

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)

2021

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 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| B | Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>PULMONARY FIBROSIS FOUNDATION</u> | | | | D Employer identification number <u>84-1558631</u> | |
| | | Doing business as | | | | E Telephone number <u>(312) 265-2182</u> | |
| | | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | | | |
| | | <u>230 EAST OHIO STREET</u> | | <u>500</u> | | | |
| City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60611-3270</u> | | | | G Gross receipts \$ <u>12,668,878.</u> | | | |
| F Name and address of principal officer: <u>SCOTT STASZAK</u> <u>230 E OHIO STREET, SUITE 500, CHICAGO, IL 60611-3270</u> | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | If "No," attach a list. See instructions | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | H(c) Group exemption number ▶ | | | |
| J Website: ▶ <u>WWW.PULMONARYFIBROSIS.ORG</u> | | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | L Year of formation: <u>2000</u> M State of legal domicile: <u>CO</u> | | | |

Part I Summary

| | | | | |
|------------------------------------|---|---|--|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE PEOPLE AND RESOURCES TO PROVIDE ACCESS TO HIGH-QUALITY CARE AND LEAD RESEARCH FOR A CURE SO THAT PEOPLE WITH PULMONARY FIBROSIS WILL LIVE LONGER, HEALTHIER LIVES.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 41 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2,234 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | NONE |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | NONE | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 6,636,670. | 8,774,899. |
| | 9 | Program service revenue (Part VIII, line 2g) | 2,908,697. | 2,545,747. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 65,617. | 297,956. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -645,389. | -610,699. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,965,595. | 11,007,903. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 302,895. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,807,101. | 4,143,847. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | NONE | NONE |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,139,704.</u> | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,231,849. | 5,222,076. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,341,845. | 9,685,619. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 623,750. | 1,322,284. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 14,745,592. | 17,064,469. |
| | 21 | Total liabilities (Part X, line 26) | 5,433,309. | 7,089,463. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 9,312,283. | 9,975,006. |

Part II Signature Block

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

| | | | |
|-------------------------------|---|--------------------------------|---|
| Sign Here | | 03/31/2023 | |
| | Signature of officer | Date | |
| | <u>SCOTT STASZAK</u> | COO | |
| | Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | <u>JACOB COOK</u> | <u>JACOB COOK</u> | <u>3/28/2023</u> |
| | Firm's name ▶ <u>BDO USA, LLP</u> | Firm's EIN ▶ <u>13-5381590</u> | Check <input type="checkbox"/> if self-employed |
| | Firm's address ▶ <u>330 N. WABASH, SUITE 3200 CHICAGO, IL 60611</u> | Phone no. <u>312-856-9100</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** (2021)

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

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

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

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

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

| | | |
|--|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. PULMONARY FIBROSIS FOUNDATION | Taxpayer identification number (TIN) 84-1558631 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 230 EAST OHIO STREET 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 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

- The books are in the care of ► SCOTT STASZAK, COO
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 05/15, 2023, 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, 2021, and ending 06/30, 2022.

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

| | | |
|---|--------------|------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | NONE |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | NONE |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | NONE |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 2,911,005. including grants of \$ NONE) (Revenue \$ 2,210,840.)

1. PFF PATIENT REGISTRY:

TOTAL REVENUE RECOGNIZED FOR THE PFF REGISTRY PROGRAM WAS \$2,558,493, WHICH INCLUDED CONTRIBUTIONS AND SPONSORSHIPS OF \$347,654 IN ADDITION TO THE PROGRAM SERVICE REVENUE OF \$2,210,840. THE PROGRAM IS A RESEARCH EFFORT THAT BRINGS TOGETHER MULTIPLE STAKEHOLDERS INCLUDING PATIENTS, CAREGIVERS, FAMILY MEMBERS, HEALTH CARE PROVIDERS, AND RESEARCHERS TO ADVANCE RESEARCH AND IMPROVE THE QUALITY OF LIFE OF PATIENTS WITH PULMONARY FIBROSIS (PF) AND INTERSTITIAL LUNG DISEASE (ILD). THE REGISTRY'S SPECIFIC AIMS FOLLOW: (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 622,259. including grants of \$ NONE) (Revenue \$ NONE)

2. PFF CARE CENTER NETWORK:

TOTAL REVENUE RECOGNIZED FOR THE CCN WAS \$325,261, WHICH IS COMPRISED OF CONTRIBUTIONS AND SPONSORSHIPS. 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 74 CARE CENTERS WHERE PEOPLE WITH PF CAN FIND EXPERIENCED MEDICAL PROFESSIONALS (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 616,137. including grants of \$ NONE) (Revenue \$ 268,621.)

3. CORPORATE PARTNERSHIPS:

TOTAL REVENUE RECOGNIZED FOR CORPORATE PARTNERSHIPS WAS \$462,931, WHICH INCLUDED CONTRIBUTIONS AND SPONSORSHIPS OF \$194,310 IN ADDITION TO THE PROGRAM SERVICE REVENUE OF \$268,621. THE PROGNOSTIC LUNG FIBROSIS CONSORTIUM (PROLIFIC) CONVENED QUARTERLY THROUGHOUT THE FISCAL YEAR TO COMPLETE THE STATISTICAL ANALYSIS PLAN FOR THE BIOMARKER ANALYSIS AND APPROVE THE BUDGET TO BEGIN TESTING. PROLIFIC IS A CONSORTIUM OF COMPANIES AND FOUNDATIONS DEVELOPING TESTS TO IDENTIFY IMPORTANT MARKERS FOR PF. TWELVE INITIAL BIOMARKERS WERE SELECTED (CONTINUED ON SCHEDULE O)

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

(Expenses \$ 3,050,004. including grants of \$ 319,696.) (Revenue \$ 66,286.)

