

# PUBLIC DISCLOSURE COPY

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Department of the Treasury  
Internal Revenue Service

▶ **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 **2020** calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

<b>B</b> Check if applicable:	<input type="checkbox"/>	Address change	<b>C</b> Name of organization <u>PULMONARY FIBROSIS FOUNDATION</u>			<b>D</b> Employer identification number <u>84-1558631</u>	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return					
	<input type="checkbox"/>	Final return/terminated					
<input type="checkbox"/>	Amended return	<b>E</b> Telephone number <u>(312) 265-2182</u>			<b>G</b> Gross receipts \$ <u>10,094,902.</u>		
<input type="checkbox"/>	Application pending						
<b>F</b> Name and address of principal officer: <u>SCOTT STASZAK</u> <u>230 E OHIO STREET, SUITE 500, CHICAGO, IL 60611-3270</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
							If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ <u>WWW.PULMONARYFIBROSIS.ORG</u>		<b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶							
<b>L</b> Year of formation: <u>2000</u>			<b>M</b> State of legal domicile: <u>CO</u>				

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE PEOPLE AND RESOURCES TO PROVIDE ACCESS TO HIGH-QUALITY CARE AND LEAD RESEARCH FOR A CURE SO THAT PEOPLE WITH PULMONARY FIBROSIS WILL LIVE LONGER, HEALTHIER LIVES.</u>		
	<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>	15.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15.
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	39.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1,899.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<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)	8,450,064.	6,636,670.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,548,146.	2,908,697.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293,084.	65,617.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-589,250.	-645,389.
	<b>12</b>		10,702,044.	8,965,595.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	342,863.	302,895.
	<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)	3,557,722.	3,807,101.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,046,077.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,391,038.	4,231,849.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,291,623.	8,341,845.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-589,579.	623,750.	
<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)	10,892,804.	14,745,592.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,594,974.	5,433,309.
<b>22</b>		7,297,830.	9,312,283.	

### 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>		Date	<u>4/20/2022</u>		
	Signature of officer				
	<u>SCOTT STASZAK</u>	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
	<u>JACOB COOK</u>		<u>4/20/2022</u>		<u>P01240455</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>		Phone no. <u>847-676-2000</u>	
	Firm's address ▶ <u>9500 BRYN MAWR AVE. SUITE 300 ROSEMONT, IL 60018</u>				

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** (2020)

# 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.**

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

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

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

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

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

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

SCOTT STASZAK, COO

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

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

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box . . . . . ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/16, 2022, 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, 2020, and ending 06/30, 2021.

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.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MOBILIZE PEOPLE AND RESOURCES TO PROVIDE ACCESS TO HIGH-QUALITY CARE AND LEAD RESEARCH FOR A CURE SO THAT PEOPLE WITH PULMONARY FIBROSIS WILL LIVE LONGER, HEALTHIER LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,095,135. including grants of \$ 0. ) (Revenue \$ 2,214,951. )

PFF PATIENT REGISTRY:

TOTAL REVENUE RECOGNIZED FOR THE PROGRAM WAS \$2,910,419 WHICH INCLUDED CONTRIBUTIONS AND SPONSORSHIPS OF \$695,468 IN ADDITION TO THE PROGRAM SERVICE REVENUE OF \$2,214,951. THE PFF REGISTRY (REGISTRY) IS A RESEARCH EFFORT THAT BRINGS TOGETHER MULTIPLE STAKEHOLDERS INCLUDING PATIENTS, HEALTH CARE PROVIDERS, AND RESEARCHERS TO ADVANCE RESEARCH AND IMPROVE THE QUALITY OF LIFE OF PATIENTS WITH PULMONARY FIBROSIS (PF). THE CRUX OF THE REGISTRY IS COMPRISED OF AN ELECTRONIC DATABASE OF PATIENT INFORMATION ON DIAGNOSIS, TREATMENT, AND QUALITY OF LIFE THAT IS DE-IDENTIFIED (MADE ANONYMOUS) AND (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 1,211,362. including grants of \$ 0. ) (Revenue \$ 0. )

EDUCATION:

TOTAL REVENUE RECOGNIZED FOR EDUCATION WAS \$782,495 WHICH INCLUDED \$208,539 IN CONTRIBUTIONS AND SPONSORSHIPS RECEIVED DURING THE YEAR OR RELEASED FROM PRIOR YEAR RECEIPTS. 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. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 621,082. including grants of \$ 0. ) (Revenue \$ 0. )

PROGRAM SUPPORT:

TOTAL REVENUE RECOGNIZED FOR THE PROGRAM SUPPORT WAS \$175,000 WHICH INCLUDED \$15,129 IN CONTRIBUTIONS AND SPONSORSHIPS RECEIVED DURING THE YEAR OR RELEASED FROM PRIOR YEAR RECEIPTS. WE BEGAN THE FISCAL YEAR BY DEVELOPING A NEW BRAND IDENTITY FOR THE PFF. THE NEW LOGO MARK IS ATTENTION-GETTING, EASY TO UNDERSTAND, AND MEMORABLE. IT IS BASED ON TWO HUMAN LUNGS AND PROMOTES MODERNITY, POSITIVITY, AND FORWARD-THINKING. IN NOVEMBER, WE RELAUNCHED OUR PUBLIC AWARENESS CAMPAIGN WITH A NEW THEME AND LOGO ENTITLED "PINPOINT PF" TO ENCOURAGE AT-RISK PATIENTS, CAREGIVERS, (CONTINUED ON SCHEDULE O)

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

(Expenses \$ 2,061,192. including grants of \$ 302,895. ) (Revenue \$ 693,746. )

4e Total program service expenses 5,988,771.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

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. <span style="float:right">2a</span> 39		
<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 on 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 <span style="float:right">▶</span> _____ 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 <span style="float:right">7d</span>		
<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 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<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.) <span style="float:right">11b</span>		
<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 <span style="float:right">12b</span>		
<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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<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 on 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM T. SCHMIDT DIRECTOR/PRESIDENT AND CEO	40.00 0.			X			282,100.	0.	28,500.	
(2) SCOTT STASZAK CHIEF OPERATING OFFICER	40.00 0.			X			212,987.	0.	26,000.	
(3) LAURA SADLER CHIEF MARKETING OFFICER	40.00 0.				X		186,056.	0.	6,794.	
(4) SETH KLEIN SENIOR VP, DEVELOPMENT	40.00 0.					X	153,934.	0.	12,781.	
(5) KATHRYN TREBONSKY VP, FINANCE THRU 04/01/21	40.00 0.					X	135,889.	0.	26,648.	
(6) ZOE BUBANY VP, BOARD & EXTERNAL RELATIONS	40.00 0.					X	121,221.	0.	10,379.	
(7) GEORGE ELIADES CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(8) DAVID MCNINCH VICE-CHAIR	1.00 0.	X		X			0.	0.	0.	
(9) LAURIE CHANDLER, CFP TREASURER	1.00 0.	X		X			0.	0.	0.	
(10) TERENCE HALES SECRETARY	1.00 0.	X		X			0.	0.	0.	
(11) MARTIN ATTWELL DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) DANA A. BALL DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) JULIE HALSTON DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) JEFF HARRIS DIRECTOR	1.00 0.	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MIKE HENDERSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 16) SUSAN JACOBS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 17) PJ KAMANI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 18) ANDY LIMPER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 19) BARBARA MURPHY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 20) PATRICIA ROSA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 21) BILL SCHMIDT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							1,092,187.	0.	111,102.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,092,187.	0.	111,102.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 3

