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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning 7/1/2011, and ending 6/30/2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization COPD FOUNDATION, INC  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
2937 SW 27 AVE 302  
 City or town, state or country, and ZIP + 4  
MIAMI FL 33133-3772

**D** Employer identification number 20-1048322  
**E** Telephone number 305 567-9888

**F** Name and address of principal officer  
John W. Walsh 2937 SW 27th Ave Suite 302, Miami, FL 33133

**G** Gross receipts \$ 9,269,912

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ www.copdfoundation.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2004 **M** State of legal domicile FL

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The COPD Foundation, Inc develops and supports programs which improve the quality of life for persons whose lives are impacted by Chronic Obstructive Pulmonary Disease (COPD). The Foundation's programs include medical research, patient education, early diagnosis, and enhanced therapy protocols.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>18</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>17</u>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part VII, line 2a)	<u>5</u>	<u>16</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>25</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>477,814</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>5,080,461</u>	<u>7,081,227</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>560,434</u>	<u>712,612</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>49,899</u>	<u>142,249</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>198,739</u>	<u>258,215</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,889,533</u>	<u>8,194,303</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>410,185</u>	<u>605,958</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>723,122</u>	<u>1,107,995</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>370,177</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>2,601,905</u>	<u>5,016,766</u>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>3,735,212</u>	<u>6,730,719</u>
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u>2,154,321</u>	<u>1,463,584</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<u>4,583,605</u>	<u>6,014,770</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>428,404</u>	<u>395,985</u>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<u>4,155,201</u>	<u>5,618,785</u>

**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** Signature of officer Robert C. Barrett Date February 6th, 2013  
 Type or print name and title Vice President & CFO

**Paid Preparer Use Only**

Pnnr/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no \_\_\_\_\_

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

SCANNED FEB 26 2013

FEB 07 2013  
 UGLEN, UT

907/11

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

The COPD Foundation has been established to speed innovations which will make treatments more effective and affordable, undertake initiatives that result in expanded services for COPD patients, and improve the lives of patients with COPD through research and education that will lead to prevention and someday a cure for this disease

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,706,846 including grants of \$ 0 ) (Revenue \$ 3,056,653 )

DRIVE4COPD The DRIVE4COPD campaign is a landmark public health initiative of the COPD Foundation that aims to raise awareness of COPD, drive earlier diagnosis through risk screening, champion access to needed care and services, and advance efforts to help people with COPD live full and productive lives. Since the beginning of the campaign, DRIVE4COPD has screened more than 2.5 million Americans for COPD through its brief five question risk screener which has been disseminated online, at health and wellness fairs, medical conferences and at various sporting events and activities. Accomplishments have included the creation of an online COPD employer toolkit that provides organizations with the tools they need to develop and implement a successful COPD worksite program, collaboration with the National Business Coalition on Health to develop an action brief on COPD, recognition of the campaign as the official health initiative of NASCAR, utilization of celebrity Danica Patrick in media interviews to discuss COPD and various public policy and advocacy initiatives related to COPD

4b (Code ) (Expenses \$ 1,065,665 including grants of \$ 373,219 ) (Revenue \$ 520,000 )

COPD Gene Study The COPD Gene Study is a multi-institutional study of past and current smokers to identify the genetic factors that control the development and progression of COPD. The first five-year phase of the study created a cohort of over 10,000 smokers who are at risk for or express one of the various stages of COPD. A genome-wide association study was done on the entire cohort and pilot whole exome sequencing was carried out. Using imaging, clinical and genetic data, COPD Gene will develop and validate a new classification system for COPD, which will dissect it into distinct pathophysiologic subtypes of this disease. Protein biomarker levels will be compared between COPD subtypes to identify biomarkers that associate with specific COPD subtypes

4c (Code ) (Expenses \$ 490,114 including grants of \$ 36,925 ) (Revenue \$ 1,049,976 )

COPD Biomarkers Qualification Consortium The Consortium's mission is to implement the qualification of public domain biomarkers that assist in the development and registration of treatments for COPD with the FDA. The current members of the Consortium are actively working with several academic centers, the NHLBI and the COPD Foundation to identify and publish key biomarkers. Letters of intent for three biomarkers were submitted to the FDA in March 2011.