4e Total program service expenses 7,199,405.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 41 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 4a | 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 | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | 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 | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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 | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. | | |
| 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 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 15 | 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? 15 If "Yes," see the instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

SCOTT STASZAK, COO 230 EAST OHIO STREET, SUITE 500 CHICAGO, IL 60611
312-265-2182

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) WILLIAM T. SCHMIDT DIRECTOR/PRESIDENT AND CEO | 40.00 NONE | | | X | | | | 421,968. | NONE | 12,793. |
| (2) SCOTT STASZAK CHIEF OPERATING OFFICER | 40.00 NONE | | | X | | | | 313,854. | NONE | 12,217. |
| (3) LAURA SADLER CHIEF MARKETING OFFICER | 40.00 NONE | | | | X | | | 189,524. | NONE | 28,935. |
| (4) SETH KLEIN SENIOR VP, DEVELOPMENT | 40.00 NONE | | | | | X | | 177,121. | NONE | 7,972. |
| (5) JUNELLE SPELLER VP, PFF REGISTRY | 40.00 NONE | | | | | X | | 164,480. | NONE | 6,573. |
| (6) JESSICA SHORE VP, RESEARCH & PROGRAMS | 40.00 NONE | | | | | X | | 157,800. | NONE | 5,474. |
| (7) KATE GATES VP, ADVOCACY & PROGRAMS | 40.00 NONE | | | | | X | | 133,437. | NONE | 23,807. |
| (8) JANET BIANCHETTA VP, FINANCE | 40.00 NONE | | | | | X | | 140,557. | NONE | 13,621. |
| (9) DAVID MCNINCH INTERIM CHAIR | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (10) LAURIE CHANDLER, CFP INTERIM VICE CHAIR/TREASURER | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (11) TERENCE HALES SECRETARY | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (12) MARTIN ATTWELL MEMBER | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (13) GEORGE ELIADES MEMBER | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (14) JULIE HALSTON MEMBER | 1.00 NONE | X | | | | | | NONE | NONE | NONE |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) JEFF HARRIS MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (16) MIKE HENDERSON MEMBER (THRU 11/21) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (17) SUSAN JACOBS MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (18) HEATHER KAGEL MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (19) PJ KAMANI MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (20) ANDY LIMPER MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (21) BARBARA MURPHY MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (22) PATRICIA ROSA MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | 1,698,741. | NONE | 111,392. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | NONE | NONE | NONE | |
| d Total (add lines 1b and 1c) | | | | | | | 1,698,741. | NONE | 111,392. | |

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 **▶** 13

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| SEE SCHEDULE O | | |
| | | |
| | | |
| | | |
| | | |

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 **▶** 2

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|-------------------|--|--|--------------------------------------|---|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 1,390,980. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 7,383,919. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 2,432,097. | | | | |
| | h | Total. Add lines 1a-1f ▶ | | | 8,774,899. | | | |
| | Program Service Revenue | 2a | REGISTRY SPECIFIC | Business Code | 900099 | 2,210,840. | 2,210,840. | |
| b | | CORP PARTNERSHIPS | 900099 | 268,621. | 268,621. | | | |
| c | | PFF SUMMIT | 900099 | 65,661. | 65,661. | | | |
| d | | ADVOCACY LEGISLATIVE | 900099 | 625. | 625. | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f ▶ | | | 2,545,747. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | | 233,512. | | 233,512. | |
| | 4 | Income from investment of tax-exempt bond proceeds . ▶ | | | NONE | | | |
| | 5 | Royalties ▶ | | | NONE | | | |
| | 6a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | NONE | NONE | | | |
| | d | Net rental income or (loss) ▶ | | | | NONE | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | | 1,059,855. | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | 995,411. | | | | |
| | c | Gain or (loss) | 7c | 64,444. | | | | |
| d | Net gain or (loss) ▶ | | | | 64,444. | 64,444. | | |
| 8a | Gross income from fundraising events (not including \$ 1,390,980. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 44,550. | | | | |
| | | | 8b | 658,147. | | | | |
| | | | 8c | Net income or (loss) from fundraising events ▶ | | -613,597. | | -613,597. |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | NONE | | | | |
| | | | 9b | NONE | | | | |
| | | | 9c | Net income or (loss) from gaming activities ▶ | | NONE | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | 9,815. | | | | |
| | | | 10b | 7,417. | | | | |
| | | | 10c | Net income or (loss) from sales of inventory ▶ | | 2,398. | | 2,398. |
| Miscellaneous Revenue | 11a | UBIT REFUND | Business Code | 900099 | 500. | | 500. | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d ▶ | | | | 500. | | |
| 12 | Total revenue. See instructions ▶ | | | | 11,007,903. | 2,545,747. | -312,743. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--------------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 319,696. | 319,696. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 887,126. | 539,607. | 117,941. | 229,578. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 2,801,204. | 1,615,999. | 628,850. | 556,355. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 64,790. | 35,811. | 16,101. | 12,878. |
| 9 Other employee benefits | 177,458. | 86,576. | 51,770. | 39,112. |
| 10 Payroll taxes | 213,269. | 114,578. | 56,043. | 42,648. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | 32,800. | | 32,800. | |
| c Accounting | 53,065. | | 53,065. | |
| d Lobbying | 232,675. | 232,675. | | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | 29,861. | | 29,861. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | SEE SCHE O 3,741,524. | 3,426,207. | 245,121. | 70,196. |
| 12 Advertising and promotion | 118,689. | 113,058. | 1,963. | 3,668. |
| 13 Office expenses | 212,317. | 145,401. | 17,517. | 49,399. |
| 14 Information technology | 16,437. | 9,972. | 3,147. | 3,318. |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 227,073. | 137,678. | 43,484. | 45,911. |
| 17 Travel | 43,026. | 32,305. | 8,779. | 1,942. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 8,487. | 7,645. | 412. | 430. |
| 20 Interest | 3. | | 3. | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 98,114. | 90,968. | 3,237. | 3,909. |
| 23 Insurance | 49,440. | 28,837. | 10,959. | 9,644. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SOFTWARE SUBSCRIPTIONS-SAAS | 207,032. | 129,390. | 16,706. | 60,936. |
| b EVENT EXPENSE | 122,115. | 111,236. | 1,120. | 9,759. |
| c DUES/SUBSCRIPTIONS/REGISTRAT | 29,418. | 21,766. | 7,631. | 21. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,685,619. | 7,199,405. | 1,346,510. | 1,139,704. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 537,465. | 1 | 1,111,860. |
| | 2 Savings and temporary cash investments. | 5,853,121. | 2 | 5,356,166. |
| | 3 Pledges and grants receivable, net | 58,296. | 3 | 204,965. |
| | 4 Accounts receivable, net | 1,503,472. | 4 | 2,586,813. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 5 | NONE |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | NONE | 8 | NONE |
| | 9 Prepaid expenses and deferred charges | 507,279. | 9 | 552,239. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 270,819. | | |
| | b Less: accumulated depreciation. | 10b 197,541. | 10c | 73,278. |
| | 11 Investments - publicly traded securities. | 5,549,485. | 11 | 6,557,385. |
| | 12 Investments - other securities. See Part IV, line 11 | NONE | 12 | NONE |
| | 13 Investments - program-related. See Part IV, line 11. | NONE | 13 | NONE |
| | 14 Intangible assets | 259,472. | 14 | 190,132. |
| | 15 Other assets. See Part IV, line 11 | 431,631. | 15 | 431,631. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 14,745,592. | 16 | 17,064,469. | |
| Liabilities | 17 Accounts payable and accrued expenses. | 2,077,344. | 17 | 2,221,067. |
| | 18 Grants payable | 337,500. | 18 | 350,000. |
| | 19 Deferred revenue | 2,437,790. | 19 | 3,937,721. |
| | 20 Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 Unsecured notes and loans payable to unrelated third parties. | 580,675. | 24 | 580,675. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | NONE | 25 | NONE |
| | 26 Total liabilities. Add lines 17 through 25. | 5,433,309. | 26 | 7,089,463. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions. | 6,584,930. | 27 | 6,338,585. |
| | 28 Net assets with donor restrictions. | 2,727,353. | 28 | 3,636,421. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 9,312,283. | 32 | 9,975,006. |
| 33 Total liabilities and net assets/fund balances. | 14,745,592. | 33 | 17,064,469. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,007,903. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,685,619. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,322,284. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9,312,283. |
| 5 | Net unrealized gains (losses) on investments | 5 | -659,561. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 9,975,006. |