**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>	1,038,876.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	560,300.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	5,037,494.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 6,721.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		6,636,670.				
	<b>Program Service Revenue</b>	<b>2a</b>	PPF PATIENT REGISTRY	Business Code	900099	2,214,951.	2,214,951.	
<b>b</b>		CORP PARTNERSHIPS	Business Code	900099	693,746.	693,746.		
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			2,908,697.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			152,919.		152,919.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b>	Royalties . . . . . ▶			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶				0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						372,816.	151.	
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	434,797.	25,472.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	-61,981.	-25,321.			
	<b>d</b>	Net gain or (loss) . . . . . ▶				-87,302.	-87,302.	
<b>8a</b>	Gross income from fundraising events (not including \$ 1,038,876. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					0.	
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		538,529.				
<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶				-538,529.	-538,529.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					0.	
<b>b</b>	Less: direct expenses . . . . .	<b>9b</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>10a</b>					10,784.	
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		130,509.				
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶				-119,725.	-119,725.		
<b>Miscellaneous Revenue</b>	<b>11a</b>	UBIT REFUND	Business Code	900099	11,461.		11,461.	
	<b>b</b>	INTEREST REFUND	Business Code	900099	1,404.		1,404.	
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				12,865.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶				8,965,595.	2,908,697.	-579,772.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	302,895.	302,895.		
<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 . . . . .	909,868.	556,639.	85,478.	267,751.
<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 . . . . .	2,464,251.	1,315,096.	697,316.	451,839.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	65,623.	37,239.	15,697.	12,687.
<b>9</b> Other employee benefits . . . . .	185,817.	74,338.	76,893.	34,586.
<b>10</b> Payroll taxes . . . . .	181,542.	105,861.	39,525.	36,156.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	59,068.		59,068.	
<b>c</b> Accounting . . . . .	31,327.		31,327.	
<b>d</b> Lobbying . . . . .	198,656.	198,656.		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0.			
<b>f</b> Investment management fees . . . . .	23,202.		23,202.	
<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> . . . . .	2,920,015.	2,688,092.	172,597.	59,326.
<b>12</b> Advertising and promotion . . . . .	117,996.	117,996.		
<b>13</b> Office expenses . . . . .	227,012.	150,087.	15,241.	61,684.
<b>14</b> Information technology . . . . .	12,660.	7,475.	2,539.	2,646.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	223,064.	130,881.	45,851.	46,332.
<b>17</b> Travel . . . . .	5,926.	2,196.	3,633.	97.
<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 . . . . .	4,510.	2,681.	896.	933.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	61,587.	48,438.	6,439.	6,710.
<b>23</b> Insurance . . . . .	36,244.	20,469.	8,529.	7,246.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EVENT EXPENSE - AUDIO VISUAL . . . . .	97,911.	96,654.	257.	1,000.
<b>b</b> SOFTWARE SUBSCRIPTIONS - SAA . . . . .	89,269.	60,234.	414.	28,621.
<b>c</b> ALLOCATED SOFTWARE SUBS . . . . .	75,006.	44,900.	10,490.	19,616.
<b>d</b> DUES/SUBSCRIPTIONS/REGISTRAT . . . . .	33,602.	22,422.	9,411.	1,769.
<b>e</b> All other expenses . . . . .	14,794.	5,522.	2,194.	7,078.
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	8,341,845.	5,988,771.	1,306,997.	1,046,077.
<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 . . . . .	483,720.	<b>1</b>	537,465.
	<b>2</b> Savings and temporary cash investments . . . . .	4,670,786.	<b>2</b>	5,853,121.
	<b>3</b> Pledges and grants receivable, net . . . . .	55,718.	<b>3</b>	58,296.
	<b>4</b> Accounts receivable, net. . . . .	33,997.	<b>4</b>	1,503,472.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	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 . . . . .	137,343.	<b>9</b>	507,279.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 221,720.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 176,349.		
	<b>11</b> Investments - publicly traded securities . . . . .	4,863,723.	<b>11</b>	5,549,485.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	172,896.	<b>14</b>	259,472.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	431,631.	<b>15</b>	431,631.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	10,892,804.	<b>16</b>	14,745,592.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,523,757.	<b>17</b>	2,077,344.
	<b>18</b> Grants payable . . . . .	300,000.	<b>18</b>	337,500.
	<b>19</b> Deferred revenue. . . . .	1,207,629.	<b>19</b>	2,437,790.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<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 . . . . .	560,300.	<b>24</b>	580,675.
	<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 . . . . .	3,288.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	3,594,974.	<b>26</b>	5,433,309.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,012,393.	<b>27</b>	6,584,930.
	<b>28</b> Net assets with donor restrictions. . . . .	3,285,437.	<b>28</b>	2,727,353.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	7,297,830.	<b>32</b>	9,312,283.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	10,892,804.	<b>33</b>	14,745,592.	

**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>	8,965,595.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	8,341,845.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	623,750.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	7,297,830.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	640,807.
<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>	749,896.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	9,312,283.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

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

Form **990** (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**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

**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>						

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
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**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,775,504.	5,989,047.	8,449,631.	8,450,064.	6,636,670.	35,300,916.
<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 . . . . .	5,775,504.	5,989,047.	8,449,631.	8,450,064.	6,636,670.	35,300,916.
<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). . . . .						13,670,470.
<b>6 Public support.</b> Subtract line 5 from line 4						21,630,446.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	5,775,504.	5,989,047.	8,449,631.	8,450,064.	6,636,670.	35,300,916.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	11,635.	69,969.	273,967.	257,033.	152,919.	765,523.
<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.) . ATCH. 1 . . . . .	1,060.	691.	234.	2.	12,865.	14,852.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						36,081,291.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	13,473,417.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	59.95%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	56.41%
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**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 ( <i>explain in detail in Part VI</i> ):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	1,060.	691.	234.	2.	12,865.	14,852.
<b>TOTALS</b>	<u>1,060.</u>	<u>691.</u>	<u>234.</u>	<u>2.</u>	<u>12,865.</u>	<u>14,852.</u>

**Schedule of Contributors**

**2020**

▶ 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).

