7</b></td> <td></td> </tr> <tr> <td><b>8</b></td> <td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .</td> <td style="width: 10%;"><b>Yes</b></td> <td style="width: 10%;"><b>No</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </table>	<b>6</b>	Inventory at end of year . . . . .	<b>6</b>		<b>7</b>	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>		<b>8</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>				X
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>																																							
<b>2</b>	Purchases . . . . .	<b>2</b>																																							
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<b>8</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>																																						
			X																																						

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

<b>1. Description of property</b>		
(1)		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** .....

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)					
(2)					
(3)					
(4)					
		Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Totals** .....

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Totals** .....

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5)) .....

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) WEB ADVERTISING	500.		500.			
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	500.					Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			