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

| | |
|--|---|
| 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990) 2021

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 5,989,047. | 8,449,631. | 8,450,064. | 6,636,670. | 8,774,899. | 38,300,311. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 Total. Add lines 1 through 3. | 5,989,047. | 8,449,631. | 8,450,064. | 6,636,670. | 8,774,899. | 38,300,311. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 12,699,358. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 25,600,953. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 5,989,047. | 8,449,631. | 8,450,064. | 6,636,670. | 8,774,899. | 38,300,311. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 69,969. | 273,967. | 257,033. | 152,919. | 233,512. | 987,400. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 691. | 234. | 2. | 12,865. | 500. | 14,292. |
| 11 Total support. Add lines 7 through 10 | | | | | | 39,302,003. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 13,177,422. |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 65.14 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 59.95 % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

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

14 First 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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | | |
| 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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 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 - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 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-2021 | (iii) Distributable Amount for 2021 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| c | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| c | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| e | Excess from 2021 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2017 | 2018 | 2019 | 2020 | 2021 | TOTAL |
|----------------------|------|------|------|---------|------|---------|
| MISCELLANEOUS INCOME | 691. | 234. | 2. | 12,865. | 500. | 14,292. |
| TOTALS | 691. | 234. | 2. | 12,865. | 500. | 14,292. |

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

PULMONARY FIBROSIS FOUNDATION

84-1558631

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

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 | \$ 1,458,941. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A | \$ 1,056,551. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A | \$ 537,399. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A | \$ 307,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | N/A | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization <p style="text-align: center;">PULMONARY FIBROSIS FOUNDATION</p> | Employer identification number <p style="text-align: center;">84-1558631</p> |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 7 | N/A <hr/> <hr/> <hr/> | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | N/A <hr/> <hr/> <hr/> | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PULMONARY FIBROSIS FOUNDATION

Employer identification number

84-1558631

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

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

| | |
|--|---|
| Name of organization <p style="text-align: center;">PULMONARY FIBROSIS FOUNDATION</p> | Employer identification number <p style="text-align: center;">84-1558631</p> |
|--|---|

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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) 2021

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | 39,596. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 193,079. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 232,675. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 6,966,730. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 7,199,405. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 509,970. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 127,493. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | 466,993. | 602,580. | 449,439. | 509,970. | 2,028,982. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 3,043,473. |
| c Total lobbying expenditures | 79,435. | 280,017. | 198,655. | 232,675. | 790,782. |
| d Grassroots nontaxable amount | 116,748. | 150,645. | 112,360. | 127,493. | 507,246. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 760,869. |
| f Grassroots lobbying expenditures | 58,081. | 40,551. | 37,091. | 39,596. | 175,319. |

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: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, and direct contact.

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. Questions 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 3 columns: Question, 1-5, Amount. Questions include: 1. Dues, assessments and similar amounts from members. 2. Section 162(e) nondeductible lobbying and political expenditures. 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.

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 requested in the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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

Employer identification number

PULMONARY FIBROSIS FOUNDATION

84-1558631

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

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

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 value of contributions, grants, and end of year, and two Yes/No questions regarding 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 questions about purpose 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 questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - 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? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 188,694. | 127,378. | 61,316. |
| e Other | | 82,125. | 70,163. | 11,962. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 73,278. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

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

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

IT IS THE POLICY OF THE ORGANIZATION TO INCLUDE IN MANAGEMENT AND GENERAL EXPENSES PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES. THERE WERE PENALTIES OF \$38 AND INTEREST OF \$285 FROM TAXING AUTHORITIES INCLUDED IN MANAGEMENT AND GENERAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2022.

Part XIII Supplemental Information (continued)

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

| | |
|-----------------|--------------|
| SPECIAL EVENTS: | (\$ 658,147) |
| SALE OF GOODS: | (\$ 7,417) |
| TOTAL: | (\$ 665,564) |

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

| | |
|-----------------|-----------|
| SPECIAL EVENTS: | \$658,147 |
| SALE OF GOODS: | \$7,417 |
| TOTAL: | \$665,564 |

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 |
|-----------------|--|---|---------------------------------------|-------------------------------|---------------------------------|
| | | <u>PFF WALKS</u> (event type) | <u>BROADWAY BELTS</u> (event type) | <u>NONE</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 950,186. | 485,344. | 1,435,530. |
| | 2 | Less: Contributions | 950,186. | 440,794. | 1,390,980. |
| | 3 | Gross income (line 1 minus line 2) | | 44,550. | 44,550. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | 79,759. | 79,759. |
| | 8 | Entertainment | 100. | 350. | 450. |
| | 9 | Other direct expenses | 341,428. | 236,510. | 577,938. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | 658,147. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | -613,597. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to 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) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, BOX 980568 | 54-0757884 | 501(C)(3) | 75,000. | | | | SEE PART IV |
| (2) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST #425 SAN FRANCISCO, CA 94143 | 94-6036493 | 501(C)(3) | 75,000. | | | | SEE PART IV |
| (3) NATIONAL JEWISH HEALTH 1400 JACKSON ST, ROOM A368 DENVER, CO 80206 | 74-2044647 | 501(C)(3) | 75,000. | | | | SEE PART IV |
| (4) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET RICHMOND, VA 23298 | 54-0757884 | 501(C)(3) | 75,000. | | | | SEE PART IV |
| (5) | | | | | | | |
| (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 ▶ 4

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) 2021

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.