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	N/A	\$ 776,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 474,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 261,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 135,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **PULMONARY FIBROSIS FOUNDATION**

**Employer identification number**

84-1558631

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

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



Name of organization **PULMONARY FIBROSIS FOUNDATION**

Employer identification number

84-1558631

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

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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) 2020

**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> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		37,091.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		161,564.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		198,655.													
<b>d</b> Other exempt purpose expenditures . . . . .		5,790,116.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		5,988,771.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		449,439.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		112,360.													
<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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	456,061.	466,993.	602,580.	449,439.	1,975,073.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,962,610.
<b>c</b> Total lobbying expenditures	21,008.	79,435.	280,017.	198,655.	579,115.
<b>d</b> Grassroots nontaxable amount	114,015.	116,748.	150,645.	112,360.	493,768.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					740,652.
<b>f</b> Grassroots lobbying expenditures		58,081.	40,551.	37,091.	135,723.

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

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

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

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

- (i) Unrelated organizations
(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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



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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 10,275,440 on line 1, adjusted to 8,965,595 on line 5.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 9,010,883 on line 1, adjusted to 8,341,845 on line 5.

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

Horizontal lines for providing supplemental information.

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART X, LINE 2:

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

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

IT IS THE POLICY OF THE ORGANIZATION TO INCLUDE IN MANAGEMENT AND GENERAL EXPENSES PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES. THERE WERE NO PENALTIES FROM TAXING AUTHORITIES INCLUDED IN MANAGEMENT AND GENERAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2021.

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

SPECIAL EVENTS:	\$ (538,529)
SALE OF GOODS:	\$ (130,509)
TOTAL:	\$ (669,038)

**Part XIII** Supplemental Information *(continued)*

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

SPECIAL EVENTS:	\$538,529
SALE OF GOODS:	\$130,509
TOTAL:	\$669,038

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		50,000.
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					50,000.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					50,000.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SEE PART IV	50,000.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_ 1.

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2

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

PART II, LINE 1, COLUMN (D)

1. TEL AVIV SOURASKY MEDICAL CENTER -

PROJECT TITLE - SINGLE-CELL IMMUNOPHENOTYPING OF CHRONIC FIBROSING  
INTERSTITIAL LUNG DISEASES

PULMONARY FIBROSIS (PF) IS A CHRONIC LUNG DISEASE THAT OCCURS WHEN LUNG  
TISSUE BECOMES DAMAGED AND SCARRED, MAKING BREATHING DIFFICULT. THERE ARE  
MANY TYPES OF PF WITH DIFFERENT CAUSES AND SEVERITY LEVELS. DETERMINING  
THE CORRECT DIAGNOSIS IS IMPORTANT FOR RISK ASSESSMENT AND TREATMENT  
DECISIONS; HOWEVER, IT MAY NECESSITATE A LUNG BIOPSY WHICH MAY BE RISKY.  
IN THIS RESEARCH PROJECT WE WILL USE A HIGHLY INNOVATIVE TECHNOLOGY  
CALLED "SINGLE-CELL PROFILING" WHICH ALLOWS THE RESEARCHERS TO LOOK AT  
CELLS, THE BUILDING BLOCKS OF OUR BODY, AT A HIGHER RESOLUTION THAN EVER  
BEFORE. WE WILL USE IT TO IDENTIFY SPECIFIC CHANGES IN THE IMMUNE SYSTEM  
IN THE BLOOD THAT REFLECT THE SPECIFIC CAUSE OF FIBROSIS IN THE LUNGS.  
SOME OF THESE CHANGES COULD LATER BE USED AS BIOMARKERS TO BETTER  
DIAGNOSE THE CAUSE OF PF, WITHOUT THE NEED FOR A LUNG BIOPSY. INSIGHTS  
FROM THIS RESEARCH WILL LEAD TO A BETTER UNDERSTANDING OF THE IMMUNE  
SYSTEM'S ROLE IN PF, FACILITATING THE DEVELOPMENT OF NEW TREATMENTS THAT  
ARE TAILORED TO THE SPECIFIC CAUSE OF PF IN AN INDIVIDUAL PATIENT.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
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Total .....

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PFF WALKS (event type)	BROADWAY BELTS (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	684,791.	354,085.		1,038,876.
	<b>2</b> Less: Contributions . . . . .	684,791.	354,085.		1,038,876.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		500.		500.
	<b>7</b> Food and beverages . . . . .		3,911.		3,911.
	<b>8</b> Entertainment . . . . .		52.		52.
	<b>9</b> Other direct expenses . . . . .	341,175.	192,891.		534,066.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				538,529.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-538,529.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<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).

SCHEDULE G, PART II, LINE 2:

ALL EVENTS DURING FY20-21 WERE CONDUCTED VIRTUALLY. THUS, ALL GROSS RECEIPTS ARE CONTRIBUTIONS.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ 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

**Part I General Information on Grants and Assistance**

- 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
- 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
(1) UNIVERSITY OF VERMONT STATE & AGRICULTURAL 85 S. PROSPECT ST, BURLINGTON, VT 05405	03-0179440	501(C)(3)	50,000.				SEE PART IV
(2) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE, NASHVILLE, TN 37203-6856	62-0476822	501(C)(3)	50,000.				SEE PART IV
(3) UNIVERSITY OF PITTSBURGH 3420 FORBES AVE, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	50,000.				SEE PART IV
(4) UNIVERSITY OF COLORADO DENVER, AMC AND DC 13001 E. 17TH PLACE, AURORA, CO 80045	84-6000555	501(C)(3)	50,000.				SEE PART IV
(5) UNIVERSITY OF PITTSBURGH 3420 FORBES AVE, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	50,000.				SEE PART IV
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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) 2020

**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					
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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 I, LINE 2

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

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

1. THE UNIV OF VERMONT AND STATE AGRICULTURAL COLLEGE -

PROJECT TITLE - COLLAGEN S-GLUTATHIONYLATION PROMOTES PULMONARY FIBROSIS  
THROUGH MYOFIBROBLAST ACTIVATION.

**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					
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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.

HEALTHY HUMAN TISSUE IS DEVELOPED AND MAINTAINED BY TIGHTLY ORCHESTRATED INTERACTIONS BETWEEN CELLS AND THEIR ENVIRONMENT. ALTERATIONS IN THESE INTERACTIONS ARE KNOWN TO ACCOMMODATE OR LEAD TO DISEASE SUCH AS PULMONARY FIBROSIS. IN THE HUMAN LUNG, EPITHELIAL CELLS INTERACT WITH OTHER RESIDENT LUNG CELLS AND EXTRACELLULAR MATRIX TO PROPERLY PROVIDE A PROTECTIVE BARRIER OR SELECTIVE GAS EXCHANGE. HOWEVER, REPEATED DAMAGE TO THESE EPITHELIAL CELLS, WHETHER FROM GENETIC OR ENVIRONMENTAL ORIGINS, IS ASSOCIATED WITH THE DEVELOPMENT OF EXCESSIVE EXTRACELLULAR MATRIX (FIBROTIC SCARRING), ALTERED LUNG CELL IDENTITY AND IMPROPER INTERACTIONS BETWEEN CELLS. IN ADDITION TO THIS, OUR RESEARCH GROUP HAS DISCOVERED A

**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
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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.