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

(Expenses \$ 2,692,594 including grants of \$ 193,814 ) (Revenue \$ 1,831,695 )

4e Total program service expenses 5,955,219

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> 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>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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 to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 28	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1c</b> X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 16	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) <b>2b</b> X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b> X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O <b>3b</b> X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts <b>4b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <b>6a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7a</b> X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b> X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Did the organization make any taxable distributions under section 4966? <b>9a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Gross income from members or shareholders <b>11a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>11b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>18</b>		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent. <b>17</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official.	X	
<b>15b</b>	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed. **See Attached Statement**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Robert C. Barrett** 305 567-9888  
 2937 SW 27 Ave Suite 305, Miami, FL 33133-3772

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Byron Thomashow, MD Chair	5 00	X		X				0	0	0
(2) Wayne E Withers, Jr Vice Chair	4 00	X		X				0	0	0
(3) John W. Walsh President	20 00	X		X				0	0	0
(4) Donald Gray Treasurer / Secretary	5 00	X		X				0	0	0
(5) Stephen I Rennard, MD Director	2 00	X						0	0	0
(6) Gerard M. Turno MD Director, Past Chair	2 00	X						0	0	0
(7) Gordon E Cadwgan, Jr, PhD Director	2 00	X						0	0	0
(8) James D Crapo, MD Director	2.00	X						0	0	0
(9) Pamela R Bird, PhD Director	2 00	X						0	0	0
(10) Chip Gatchell Director	2 00	X						0	0	0
(11) Sam P Giordano, MBA, RRT, FAARC Director	4 00	X						0	0	0
(12) David M Mannino, MD Director	2 00	X						0	0	0
(13) Stew Cogan, Esq. Director	2.00	X						0	0	0
(14) Ab Rees Director	4 00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) Michael P. Mayer Director	4.00	X						0	0	0
(16) James K. Stoller, MD, MS Director	2.00	X						0	0	0
(17) Alvin V. Thomas, Jr, MD, FACP, FCCP Director	2.00	X						0	0	0
(18) Lawrence D. Stern Director	2.00	X						0	0	0
(19) Robert C. Barrett Vice President / CFO	10.00			X				0	0	0
(20) Margaret H. Brown Executive Director	40.00					X	106,872	0	2,928	
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							106,872	0	2,928	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							106,872	0	2,928	

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 **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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
VCC Systems, Inc 2785 Crystal Court, Miami, FL 33133	Call Center	216,925
Original Impressions 12900 SW 89th Ct, Miami, FL 33176	Printing & Publications	157,223
Medicare Publishing, Inc. 10338 Medicis Pl, Wellington, FL 33449	Printing & Publications	100,556
Hess Print Solutions 3240 Paysphere Circle, Chicago, IL 60674	Printing & Publications	132,668
William B. Mattes 17014 Hersperger Lane, Poolesville, MD 208	COPD Research (Biomarker	123,250
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>5</b>		

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0					
	b	Membership dues	1b	0					
	c	Fundraising events	1c	0					
	d	Related organizations	1d	133,000					
	e	Government grants (contributions)	1e	0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,948,227					
	g	Noncash contributions included in lines 1a-1f:		\$ 182,914					
	h	<b>Total.</b> Add lines 1a-1f			7,081,227				
Program Service Revenue			<b>Business Code</b>						
	2a	Publication Income	511120	477,814		477,814			
	b	Conference Revenues		234,798	234,798				
	c			0					
	d			0					
	e			0					
	f	All other program service revenue		0					
g	<b>Total.</b> Add lines 2a-2f			712,612					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		68,341	68,341				
	4	Income from investment of tax-exempt bond proceeds		0					
	5	Royalties		0					
	6a	Gross rents	(i) Real	(ii) Personal					
			0	0					
	d	Net rental income or (loss)			0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			1,030,477	0					
			956,569	0					
			73,908	0					
	d	Net gain or (loss)			73,908				
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	270,883					
			b	Less: direct expenses	b	119,040			
			c	Net income or (loss) from fundraising events		151,843			
9a	Gross income from gaming activities. See Part IV, line 19	a	0						
		b	Less: direct expenses	b	0				
		c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a	0						
		b	Less: cost of goods sold	b	0				
		c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		<b>Business Code</b>							
11a	Unrealized Gains on securities	900099	106,372						
b			0						
c			0						
d	All other revenue		0						
e	<b>Total.</b> Add lines 11a-11d			106,372					
12	<b>Total revenue.</b> See instructions			8,194,303	303,139	477,814	0		