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.

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 1(H) PURPOSE OF GRANT

1. VIRGINIA COMMONWEALTH UNIVERSITY

"INVESTIGATION OF SEROLOGIC AND PULMONARY MEDIATORS OF POST-TUBERCULOSIS LUNG FIBROSIS IN A UGANDAN COHORT"

TUBERCULOSIS IS AN ONGOING PANDEMIC WITH OVER 10 MILLION CASES AND 1.2 MILLION DEATHS ANNUALLY. IN THOSE THAT SURVIVE ACUTE TB UP TO 50% WILL DEVELOP POST-TB LUNG IMPAIRMENT (PTLI) RESULTING IN ONGOING SYMPTOMS, 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.

DISABILITY. WITH OVER 90% OF TB CASES OCCURRING IN LOW-MIDDLE-INCOME COUNTRIES, PTLI OFTEN RESULTS IN FOOD INSECURITY, WORSE SOCIOECONOMIC STATUS, AND INCREASED MORTALITY FROM SECONDARY CAUSES.

DESPITE THE LARGE BURDEN OF PTLI THERE IS LIMITED RESEARCH ON THE DISORDER. IT IS POSTULATED THAT COMPLEX INTERACTIONS BETWEEN THE BACTERIA THAT CAUSE TB AND THE PATIENT'S IMMUNE SYSTEM RESULTS IN SCARRING AND LONG-LASTING LUNG IMPAIRMENT. WHILE THERE HAVE BEEN SOME STUDIES EVALUATING THIS LINK THERE IS NO CONSENSUS ON THE PATHWAYS INVOLVED OR HOW TO TREAT PATIENTS TO PREVENT THIS LUNG DAMAGE.

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.

OUR STUDY WILL BE THE FIRST OF ITS KIND, TO NOT ONLY DETERMINE CLINICAL RISK FACTORS FOR PTLI DEVELOPMENT, BUT ALSO TO LONGITUDINALLY EVALUATE THE IMMUNOLOGIC PATHWAYS THAT CAUSE THIS DISORDER. WE WILL ANALYZE INFLAMMATORY CYTOKINES AND REGULATORY LIPIDS IN THE BLOOD AND LUNG TO IDENTIFY THE CAUSE OF PTLI AND DISCOVER TARGETS FOR THERAPIES THAT CAN PREVENT THIS DEVASTATING DISEASE.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
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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. UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

"DISPARITIES IN ANTIFIBROTIC UTILIZATION AMONG VETERANS: UNDERSTANDING THE ACCESS GAP"

THE PURPOSE OF THIS APPLICATION IS TO IMPROVE OUTCOMES FOR PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS (IPF). PRIOR WORK IDENTIFIED A NATIONAL COHORT OF 123,000 U.S. VETERANS DIAGNOSED WITH IPF BETWEEN 2014 - 2019

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.

AND FOUND THAT LESS THAN 5% OF THESE VETERANS WERE PRESCRIBED ANTIFIBROTICS. UTILIZATION WAS DISPROPORTIONATELY LOW AMONG FEMALE, BLACK, AND RURAL PATIENTS WITH VARIABILITY IN PRACTICE PATTERNS ACROSS VETERANS AFFAIRS HEALTHCARE SYSTEM FACILITIES. THIS PROPOSAL IS TO EXPLORE THE REASONS FOR THESE DISPARITIES AND IDENTIFY WAYS TO ADDRESS THEM. THE LONG-TERM GOAL IS TO DEVELOP NEW CARE DELIVERY STRATEGIES TO BRIDGE ACCESS GAPS AND IMPROVE OUTCOMES FOR PATIENTS WITH IPF.

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 3(H) PURPOSE OF GRANT

3. NATIONAL JEWISH HEALTH

"A MULTIDIMENSIONAL RISK PREDICTION MODEL FOR PROGRESSIVE FIBROSING INTERSTITIAL LUNG DISEASE"

AMONG THE SPECTRUM OF FIBROSING INTERSTITIAL LUNG DISEASES (ILDs), PATIENTS WITH THE PROGRESSIVE FIBROSING PHENOTYPE (PF-ILD) DEMONSTRATE PROGRESSION, DESPITE MAXIMAL CONVENTIONAL TREATMENT. THERE IS NOW

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.

COMPELLING EVIDENCE THAT ANTIFIBROTIC THERAPY SLOWS THE RATE OF DISEASE PROGRESSION. WITH THE RECOGNITION OF THIS TREATMENT BENEFIT, THERE IS AN URGENT UNMET NEED FOR IMPROVED METHODS TO IDENTIFY PF-ILD PATIENTS TO ENSURE TIMELY INITIATION OF TREATMENT WITH THE GOAL OF IMPROVING LONG TERM OUTCOMES.

THERE IS A CLEAR NEED FOR TOOLS TO PREDICT WHICH PATIENTS WILL DEVELOP PF-ILD AT DIAGNOSIS. CURRENT PREDICTOR MODELS RELY ON CLINICAL VARIABLES AND PULMONARY FUNCTION TO PREDICT MORTALITY IN IPF, BUT THEY DO NOT RELIABLY PREDICT DISEASE PROGRESSION. QUALITATIVE AND QUANTITATIVE

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.

IMAGING DATA PROVIDES COMPLEMENTARY INFORMATION THAT MAY IMPROVE DISEASE STAGING AND OUTCOME PREDICTION IN PF-ILD.

THIS PROPOSAL IS A RISK PREDICTION MODEL USING DEMOGRAPHIC, CLINICAL, AND PHYSIOLOGICAL MARKERS IN COMBINATION WITH VISUAL AND MACHINE LEARNING TECHNIQUES ON BASELINE CT SCANS OF PATIENTS WITH PULMONARY FIBROSIS WILL HELP IDENTIFY AND RISK STRATIFY INDIVIDUALS WITH PROGRESSIVE FIBROSIS.