LINK BETWEEN PULMONARY FIBROSIS AND ALTERED LUNG REDOX  
  
(REDUCTION/OXIDATION) STATES, SPECIFICALLY PROTEIN S-GLUTATHIONYLATION,  
  
PROVIDING A NEW WINDOW OF OPPORTUNITY FOR THERAPEUTIC INTERVENTION. THE  
  
RESEARCH GROUP IS THEREFORE STUDYING THE ROLES OF PROTEIN  
  
S-GLUTATHIONYLATION DURING THE PROCESSES OF EXCESSIVE EXTRACELLULAR  
  
MATRIX PRODUCTION, CELL DIFFERENTIATION AND CELL-TO-CELL COMMUNICATION IN  
  
THE LUNG, WITH THE GOAL OF RESOLVING FIBROTIC SCARRING AND ENABLING  
  
PROPER LUNG CELL FUNCTION.

**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
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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

2. VANDERBILT UNIVERSITY MEDICAL CENTER -

PROJECT TITLE - YAP/WNT INTERACTIONS REGULATE EPITHELIAL CELL  
 PROLIFERATION AND DIFFERENTIATION LEADING TO ABNORMAL REPAIR AND  
 PROGRESSION OF IPF

THE LUNG HAS A REMARKABLE CAPACITY TO REGENERATE AFTER INJURY. HOWEVER,  
 FAILURE OF THESE REPAIR MECHANISMS CONTRIBUTES TO DEVELOPMENT OF DISEASES  
 INCLUDING IDIOPATHIC PULMONARY FIBROSIS (IPF), A CHRONIC FORM OF



**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
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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.

INTERSTITIAL LUNG DISEASE WITH POOR PROGNOSIS DUE TO IRREVERSIBLE  
 PROGRESSIVE ALVEOLAR DAMAGE RESULTING IN RESPIRATORY FAILURE AND FATALITY  
 USUALLY WITHIN 2-5 YEARS OF DIAGNOSIS. RECENT WORK DEMONSTRATED THE WNT  
 SIGNALING PATHWAY IS INVOLVED DURING NORMAL LUNG REGENERATION AND IS  
 UPREGULATED IN IPF. OUR PREVIOUS WORK IDENTIFIED THE HIPPO/YAP PATHWAY AS  
 BEING ABNORMALLY ACTIVATED IN IPF EPITHELIAL CELLS, AND OUR PRELIMINARY  
 DATA SHOWS ABNORMAL ACTIVATION OF YAP RESULTS IN ABNORMALLY  
 DIFFERENTIATED RESPIRATORY CELLS. PRELIMINARY STUDIES PREDICT THAT YAP  
 AND WNT MAY INTERACT TO REGULATE THE NORMAL AND DISEASE STATE CELLS. THIS  
 PROJECT AIMS TO DETERMINE THE ROLES OF YAP ACTIVITY DURING NORMAL AND

**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
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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.

PATHOGENETIC REPAIR PROCESSES AND HOW YAP ACTIVITY MAY BE MODULATED BY  
WNT SIGNALING.

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

3. UNIVERSITY OF PITTSBURGH -

PROJECT TITLE - AIR POLLUTION: CLINICAL OUTCOMES AND EPIGENOMIC EFFECTS  
IN INTERSTITIAL LUNG DISEASES

AIR POLLUTION IS A MASSIVE GLOBAL PUBLIC HEALTH PROBLEM, LEADING TO AN

**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
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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.

ESTIMATED 8.9 MILLION PREMATURE DEATHS WORLDWIDE ANNUALLY. PATIENTS WITH CHRONIC RESPIRATORY DISEASES ARE ESPECIALLY VULNERABLE TO THE HARMFUL EFFECTS OF AIR POLLUTION. OUR UNDERSTANDING OF THE IMPACTS OF AIR POLLUTION IN PATIENTS WITH FIBROTIC INTERSTITIAL LUNG DISEASE (ILD) IS LIMITED. FIBROTIC ILDS REPRESENT A GROUP OF OVER 200 DISEASES CHARACTERIZED BY SHORTNESS OF BREATH, LUNG FUNCTION DECLINE, AND HIGH MORBIDITY AND MORTALITY. THE BURDEN OF FIBROTIC ILDS IS INCREASING WORLDWIDE AS IS OUR UNDERSTANDING OF HOW ENVIRONMENTAL FACTORS CONTRIBUTE TO THE DEVELOPMENT AND PROGRESSION OF THESE CONDITIONS.

**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
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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.

THIS STUDY WILL UTILIZE CLINICAL DATA COLLECTED THROUGH THE PULMONARY FIBROSIS FOUNDATION (PFF) REGISTRY OF PATIENTS WITH FIBROTIC ILD TO CLARIFY HOW AIR POLLUTION IMPACTS CLINICAL OUTCOMES IN THESE PATIENTS AND THE MOLECULAR MECHANISMS WHICH UNDERLY THESE EFFECTS. ENVIRONMENTAL FACTORS MAY AFFECT DISEASE BY CONTROLLING HOW GENES RESULT IN PROTEIN PRODUCTION WITHOUT CHANGING THE GENETIC CODE (ALSO KNOWN AS EPIGENETICS). DNA METHYLATION IS ONE THE MOST COMMON EPIGENETIC CHANGES THAT CAN OCCUR DUE TO ENVIRONMENTAL EXPOSURES SUCH AS AIR POLLUTION. WE WILL FIRST LOOK AT HOW AIR POLLUTION AFFECTS LUNG FUNCTION, HOSPITAL ADMISSION, AND DEATH IN PATIENTS WITH ILD. SUBSEQUENTLY, WE WILL USE PATIENT BLOOD SAMPLES

**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
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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.

COLLECTED BY THE PFF TO EVALUATE DNA METHYLATION. OUR STUDY AIMS TO INCREASE UNDERSTANDING OF HOW ENVIRONMENTAL FACTORS CONTRIBUTE TO ILD DEVELOPMENT AND PROGRESSION. THIS STUDY MAY FIND NEW TOOLS FOR MONITORING AIR POLLUTION AND DISEASE PROGRESSION, ALONGSIDE NEW TARGETS FOR TREATMENT TO IMPROVE THE LIVES OF PATIENTS WITH ILD.