**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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	605,958	605,958		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	919,313	686,359	62,692	170,262
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	115,595	81,757	13,145	20,693
10 Payroll taxes	73,087	52,531	7,578	12,978
11 Fees for services (non-employees)				
a Management	147,467	58,825	38,642	50,000
b Legal	83,797	75,605	8,192	0
c Accounting	43,480	0	43,480	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0	0	0	0
f Investment management fees	10,513	0	10,513	0
g Other	308,080	307,880	0	200
12 Advertising and promotion	0	0	0	0
13 Office expenses	78,666	65,892	8,943	3,831
14 Information technology	140,526	99,525	40,858	143
15 Royalties	0	0	0	0
16 Occupancy	99,960	71,229	6,751	21,980
17 Travel	244,241	195,640	28,356	20,245
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	858,109	796,958	44,464	16,687
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	9,110	477	8,633	0
23 Insurance	18,218	0	18,218	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Contract Services	2,321,488	2,288,031	25,828	7,629
b Telephone and Communications	40,509	23,782	12,102	4,625
c Postage and Shipping	153,466	147,955	4,321	1,190
d Printing and Publication	396,943	370,621	9,459	16,863
e All other expenses Other expenses	62,193	26,194	13,148	22,851
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>6,730,719</b>	<b>5,955,219</b>	<b>405,323</b>	<b>370,177</b>
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**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	24,028	<b>1</b>	2,048,027	
	<b>2</b> Savings and temporary cash investments . . . . .	1,910,177	<b>2</b>	1,436,344	
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0	
	<b>4</b> Accounts receivable, net . . . . .	796,279	<b>4</b>	503,105	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,449	<b>9</b>	14,327	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 57,255			
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 35,757	20,937	<b>10c</b> 21,498	
	<b>11</b> Investments—publicly traded securities . . . . .	1,562,735	<b>11</b>	1,741,469	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	250,000	<b>13</b>	250,000	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,583,605	<b>16</b>	6,014,770		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	428,404	<b>17</b>	395,985	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	428,404	<b>26</b>	395,985	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	282,581	<b>27</b>	547,283	
	<b>28</b> Temporarily restricted net assets . . . . .	3,872,620	<b>28</b>	5,071,502	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
	<b>33</b> Total net assets or fund balances . . . . .	4,155,201	<b>33</b>	5,618,785	
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	4,583,605	<b>34</b>	6,014,770	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,194,303
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,730,719
3	Revenue less expenses. Subtract line 2 from line 1	3	1,463,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,155,201
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,618,785

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

COPD FOUNDATION, INC

Employer identification number

20-1048322

**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 11, 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 )
- 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 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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,838,401	3,400,570	1,556,188	5,080,461	7,081,227	18,956,847
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	1,838,401	3,400,570	1,556,188	5,080,461	7,081,227	18,956,847
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,644,633
<b>6 Public support.</b> Subtract line 5 from line 4						7,312,214

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	1,838,401	3,400,570	1,556,188	5,080,461	7,081,227	18,956,847
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,496	8,412	4,675	49,899	68,341	148,823
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
<b>11 Total support.</b> Add lines 7 through 10						19,105,670
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	38.27%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	38.70%
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2011. 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—2010. 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



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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **See separate instructions.**

**Open to Public Inspection**

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

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

Name of organization COPD FOUNDATION, INC.	Employer identification number 20-1048322
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**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 ▶ \$ \_\_\_\_\_ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_ 0
- 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 ▶ \$ \_\_\_\_\_ 0
- 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)	-----		0	0
(2)	-----		0	0
(3)	-----		0	0
(4)	-----		0	0
(5)	-----		0	0
(6)	-----		0	0

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0	0												
<b>d</b>	Other exempt purpose expenditures		0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns.	0	0												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount		0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures		0	0	0	0
<b>d</b> Grassroots nontaxable amount		0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures		0	0	0	0

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			6,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912.			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	0

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

COPD FOUNDATION, INC

Employer identification number

20-1048322

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.**

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	1	
2 Aggregate contributions to (during year)	124,190	
3 Aggregate grants from (during year)	139,364	
4 Aggregate value at end of year	66,091	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.**

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....

b Assets included in Form 990, Part X . . . . . ▶ \$ .....