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 4(H) PURPOSE OF GRANT

4. VIRGINIA COMMONWEALTH UNIVERSITY -

"TARGETING MECHANO-SENSORS AND ALTERED METABOLISM IN LUNG FIBROSIS"

IDIOPATHIC PULMONARY FIBROSIS IS A PROGRESSIVE SCARRING DISEASE OF THE LUNG DRIVEN BY MULTIPLE OVERLAPPING DISEASE-CAUSING PROCESSES. MOST CURRENT RESEARCH FOCUSES ON TREATING SINGLE PATHWAYS, RESULTING IN CHALLENGES AND FAILURE WHEN TRANSLATED FROM THE LAB TO CLINICAL TRIALS.

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 PROPOSAL WILL INVESTIGATE A RECENTLY IDENTIFIED OVERLAP OF TWO PREVIOUSLY PRESUMED INDEPENDENT PROCESSES THAT PROMOTE FIBROSIS; TISSUE STIFFNESS AND ENERGY METABOLISM BY LUNG CELLS. THE STUDY HAS IDENTIFIED A PROBABLE CELL RECEPTOR INVOLVED WITH THESE PROCESSES THAT HAS POTENTIAL TO BE DEVELOPED INTO A THERAPY THAT TARGETS THESE MULTIPLE DISEASE PATHWAYS AT THE SAME TIME. THE LONG-TERM GOAL IS TO IDENTIFY A CO-TARGETING TREATMENT OPTION THAT WILL MORE EFFECTIVELY BLOCK THE PROGRESSION OF FIBROSIS COMPARED TO CURRENT ANTI-FIBROTIC MONOTHERAPIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 WILLIAM T. SCHMIDT DIRECTOR/PRESIDENT AN | (i) | 291,655. | 115,000. | 15,313. | 12,263. | 530. | 434,761. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 2 SCOTT STASZAK CHIEF OPERATING OFFIC | (i) | 242,784. | 71,070. | NONE | 11,687. | 530. | 326,071. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 3 LAURA SADLER CHIEF MARKETING OFFIC | (i) | 189,024. | 500. | NONE | 8,298. | 20,637. | 218,459. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 4 SETH KLEIN SENIOR VP, DEVELOPMEN | (i) | 175,621. | 1,500. | NONE | 7,442. | 530. | 185,093. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 5 JUNELLE SPELLER VP, PFF REGISTRY | (i) | 163,980. | 500. | NONE | 6,043. | 530. | 171,053. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 JESSICA SHORE VP, RESEARCH & PROGRA | (i) | 157,300. | 500. | NONE | 4,944. | 530. | 163,274. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 7 JENNIFER MEFFORD VP, CORPORATE PARTNER | (i) | 134,791. | 500. | NONE | 5,744. | 12,638. | 153,673. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 8 JANET BIANCHETTA VP, FINANCE | (i) | 140,057. | 500. | NONE | 5,662. | 7,959. | 154,178. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 9 KATE GATES VP, ADVOCACY & PROGRA | (i) | 132,937. | 500. | NONE | 5,513. | 18,294. | 157,244. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles. | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 14 | 2,432,097. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

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

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

Schedule M (Form 990) 2021

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PULMONARY FIBROSIS FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

84-1558631

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

- . CREATE A ROBUST SOURCE OF INFORMATION TO HELP RESEARCHERS FIND ANSWERS TO BETTER DIAGNOSE, TREAT, AND POTENTIALLY FIND A CURE.
- . PROVIDE DATA SET TO HELP RESEARCHERS IMPROVE THE QUALITY OF CARE PROVIDED IN US-BASED MEDICAL PRACTICES.
- . UTILIZE INFORMATION TO SUPPORT LEGISLATIVE AND OTHER ADVOCACY EFFORTS.
- . ENGAGE AND ENERGIZE THE PF AND ILD COMMUNITY.

THE PROGRAM INCLUDES TWO REGISTRIES:

- . FROM 2016 TO 2022, THE PFF PATIENT REGISTRY HAS COLLECTED PHYSICIAN-REPORTED MEDICAL INFORMATION EVERY SIX MONTHS FROM MORE THAN 2003 PATIENTS WHO OBTAIN CARE AT 42 PARTICIPATING PFF CARE CENTERS ACROSS THE UNITED STATES.
- . LAUNCHED IN JULY 2022, THE PFF COMMUNITY REGISTRY RELIES ON SELF-REPORTED INFORMATION SUBMITTED BY PATIENTS AND LUNG TRANSPLANT RECIPIENTS WHO HAVE BEEN DIAGNOSED WITH PF OR ILD, AS WELL AS THEIR CAREGIVERS AND BIOLOGICAL FAMILY MEMBERS.

COMBINED, THESE REGISTRIES CAPTURE INFORMATION IN AN ELECTRONIC DATABASE ON PATIENT DIAGNOSIS, MEDICAL HISTORY, TREATMENT, AND QUALITY OF LIFE AS WELL AS MEDICAL AND FAMILY HISTORY FROM CAREGIVERS AND FAMILY MEMBERS. DATA ARE MADE ANONYMOUS AND INDEPENDENTLY MANAGED BY A DATA COORDINATING CENTER. IN ADDITION, THE PATIENT REGISTRY COLLECTED BLOOD SAMPLES WITH PATIENT CONSENT. SAMPLES WERE THEN ANONYMIZED AND INDEPENDENTLY MANAGED BY A MEDICAL SPECIMEN STORAGE FACILITY ASSOCIATED WITH THE DATA

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

COORDINATING CENTER.

TO LEARN MORE ABOUT THE PFF REGISTRY, VISIT: PFFREGISTRY.ORG.

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

WHO UNDERSTAND THEIR DISEASE AND SUPPORT SERVICES TO IMPROVE THE QUALITY OF THEIR LIVES. THE GOALS OF THE PFF CCN ARE 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.

CONTINUED FROM 990, PART III, LINE 4C:

FOR THEIR POTENTIAL TO PREDICT DISEASE COURSE OF PF AND TO ASSESS HOW WELL A DRUG WILL WORK IN A SPECIFIC INDIVIDUAL. FINDINGS WILL BE USED TO INFORM AND COMPARE RESULTS ACROSS DIFFERENT CLINICAL TRIALS TO EXPEDITE REGULATORY APPROVAL OF NEW DRUGS.