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

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

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

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

4. UNIV OF COLORADO DENVER, AMC AND DC -

PROJECT TITLE - IMPROVING PATIENT AND CAREGIVER OUTCOMES IN PULMONARY

FIBROSIS: A NOVEL, DYADIC ASSESSMENT OF CAREGIVER BURDEN

INDIVIDUALS WITH PULMONARY FIBROSIS (PF) LIVE WITH INTRUSIVE, BOTHERSOME SYMPTOMS AND IMPAIRED QUALITY OF LIFE. CAREGIVERS OF INDIVIDUALS WITH PF CAN EXPERIENCE SIGNIFICANT PHYSICAL, SOCIAL AND EMOTION IMPACTS IN THEIR OWN LIVES AS A RESULT OF CAREGIVING, A CONCEPT TERMED CAREGIVER BURDEN.

**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.

CURRENTLY, WE DO NOT KNOW IF CAREGIVER BURDEN IS A SIGNIFICANT PROBLEM FOR CAREGIVERS OF INDIVIDUALS WITH PF. IF CAREGIVER BURDEN IS PRESENT, WE DO NOT KNOW WHAT FACTORS ABOUT PF CONTRIBUTE TO CAREGIVER BURDEN OR WHAT THE IMPACT OF BURDEN IS FOR BOTH CAREGIVERS AND PATIENTS. AS NEITHER PATIENTS NOR CAREGIVERS EXIST IN ISOLATION, THIS PROPOSAL WILL EVALUATE PATIENTS AND THEIR CAREGIVERS TOGETHER, CALLED DYADS, TO FURTHER OUR UNDERSTANDING OF CAREGIVER BURDEN IN PF. ULTIMATELY, OUR LONG-TERM GOAL IS TO UTILIZE THIS INFORMATION TO LESSEN CAREGIVER BURDEN AND IMPROVE OUTCOMES, INCLUDING QUALITY OF LIFE, FOR BOTH PATIENTS AND THEIR CAREGIVERS.

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

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

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

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

5. UNIVERSITY OF PITTSBURGH -

PROJECT TITLE - INVESTIGATING THE MASTER REGULATORS OF MYOFIBROBLASTS IN SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

INTERSTITIAL LUNG DISEASE (ILD) IS THE LEADING CAUSE OF DEATH IN PATIENTS WITH SYSTEMIC SCLEROSIS (SSC), AN AUTOIMMUNE DISEASE RESULTING IN FIBROSIS OF THE SKIN, LUNGS, AND OTHER ORGANS. MYOFIBROBLASTS ARE THE KEY



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

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

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

EFFECTOR CELL IN FIBROSIS DUE TO THEIR EXCESSIVE PRODUCTION OF COLLAGEN AND THEIR ACQUIRED CONTRACTILE CAPACITY; HOWEVER, NO TREATMENTS CURRENTLY EXIST TO TARGET THESE OVERACTIVE CELLS IN SSC-ILD OR OTHER ILDS. USING NOVEL TECHNOLOGY, WE ARE NOW ABLE TO ISOLATE INDIVIDUAL CELLS FROM THE LUNGS OF PATIENTS WITH SSC-ILD AT THE TIME OF LUNG TRANSPLANT AND STUDY THE RNA MOLECULES AND DNA STRUCTURE ENCODING FOR PROTEINS LIKE COLLAGEN, AS WELL AS ALL ACTIVE GENES IN THE CELL. UTILIZING THIS APPROACH, WE WILL DIRECTLY COMPARE THE RNA AND DNA STRUCTURE IN DISEASED MYOFIBROBLASTS WITH NORMAL FIBROBLASTS TO DETERMINE WHICH SPECIFIC TRANSCRIPTION FACTOR PROTEINS ARE OVERPRODUCED IN THE DISEASED FORM, THEN FURTHER EXAMINE

**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.

THESE TRANSCRIPTION FACTORS AS POTENTIAL THERAPEUTIC TARGETS. THE DEVELOPMENT OF NEW MYOFIBROBLAST-DIRECTED THERAPIES HAS THE PROMISE OF PREVENTING DISEASE PROGRESSION TO RESPIRATORY FAILURE IN PATIENTS WITH SSC-ILD AND OTHER ILDS.

**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.

**2020**

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<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) 2020

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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	282,100.	0.	0.	26,000.	2,500.	310,600.	0.
	(i)							
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	SCOTT STASZAK CHIEF OPERATING OFFICER	212,987.	0.	0.	26,000.	0.	238,987.	0.
	(i)							
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	LAURA SADLER CHIEF MARKETING OFFICER	185,556.	500.	0.	0.	6,794.	192,850.	0.
	(i)							
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	SETH KLEIN SENIOR VP, DEVELOPMENT	153,434.	500.	0.	8,336.	4,445.	166,715.	0.
	(i)							
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	KATHRYN TREBONSKY VP, FINANCE THRU 04/01/21	135,389.	500.	0.	9,752.	16,896.	162,537.	0.
	(i)							
	(ii)	0.	0.	0.	0.	0.	0.	0.
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. HOUSING ALLOWANCE ENDED DURING FY20-21.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

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

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 REGISTRY'S KEY AIMS ARE TO: (1) CONDUCT BENCHMARKING AND QUALITY IMPROVEMENT EFFORTS ACROSS THE PFF'S MEDICAL CENTER NETWORK; (2) DEVELOP A MORE REPRESENTATIVE UNDERSTANDING OF PF PATIENTS IN THE UNITED STATES; (3) FACILITATE RESEARCH IN IDENTIFIED PRIORITY AREAS; AND (4) INCREASE THE PFF'S REACH WITHIN THE PF COMMUNITY. AS OF JUNE 30, 2021, THE REGISTRY HAS ACTIVATED 42 SITES AND IDENTIFIED 2,003 PATIENTS FOR ENROLLMENT.

THIS VITAL PROGRAM IS COMPLETING ITS FIRST PHASE AND WILL EMBARK ON THE NEXT PHASE TO CONTINUE TO CAPTURE CLINICAL PATIENT INFORMATION AND EXPAND INTO THE COMMUNITY TO COLLECT INFORMATION FROM OTHER PATIENTS, LUNG TRANSPLANT RECIPIENTS, CAREGIVERS, AND FAMILIES. THIS WILL PROVIDE A MORE REPRESENTATIVE UNDERSTANDING OF THE PF COMMUNITY AND CREATE A ROBUST POOL OF ENGAGED COMMUNITY MEMBERS FOR ADVOCACY, CLINICAL TRIALS, AND OTHER RESEARCH. TO LEARN MORE ABOUT THE PFF PATIENT REGISTRY, PLEASE GO TO: [HTTPS://WWW.PULMONARYFIBROSIS.ORG/PFF-REGISTRY](https://www.pulmonaryfibrosis.org/pff-registry).

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

THE FOUNDATION DEVELOPED NEW EDUCATIONAL MATERIALS FOR PATIENTS WITH PF, THEIR CAREGIVERS, AND HEALTHCARE PROFESSIONALS IN FISCAL YEAR 2020-2021.

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THE PFF PRODUCED NEW PRINT MATERIALS IN ENGLISH AND SPANISH, INCLUDING THE "PREPARING FOR A LUNG TRANSPLANT" BOOKLET, THE "LIFE AFTER A LUNG TRANSPLANT" BOOKLET, AND THE "MEDICARE PATIENTS' OXYGEN RIGHTS" BROCHURE. THE PFF ALSO CREATED THE "RHEUMATOLOGY POCKET GUIDE" FOR HEALTHCARE PROVIDERS. ALL EDUCATIONAL DOCUMENTS ARE AVAILABLE AT PULMONARYFIBROSIS.ORG/ABOUT-US/WHAT-WE-DO/EDUCATION. THE PFF WORKED WITH THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND RESPIRATORY CARE TO CREATE A PULMONARY REHABILITATION TOOLKIT FOR PATIENTS. THE PULMONARY REHABILITATION TOOLKIT INCLUDES A SERIES OF EXERCISE VIDEOS, WORKSHEETS, AND INFORMATIONAL WEBINARS. THE PFF RELEASED SHORT VIDEOS AS PART OF A "MYTHS & MISCONCEPTIONS" SERIES. MISCONCEPTIONS INCLUDED TOPICS LIKE "NO ONE KNOWS WHAT CAUSES PULMONARY FIBROSIS" AND "I HEARD OXYGEN IS ADDICTIVE & WILL WEAKEN MY LUNGS." THE PFF ALSO RELEASED SHORT VIDEOS HIGHLIGHTING TOP 5 PIECES OF INFORMATION FOR PF PATIENTS. THE PFF RELEASED A SUITE OF MATERIALS TO HELP PATIENTS NAVIGATE TELEMEDICINE, INCLUDING WEBINARS IN ENGLISH AND SPANISH, A TELEMEDICINE CHECKLIST FOR PF PATIENTS, A BOOKLET ON TELEMEDICINE FOR PF PATIENTS, AND A SURVEY OF PATIENTS' EXPERIENCE WITH TELEMEDICINE.

IN FEBRUARY 2021, THE PFF CHANGED THE NAME OF THE PATIENT COMMUNICATION CENTER TO THE PFF HELP CENTER. THIS NAME REFLECTS THE BROAD RANGE OF INFORMATION AND RESOURCES THAT THE PFF HELP CENTER PROVIDES TO MEMBERS OF THE PF COMMUNITY.

THE PFF WEBINAR SERIES ENGAGES THE PF COMMUNITY IN AN ONLINE WEBINAR

Name of the organization PULMONARY FIBROSIS FOUNDATION	Employer identification number 84-1558631
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DISCUSSION WHERE THEY LEARN FROM, CONNECT WITH, AND POSE QUESTIONS TO LEADING PULMONARY FIBROSIS SPECIALISTS. NINE WEBINARS WERE PRESENTED IN FISCAL YEAR 2020-21 AND ALL CAN BE VIEWED ON THE PFF WEBSITE AT [HTTPS://BIT.LY/PFFWEBINARS](https://bit.ly/pffwebinars) AND ON THE FOUNDATION'S YOUTUBE CHANNEL. TOPICS ADDRESSED DURING THIS TIME PERIOD INCLUDE THE BENEFITS OF DIVERSITY IN RESEARCH, COVID-19, SYMPTOM MANAGEMENT, AND ACUTE EXACERBATIONS.

CONTINUED FROM FORM 990, PART III, LINE 4C:  
AND HEALTHCARE PROVIDERS TO SPOT SYMPTOMS EARLY FOR MORE ACCURATE, TIMELY DIAGNOSES. WE SHARPENED OUR MESSAGING FROM SIMPLY "KNOW THE SYMPTOMS" TO "EARLIER DIAGNOSIS." THE CAMPAIGN ROLLED OUT WITH A PRESS RELEASE AND REDESIGNED DIGITAL AND PRINT ADS DIRECTING AUDIENCES TO [ABOUTPF.ORG](http://aboutpf.org). WE ALSO LAUNCHED A NEW SITE, [ABOUTPF.ORG/ESPAÑOL](http://aboutpf.org/espaol), FOR MEMBERS OF THE HISPANIC POPULATION WHO MAY BE AT RISK FOR PF.

OUR MEDIA RELATIONS EFFORT PRODUCED FEATURE STORIES ON RELEVANT TOPICS THROUGHOUT THE YEAR. WE KEPT PFF EXPERTS TOP-OF-MIND WITH TRADE MEDIA WITH CONTINUAL UPDATES ON TOPICS INCLUDING THE FIRST PATIENT ENROLLED IN PRECISION, PFF SCHOLARS PROGRAM, COVID-19 VACCINE STATEMENT, NEW PFF WEBSITE, AND MORE. PFF AMBASSADOR STORIES WERE HIGHLIGHTED IN NATIONWIDE MEDIA THROUGH COVERAGE ABOUT HILL DAY, PFF WALKS, AND TEAM PFF EVENTS. DURING PF AWARENESS MONTH, DR. SONYE DANOFF PARTICIPATED IN A HIGH-IMPACT RADIO MEDIA TOUR WHERE SHE DESCRIBED THE SYMPTOMS AND RISK FACTORS FOR PF. ENGLISH AND SPANISH DIGITAL ADS DROVE TRAFFIC TO THE [ABOUTPF.ORG](http://aboutpf.org) MICROSITES.



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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 VIRTUAL EDUCATIONAL AND TEAM PFF EVENTS, PARTICIPATED IN WEBINARS, AND SPREAD DISEASE AWARENESS THROUGH SOCIAL MEDIA.

ALTHOUGH 2020 PRESENTED A PARTICULARLY DIFFICULT MEDIA ENVIRONMENT WITH HEALTH COVERAGE FOCUSED ON THE COVID-19 PANDEMIC, THESE ACTIVITIES OVERALL CONTINUED TO INCREASE AWARENESS OF PF AND ITS RISK FACTORS NATIONWIDE, GENERATING MORE THAN 370.2 MILLION IMPRESSIONS, AND SUCCESSFULLY GREW TRAFFIC TO THE ABOUTPF.ORG MICROSITES AND TO THE PFF'S WEBSITE, PULMONARYFIBROSIS.ORG. THE CAMPAIGN DROVE INQUIRIES TO THE PFF HELP CENTER. CONSTITUENCIES SERVED BY THE MARKETING CAMPAIGN INCLUDED PATIENTS AND POTENTIAL PATIENTS; CAREGIVERS AND FAMILIES; HEALTHCARE PROVIDERS; AND AT-RISK POPULATIONS. FOR MORE INFORMATION VISIT PULMONARYFIBROSIS.ORG/ABOUT-US/WHAT-WE-DO/PATIENT-SUPPORT-PROGRAMS.