PFF PARTNERED WITH A CONTINUING MEDICAL EDUCATION (CME) COMPANY TO CREATE "PFF CONFERENCE HIGHLIGHTS: NEWS YOU CAN USE," A CME SERIES THAT PROVIDED COMPREHENSIVE CONFERENCE COVERAGE WITH EXPERT CLINICIANS AND PATIENTS HIGHLIGHTING KEY TAKE-AWAYS FROM THE PULMONARY FIBROSIS FOUNDATION SUMMIT 2021 IN CHICAGO, IL. THIS CME SERIES WAS INTENDED FOR PULMONOLOGISTS, CARDIOLOGISTS, CARDIOPULMONOLOGISTS, RADIOLOGIST, RESPIRATORY THERAPISTS, PATIENTS AND CAREGIVERS, AND OTHER HEALTHCARE CLINICIANS (MD'S, PAS, AND

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NPS) INTERESTED IN MANAGING PATIENTS WITH ILDS.

THE PFF IS ENGAGED IN A MULTI-YEAR FEDERALLY FUNDED RESEARCH COLLABORATION CALLED PRECISIONS, WHICH IS LAYING THE FOUNDATION FOR PERSONALIZED MEDICINE IN PF. BIOMARKERS - BIOLOGICAL MOLECULES FOUND IN BLOOD THAT CONVEY INFORMATION ABOUT DISEASE STATUS - PLAY A CRITICAL ROLE IN PRECISIONS. THIS AMBITIOUS CLINICAL TRIAL IS THE FIRST EVER TO APPLY THE PRINCIPLES OF PRECISION MEDICINE TO THE DIAGNOSIS AND TREATMENT OF IPF. DATA AND BLOOD FROM THE PFF REGISTRY ARE BEING USED IN THE STUDY TO HELP RAPIDLY IDENTIFY CLINICAL TRIAL PARTICIPANTS WHO ARE ELIGIBLE FOR THE STUDY.

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES: PROGRAM SUPPORT/MARKETING:

WE EXECUTED OUR PINPOINT PF AWARENESS CAMPAIGN TARGETING THROUGH FY 2022 AND GENERATED MORE THAN 1.57 BILLION IMPRESSIONS IN DIGITAL AND EARNED MEDIA THROUGHOUT THE YEAR. THIS CAMPAIGN TARGETED PATIENTS AND POTENTIAL PATIENTS; CAREGIVERS AND FAMILY MEMBERS; HEALTHCARE PROVIDERS; AND AT-RISK POPULATIONS. OUR FIRST MAJOR PUSH CAME IN SEPTEMBER FOR PULMONARY FIBROSIS AWARENESS MONTH (PFAM). DR. AMY HAJARI CASE, PFF SENIOR MEDICAL ADVISOR FOR EDUCATION AND AWARENESS, LED A RADIO MEDIA TOUR IN WHICH SHE COMPLETED 16 INTERVIEWS. DR. CASE REACHED LISTENERS NATIONWIDE TO RAISE AWARENESS OF EVENTS TAKING PLACE DURING PFAM AND TO ENCOURAGE INDIVIDUALS TO NOTE PF SYMPTOMS EARLY AND START CONVERSATIONS WITH THEIR DOCTORS. ADDITIONAL COVERAGE DURING PFAM FEATURED PFF AMBASSADOR AND RETIRED NYPD

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

DETECTIVE TOM FREY WHO HELPED US SHINE A LIGHT ON PF IN TOP-TIER NATIONAL MEDIA IN CONJUNCTION WITH THE 20TH ANNIVERSARY OF 9/11. A FINAL PFAM HIGHLIGHT WAS A SATELLITE MEDIA TOUR SHOWCASING PF ADVOCATE, JULIE HALSTON, WHO RECEIVED THE 2020 ISABELLE STEVENSON TONY AWARD IN RECOGNITION OF HER CHARITABLE WORK FOR THE PFF.

THE PFF'S AWARENESS CAMPAIGN SUCCESSFULLY GREW TRAFFIC TO THE ABOUTPF.ORG MICROSITES AND TO THE PFF'S WEBSITE, PULMONARYFIBROISIS.ORG. THE CAMPAIGN DROVE INQUIRIES TO THE PFF HELP CENTER.

OUR MEDIA RELATIONS EFFORT PRODUCED FEATURE STORIES ON RELEVANT TOPICS THROUGHOUT THE YEAR. WE SHARED INDUSTRY NEWS ON TOPICS INCLUDING PF RESEARCH, PFF SCHOLARS, PFF POSITION STATEMENTS, AND CLINICAL TRIALS RESOURCES. PFF AMBASSADOR STORIES WERE HIGHLIGHTED IN NATIONWIDE MEDIA THROUGH COVERAGE ABOUT HILL DAY, PFF WALKS, AND TEAM PFF EVENTS. WE ALSO UTILIZED AMBASSADOR STORIES TO PROMOTE THE PFF SUMMIT 2021.

WE JOINED EIGHT ORGANIZATIONS TO PRESENT THE FIRST ANNUAL ILD DAY ON SEPTEMBER 15, 2021, TO DRIVE PUBLIC AND HEALTHCARE INDUSTRY AWARENESS OF INTERSTITIAL LUNG DISEASE. IN ADDITION TO THE PFF, THIS COLLABORATION FEATURED THE ARTHRITIS FOUNDATION, FOUNDATION FOR SARCOIDOSIS RESEARCH, THE MYOSITIS ASSOCIATION, PF WARRIORS, SCLERODERMA FOUNDATION, SCLERODERMA RESEARCH FOUNDATION, SJÖGREN'S FOUNDATION, AND WESCOE FOUNDATION FOR PULMONARY FIBROSIS. ILD DAY PROMOTION INCLUDED A LOGO, MEDIA PLACEMENTS, A MAT RELEASE FOR COMMUNITY NEWSPAPERS, SOCIAL MEDIA

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AND AN ILL DAY LANDING PAGE. THIS EFFORT GENERATED MORE THAN 632 MILLION IMPRESSIONS.

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. MORE THAN 100 BUILDINGS ACROSS THE UNITED STATES SHINED BLUE, AND THE PFF REACHED MORE THAN 533,000 USERS ACROSS ALL SOCIAL MEDIA PLATFORMS.