FORM 990, PART III, LINE 4D:

1. PFF CARE CENTER NETWORK:

THE PULMONARY FIBROSIS FOUNDATION (PFF) IS DEDICATED TO PROMOTING EARLIER RECOGNITION AND DIAGNOSIS OF PULMONARY FIBROSIS AND ENSURING THAT PATIENTS RECEIVE THE HIGHEST QUALITY HEALTHCARE. AS PART OF THAT COMMITMENT, SINCE 2013 THE PFF HAS WORKED WITH THE PF MEDICAL COMMUNITY TO ESTABLISH AND EXPAND THE PFF CARE CENTER NETWORK (CCN) TO 68 CARE CENTERS WHERE PEOPLE WITH PF CAN FIND EXPERIENCED MEDICAL PROFESSIONALS

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WHO UNDERSTAND THEIR DISEASE AND SUPPORT SERVICES TO IMPROVE THE QUALITY OF THEIR LIVES. THE GOALS OF THE PFF CCN IS TO DELIVER STATE OF THE ART, PATIENT-CENTERED CARE; TO DISSEMINATE EDUCATION TO SUPPORT OUR PATIENTS, CAREGIVERS AND PROVIDERS; TO GIVE VOICE TO THE NEEDS OF OUR COMMUNITY THROUGH ADVOCACY AND FUNDRAISING; AND TO ACCELERATE RESEARCH IN PF BOTH DIRECTLY AND THROUGH COLLABORATIONS AND NETWORKING.

2. RESEARCH:

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 RESEARCH QUESTIONS, WE ARE DIRECTLY FUNDING PF RESEARCH THROUGH THE PFF SCHOLARS PROGRAM, DEVELOPING LEGISLATIVE ADVOCACY EFFORTS, ENCOURAGING COLLABORATIVE RELATIONS BETWEEN INDUSTRY AND ACADEMIC RESEARCHERS, DELIVERING KEY COMMUNICATIONS TO PATIENTS, AND DEVELOPING SOLUTIONS TO BRIDGE EXISTING GAPS IN PF RESEARCH.

THE PFF SCHOLARS PROGRAM SUPPORTS PROJECTS THAT OFFER A HIGH LIKELIHOOD OF IMPROVING THE UNDERSTANDING OF PF IN THE FOLLOWING RESEARCH AREAS: BASIC SCIENCE, TRANSLATIONAL, CLINICAL, EPIDEMIOLOGICAL, AND HEALTH SERVICES. THE GOAL OF THE PFF SCHOLARS PROGRAM IS TO SUPPORT EMERGING INVESTIGATORS TO ADVANCE RESEARCH THAT COULD TRANSLATE INTO SUCCESSFUL THERAPIES, WHILE ALSO ENABLING THESE PROMISING RESEARCHERS TO OBTAIN INDEPENDENT FUNDING AND CONTINUE THEIR CUTTING-EDGE RESEARCH. THE

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RESEARCH REVIEW COMMITTEE ADMINISTERS THE PEER-REVIEW PROCESS, WHICH IS COMPRISED OF 25 CREDIBLE EXPERTS FROM THE US AND CANADA. AFTER THEIR REVIEW AND RECOMMENDATIONS, THE PFF FUNDED SIX \$50,000 GRANTS OVER A TWO YEAR PERIOD IN THE 2020 CYCLE. THE PFF ALSO CONSIDERS OTHER SMALLER GRANTS THAT FIT THE RESEARCH GUIDELINES.

### 3. 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. PFF AMBASSADORS INCLUDE PATIENTS, CAREGIVERS, LUNG TRANSPLANT RECIPIENTS, AND FAMILY MEMBERS. IN NOVEMBER 2020, THE PFF HOSTED AN ONLINE VIRTUAL VOLUNTEER MEETING FOR VOLUNTEERS, INCLUDING PFF AMBASSADORS. THE PFF PROVIDES ONGOING TRAINING TO SUPPORT GROUP LEADERS THROUGHOUT THE YEAR.

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

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MEDIA.

THE FOLLOWING PROGRAMMATIC SERVICE ACCOMPLISHMENTS ARE HIGHLIGHTED BELOW.

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

THE PALLIATIVE CARE SERVICES IN CARE CENTERS SURVEY WORKING GROUP STRIVED FOR 100% CARE CENTER PARTICIPATION WITH AN ESTIMATED 136 SURVEY RESPONSES. THE AIMS OF THIS SURVEY IS TO UNDERSTAND THE ROLE OF PALLIATIVE CARE SERVICES, PERSPECTIVES AND CURRENT RESOURCES AVAILABLE TO PROVIDERS WHO CARE FOR PATIENTS WITH PULMONARY FIBROSIS AND INTERSTITIAL LUNG DISEASE. THE SURVEY WAS DISSEMINATED TO PHYSICIANS, ADVANCE PRACTICE PROVIDERS, NURSES, RESPIRATORY THERAPISTS, AND SOCIAL WORKERS WHO CARE FOR ILD PATIENTS AT THE 68 PFF CARE CENTERS. INTERSTITIAL LUNG DISEASE (ILD) CAUSES A PROFOUND SYMPTOM BURDEN AND CARRIES A HIGH MORTALITY. PALLIATIVE CARE IS DEDICATED TO IMPROVING QUALITY OF LIFE AND EMPOWERING PATIENTS IN ADVANCE CARE PLANNING. EARLY INTEGRATION OF PALLIATIVE CARE IN ILD IMPROVES THE RATES OF ADVANCE CARE PLANNING AND SYMPTOMATIC MANAGEMENT. KNOWLEDGE OF ILD PROVIDER PERSPECTIVES ON PALLIATIVE CARE IS KEY TO IMPROVING CARE DELIVERY TO ILD PATIENTS. DESCRIPTIVE STATISTICS WERE COMPILED FOR SURVEY RESPONSES FROM OCTOBER-DECEMBER 2020.

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

WE UNDERSTAND THAT WE STILL HAVE MUCH WORK TO BE DONE, BUT WITH KEY RESEARCH INITIATIVES SUCH AS THESE WE WILL MAKE AN IMPACT IN PROMOTING EARLIER RECOGNITION AND DIAGNOSIS OF PULMONARY FIBROSIS AND ENSURING THAT PATIENTS RECEIVE THE HIGHEST QUALITY HEALTHCARE.

#### 4. ADVOCACY:

THE PFF ENGAGED POLICYMAKERS IN ADVOCATING FOR INCREASED FUNDING FOR PULMONARY FIBROSIS RESEARCH AND IMPROVED ACCESS TO OXYGEN FOR PATIENTS. THE PFF HOSTED A VIRTUAL HILL DAY IN MARCH TO ALLOW CONSTITUENTS TO SPEAK WITH THEIR MEMBERS OF CONGRESS ABOUT THE IMPACT OF PULMONARY FIBROSIS IN THEIR LIVES AND THE NEED FOR RESEARCH FUNDING. CONGRESS INCLUDED LANGUAGE ABOUT THE NEED FOR PULMONARY FIBROSIS RESEARCH IN THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE APPROPRIATIONS REPORT AND MAINTAINED PF AS AN ELIGIBLE TOPIC IN THE PEER REVIEWED MEDICAL RESEARCH PROGRAM. THE PFF ALSO JOINED OTHER PATIENT ADVOCACY AND PROFESSIONAL ORGANIZATIONS IN ADVOCATING FOR IMPROVED ACCESS TO PULMONARY REHABILITATION. THE CENTERS

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FOR MEDICARE & MEDICAID SERVICES INTRODUCED A FLEXIBILITY TO ALLOW FOR REIMBURSEMENT OF PULMONARY REHABILITATION VIA TELEHEALTH DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.

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

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## 6. PFF SUMMIT:

PFF SUMMIT 2021 IS THE PFF'S BIENNIAL INTERNATIONAL HEALTH CARE CONFERENCE ON PULMONARY FIBROSIS (PF). THE GOAL OF THE PFF SUMMIT IS TO FOSTER A COLLABORATIVE ENVIRONMENT TO IMPROVE EDUCATION AND AWARENESS OF PF AND TO IDENTIFY NEW APPROACHES TO TREAT, AND ULTIMATELY CURE, THIS DEVASTATING DISEASE. THE PFF SUMMIT FEATURES AN INNOVATIVE CONTINUING MEDICAL EDUCATION (CME) PROGRAM FOR HEALTH CARE PROFESSIONALS AND SESSIONS FOR PF PATIENTS AND CAREGIVERS THAT ADDRESS THEIR GROWING EDUCATIONAL NEEDS. (NOTE: SOME EXPENSES FOR THE PFF SUMMIT 2021 WERE INCLUDED IN THE 2019 FORM 990).

## 7. 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. THE PFF PROVIDES AN ONLINE PLATFORM FOR GROUPS TO USE TO MEET SAFELY DURING COVID-19.

THE PFF PROVIDES PHONE-BASED SUPPORT GROUPS TO PATIENTS AND CAREGIVERS WHO DO NOT HAVE A LOCAL SUPPORT GROUP OR WOULD LIKE EXTRA SUPPORT. IN FISCAL YEAR 2020-21, THE PFF ADDED TWO NEW GROUPS (A GROUP FOR SPANISH SPEAKERS AND A GROUP FOR LUNG TRANSPLANT RECIPIENTS). THE PFF NOW HAS A TOTAL OF FOUR PHONE-BASED SUPPORT GROUPS. VISIT [HTTP://BIT.LY/PFFSUPPORT](http://bit.ly/pffsupport) TO LEARN MORE.

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IN NOVEMBER 2020, THE PFF HOSTED AN ONLINE VIRTUAL VOLUNTEER MEETING FOR VOLUNTEERS, INCLUDING SUPPORT GROUP LEADERS. THE PFF PROVIDES ONGOING TRAINING TO SUPPORT GROUP LEADERS THROUGHOUT THE YEAR AND THE COUNTRY. THE PFF PROVIDES AN ONLINE PLATFORM FOR GROUPS TO USE TO MEET SAFELY DURING COVID-19.

THE PFF PROVIDES PHONE-BASED SUPPORT GROUPS TO PATIENTS AND CAREGIVERS WHO DO NOT HAVE A LOCAL SUPPORT GROUP OR WOULD LIKE EXTRA SUPPORT. IN FISCAL YEAR 2020-21, THE PFF ADDED TWO NEW GROUPS (A GROUP FOR SPANISH SPEAKERS AND A GROUP FOR LUNG TRANSPLANT RECIPIENTS). THE PFF NOW HAS A TOTAL OF FOUR PHONE-BASED SUPPORT GROUPS. VISIT [HTTP://BIT.LY/PFFSUPPORT](http://bit.ly/pffsupport) TO LEARN MORE.

IN NOVEMBER 2020, THE PFF HOSTED AN ONLINE VIRTUAL VOLUNTEER MEETING FOR VOLUNTEERS, INCLUDING SUPPORT GROUP LEADERS. THE PFF PROVIDES ONGOING TRAINING TO SUPPORT GROUP LEADERS THROUGHOUT THE YEAR.

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



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INTEREST. IF SUCH CONFLICTS EXIST, THEN THEY FILL OUT AN ADDITIONAL FORM OUTLINING THOSE CONFLICTS. THE EXECUTIVE COMMITTEE REVIEWS ANY CONFLICTS THAT ARISE.

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

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

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

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

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,

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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>
L.C. WILLIAMS & ASSOCIATES 150 N MICHIGAN AVE, STE 3800 CHICAGO, IL 60601	PUBLIC RELATIONS	429,175.
DOROTHY COYLE RACLAW 5855 N KENNETH AVE CHICAGO, IL 60646	MARKETING CONSULTING	136,825.
HCM STRATEGIES, LLC 1156 15TH STREET NW, STE 850 WASHINGTON, DC 20005	ADVOCACY CONSULTING	130,000.

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	747,519.	747,519.		
REGISTRY DCC CONSULTING	488,144.	488,144.		
OTHER CONSULTATION	438,857.	352,730.	72,021.	14,106.
REGISTRY CONSULTING	259,615.	259,615.		
MARKETING CAMPAIGN CONSULTING	230,532.	230,532.		
MARKETING CONSULTING	217,999.	217,999.		
MEDICAL CONSULTING	186,951.	181,877.		5,074.
RECRUITMENT FEES	90,424.		90,424.	
OTHER OUTSIDE SERVICES	50,532.	49,366.	1,166.	
TRANSLATION SERVICES	41,542.	41,542.		
MERCHANT CARD CHARGES	35,928.		529.	35,399.
REGISTRY HRCT CONSULTING	29,641.	29,641.		
WRITING/EDITING	27,850.	26,044.		1,806.

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

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
GRAPHIC DESIGN	25,650.	25,650.		
MEDIA RELATIONS	14,414.	14,414.		
EMPLOYEE ADMINISTRATION FEES	13,988.	8,225.	2,822.	2,941.
STIPENDS	8,150.	8,150.		
IT CONSULTING	6,137.	502.	5,635.	
CME	4,500.	4,500.		
PHOTOGRAPHY	1,642.	1,642.		
TOTALS	<u>2,920,015.</u>	<u>2,688,092.</u>	<u>172,597.</u>	<u>59,326.</u>