FINALLY, THE PFF HOSTED ITS VERY FIRST CLINICAL TRIALS WEEK ON SOCIAL MEDIA. IN CONJUNCTION WITH CLINICAL TRIALS DAY ON MAY 20, THE PFF HOSTED A 7-DAY CAMPAIGN, SHARING ALL ITS VALUABLE RESOURCES ABOUT CLINICAL TRIALS. THE CAMPAIGN ENCOURAGED FOLLOWERS TO LEARN ABOUT CLINICAL TRIALS AND CONSIDER USING THE FOUNDATION'S FINDER TOOL. THE CAMPAIGN RESULTED IN A 65% INCREASE TO TRIALS.PULMONARYFIBROSIS.ORG COMPARED TO PREVIOUS MONTHS AND EARNED MORE THAN 43,500 IMPRESSIONS ACROSS SOCIAL MEDIA. DUE TO THE SUCCESS OF THE CAMPAIGN, THE PFF WILL CONTINUE TO HOST CLINICAL TRIALS WEEK ON AN ANNUAL BASIS.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 2020 FORM 990).

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

INDEPENDENT FUNDING AND CONTINUE THEIR CUTTING-EDGE RESEARCH. THE RESEARCH REVIEW COMMITTEE ADMINISTERS THE PEER-REVIEW PROCESS, WHICH IS COMPRISED OF 28 CREDIBLE EXPERTS FROM THE US AND CANADA. AFTER THEIR REVIEW AND RECOMMENDATIONS, THE PFF FUNDED FOUR \$75,000 GRANTS OVER A TWO YEAR PERIOD IN THE 2021 CYCLE. THE PFF ALSO CONSIDERS OTHER SMALLER GRANTS THAT FIT THE RESEARCH GUIDELINES.

ADVOCACY:

THE PFF ENGAGED POLICYMAKERS TO REQUEST INCREASED FUNDING FOR PULMONARY FIBROSIS RESEARCH AND IMPROVED ACCESS TO OXYGEN FOR PATIENTS. THE PFF HOSTED A VIRTUAL HILL DAY ON MARCH 10, 2022 TO PROVIDE CONSTITUENTS WITH THE OPPORTUNITY TO MEET WITH THEIR MEMBERS OF CONGRESS AND RAISE AWARENESS 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 WORKED WITH OTHER PATIENT AND PROFESSIONAL ADVOCACY GROUPS TO ADVOCATE FOR IMPROVED ACCESS TO OXYGEN FOR PATIENTS.

EDUCATION:

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

AS WELL AS PROVIDE PATIENTS WITH THE TOOLS NECESSARY TO LIVE WITH THE
DISEASE AND IMPROVE THEIR QUALITY OF LIFE.

THE PFF DISEASE EDUCATION WEBINAR SERIES HAS SERVED AS AN ESSENTIAL
PROGRAM TO ADVANCE OUR MISSION OF EDUCATING THE PF COMMUNITY. THE WEBINAR
SERIES PROVIDES A FREE, CONVENIENT WAY FOR PATIENTS, CAREGIVERS, AND
FAMILIES TO LEARN FROM AND CONNECT WITH PF SPECIALISTS ON A VARIETY OF
IMPORTANT TOPICS. DURING FY 21-22, THE PFF DISEASE EDUCATION WEBINAR
SERIES HOSTED EIGHT WEBINARS ALONG WITH TWO ADDITIONAL WEBINARS IN
CONJUNCTION WITH THE AMERICAN THORACIC SOCIETY PUBLIC ADVISORY
ROUNDTABLE. THE PFF DISEASE EDUCATION WEBINAR SERIES TOPICS INCLUDED:
RESEARCH UPDATES, GENETIC COUNSELING, MULTIDISCIPLINARY CARE TEAMS,
FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO PULMONARY FIBROSIS PATIENTS,
PALLIATIVE CARE, AND MORE. THE PFF DISEASE EDUCATION WEBINAR SERIES
HOSTED OVER 1,200 LIVE ATTENDEES. WEBINARS ARE RECORDED AND AVAILABLE FOR
VIEWING ON BOTH THE PULMONARY FIBROSIS FOUNDATION WEBSITE AND YOUTUBE
CHANNEL. WEBINARS FROM THE PFF DISEASE EDUCATION WEBINAR SERIES FROM THIS
TIMEFRAME HAVE AMASSED OVER 7,300 VIEWS ON YOUTUBE ALONE.

IN ADDITION TO THE PFF DISEASE EDUCATION WEBINAR SERIES, THE FOUNDATION
HAS DEVELOPED A LIBRARY OF DISEASE EDUCATION MATERIALS FOR PULMONARY
FIBROSIS PATIENTS, CAREGIVERS, FAMILY MEMBERS, AND FRIENDS. DURING FY
21-22, THE PULMONARY FIBROSIS FOUNDATION TRANSLATED A TELEMEDICINE
BOOKLET AND CHECKLIST INTO HINDI AND MANDARIN LANGUAGES. SINCE THE
BEGINNING OF THE COVID-19 PANDEMIC, TELEMEDICINE HAS BEEN A VITAL

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RESOURCE FOR CONNECTING PATIENTS WITH THEIR HEALTHCARE PROVIDERS.
TRANSLATING THESE MATERIALS HELPS TO ENSURE THAT MORE PATIENTS ARE ABLE
TO BENEFIT FROM THESE APPOINTMENTS AND ARE PREPARED FOR A SUCCESSFUL
VISIT. ADDITIONALLY, THE PFF CREATED SEVERAL NEW FACT SHEETS AS WELL AS
DOCUMENTS WITH UPDATED COVID-19 INFORMATION IN BOTH ENGLISH AND SPANISH,
ALL AVAILABLE ON THE WEBSITE.

OUTREACH AND AWARENESS:

THE PFF AMBASSADOR PROGRAM EMPOWERS PATIENTS, CAREGIVERS, LUNG TRANSPLANT
RECIPIENTS, FAMILY MEMBERS, THOSE WHO HAVE LOST A LOVED ONE, AND HEALTH
CARE PROFESSIONALS TO SERVE AS SPOKESPEOPLE FOR THE PF COMMUNITY.
COMPRISING A DIVERSE AND DYNAMIC GROUP OF VOLUNTEERS FROM ACROSS THE
UNITED STATES, PFF AMBASSADORS UNDERGO FORMAL TRAINING TO PREPARE FOR
SPEAKING AND ADVOCATING ON BEHALF OF THE PULMONARY FIBROSIS FOUNDATION
AND THE PULMONARY FIBROSIS COMMUNITY. PFF AMBASSADORS REPRESENT THE
FOUNDATION AS THEY ATTEND EVENTS AROUND THE COUNTRY. EVENTS INCLUDE PFF
CARE CENTER NETWORK EVENTS, SUPPORT GROUP MEETINGS, EDUCATION EVENTS,
FUNDRAISERS, OTHER DISEASE AWARENESS AND EDUCATION PROGRAMS, AND A
VARIETY OF MEDIA OPPORTUNITIES. PFF AMBASSADORS PROMOTE DISEASE
AWARENESS, PROVIDE UP-TO-DATE INFORMATION, AND OFFER HOPE AND INSPIRATION
TO THOSE AFFECTED BY PULMONARY FIBROSIS. IN OCTOBER 2021, THE PFF HOSTED
A VIRTUAL MEETING ONLINE FOR VOLUNTEERS TO RECEIVE UP-TO DATE INFORMATION
ON THE FOUNDATION, RESOURCES AVAILABLE, AND TRAINING FOR THEIR ROLES. THE
PFF PROVIDES MONTHLY TRAINING TO PFF AMBASSADORS THROUGHOUT THE YEAR. IN
APRIL 2022, THE PFF INTRODUCED THE CLASS OF 2022 AMBASSADORS CONSISTING

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2021

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Inspection**

Employer identification number

OF 22 NEW MEMBERS TO THE PROGRAM.

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 LEADER NETWORK CONSISTS OF OVER 150 SUPPORT GROUPS ACROSS THE COUNTRY. THE PFF PROVIDES AN ONLINE PLATFORM FOR GROUPS TO MEET SAFELY DURING COVID-19 AND CONNECT WITH OTHERS ACROSS THE NATION. THE PFF PROVIDES PHONE-BASED VIRTUAL SUPPORT GROUPS FOR MEMBERS OF THE PF COMMUNITY WHO EITHER DO NOT HAVE A LOCAL SUPPORT GROUP OR ARE LOOKING FOR ADDITIONAL SUPPORT BETWEEN THEIR OTHER MEETINGS. THE PFF MEETINGS VARY IN TOPIC AREAS FOCUSED ON GENERAL DISEASE EDUCATION, LUNG TRANSPLANTATION, CAREGIVING, AND SPANISH SPEAKERS. THESE FOUR SUPPORT GROUPS MEET MONTHLY AND TO LEARN MORE ABOUT THEM VISIT HERE: [HTTP://BIT.LY/PFFSUPPORT](http://bit.ly/pffsupport).

IN OCTOBER 2021, THE PFF HOSTED A VIRTUAL MEETING ONLINE FOR VOLUNTEERS TO RECEIVE UP-TO DATE INFORMATION ON THE FOUNDATION, RESOURCES AVAILABLE, AND TRAINING FOR THEIR ROLES. THE PFF PROVIDES QUARTERLY TRAINING TO THE PFF SUPPORT GROUP LEADER NETWORK 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WITHIN THE EMPLOYEE HANDBOOK AND ALL EMPLOYEES ARE REQUIRED TO ADHERE TO THE POLICY. EMPLOYEES SIGN A DISCLOSURE FORM EACH YEAR. ANNUALLY, BOARD MEMBERS ARE SENT A FORM TO FILL OUT STATING WHETHER THEY HAVE ANY CONFLICTS OF INTEREST. IF SUCH CONFLICTS EXIST, THEN THEY FILL OUT AN ADDITIONAL FORM OUTLINING THOSE CONFLICTS. THE EXECUTIVE COMMITTEE REVIEWS ANY CONFLICTS THAT ARISE.

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

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

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

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

Name of the organization

Employer identification number

PULMONARY FIBROSIS FOUNDATION

84-1558631

FORM 990, PART VI, LINE 17 - STATES

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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,

Name of the organization

Employer identification number

PULMONARY FIBROSIS FOUNDATION

84-1558631

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

DOROTHY COYLE RACLAW
5855 N KENNETH AVE
CHICAGO, IL 60646

MARKETING CONSULTING

150,345.

JUDAH VIOLA
4711 N WHIPPLE ST
CHICAGO, IL 60625

PROGRAM CONSULTING

119,400.

Name of the organization

Employer identification number

PULMONARY FIBROSIS FOUNDATION

84-1558631

FORM 990, PART IX - OTHER FEES

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| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|--------------------------|------------------------------|--------------------------------|----------------------------------|--------------------------------|
| ----- | ----- | ----- | ----- | ----- |
| REGISTRY DCC CONSULTING | 1,641,133. | 1,641,133. | | |
| MEDICAL CONSULTING | 437,708. | 429,057. | | 8,651. |
| MARKETING CONSULTING | 415,289. | 375,229. | 40,060. | |
| SITE PAYMENTS | 344,300. | 344,300. | | |
| OTHER CONSULTATIONS | 336,517. | 250,132. | 74,885. | 11,500. |
| MARKETING CAMPAIGN | 159,513. | 159,513. | | |
| RECRUITMENT FEES | 104,907. | | 104,907. | |
| REGISTRY HRCT COLLECTION | 49,235. | 49,235. | | |
| MERCHANT CARD CHARGES | 45,504. | | 475. | 45,029. |
| WRITING/EDITING | 34,258. | 25,758. | 8,500. | |
| GRAPHIC DESIGN | 32,050. | 30,250. | | 1,800. |
| IT CONSULTING | 28,324. | 15,185. | 13,139. | |
| MEDIA RELATIONS | 24,045. | 24,045. | | |
| OTHER OUTSIDE SERVICES | 22,366. | 22,366. | | |
| CME | 20,000. | 20,000. | | |
| EMPLOYEE ADMIN FEES | 15,028. | 8,667. | 3,155. | 3,206. |
| TRANSLATION SERVICES | 11,472. | 11,472. | | |
| STIPENDS | 11,200. | 11,200. | | |
| REGISTRY MANAGEMENT | 6,500. | 6,500. | | |
| PHOTOGRAPHY | 2,165. | 2,165. | | |
| DP CARD PROCESSING FEES | 10. | | | 10. |
| TOTALS | ----- 3,741,524. ===== | ----- 3,426,207. ===== | ----- 245,121. ===== | ----- 70,196. ===== |