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             | 0      |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                | 0      |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	0	0	0		
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0	0	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ .....%
  - b** Permanent endowment ▶ .....%
  - c** Temporarily restricted endowment ▶ .....%
- The percentages in 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 |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     |    |
| <b>(ii)</b> related organizations  |     |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	57,255	35,757	21,498
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,498

**Part VII Investments—Other Securities.** 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	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A) -----	0	
(B) -----	0	
(C) -----	0	
(D) -----	0	
(E) -----	0	
(F) -----	0	
(G) -----	0	
(H) -----	0	
(I) -----	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Respiratory Logistics, Inc	250,000	F
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	250,000	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	0

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	8,194,303
2	Total expenses (Form 990, Part IX, column (A), line 25)	6,730,719
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,463,584
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	8,297
9	Total adjustments (net). Add lines 4 through 8	8,297
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	1,471,881

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	8,397,312
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	83,969
e	Add lines 2a through 2d	83,969
3	Subtract line 2e from line 1	8,313,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	-119,040
c	Add lines 4a and 4b	-119,040
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	8,194,303

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	6,925,431
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	194,712
e	Add lines 2a through 2d	194,712
3	Subtract line 2e from line 1	6,730,719
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	6,730,719

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XI Line 8 The adjustment on this line relates to the net activity of Respiratory

Logistics, Inc, a for-profit subsidiary that files a separate tax return

Part XII Line 2d Same as above.

Part XII Line 4b The adjustment on this line relates to special event expense, which was netted against special event income in Form 990, Part VIII, Line 12.

Part XIII Line 2d The adjustment on this line relates to the net activity of Respiratory

Logistics, Inc, a for-profit subsidiary that files a separate tax return

Part X Line 2 The Foundation has adopted the provisions of FASB ASC 740, formerly FASB

**Part XIV** Supplemental Information *(continued)*

Interpretation No. 48. The adoption of FASB ASC 740 had no impact on the Foundation's consolidated financial statements.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	
		IPD Cocktail Receipt (event type)	Other events (event type)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts . . . . .	240,002	30,881	0	270,883
	2	Less: Charitable contributions . . . . .	0	0	0	0
	3	Gross income (line 1 minus line 2) . . . . .	240,002	30,881	0	270,883
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	0	0	0	0
	6	Rent/facility costs . . . . .	56,420	2,520	0	58,940
	7	Food and beverages . . . . .	0	0	0	0
	8	Entertainment . . . . .	0	0	0	0
	9	Other direct expenses . . . . .	17,850	42,250	0	60,100
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 119,040)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . .				151,843	

**Part III Gaming.** Complete if the organization answered "Yes" to 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 . . . . .			0
Direct Expenses	2	Cash prizes . . . . .			0
	3	Noncash prizes . . . . .			0
	4	Rent/facility costs . . . . .			0
	5	Other direct expenses . . . . .			0
	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) . . . . .				( 0)
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				0

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

a Is the organization licensed to operate 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Employer identification number

COPD FOUNDATION, INC.

20-1048322

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Thoracic Society PO Box 9016 New York, NY 1008			50,000	0			Research
(2) University of North Carolina 104 Airport Drive, Suite 2200 Chal			111,064	0			Research
(3) Oregon Health & Sciences Unit 2525 SW 1st Avenue, Suite 220 P			5,250	0			Research
(4) University of Pennsylvania PO Box 785541 Philadelphia, PA			6,600	0			Research
(5) University of Texas 7400 Merton Minter Blvd San Ant			7,400	0			Research
(6) Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville			2,700	0			Research
(7) University of Connecticut Health 263 Farmington Avenue Farmingt			7,900	0			Research
(8) University of Miami PO Box 025406 Miami, FL 33102			2,900	0			Research
(9) National Jewish Health 1400 Jackson Street Denver, CO			326,009	0			Research
(10) Temple University 3400 N Broad Street Philadelphia,			47,210	0			Research
(11) University of Nebraska Medical 985100 Nebraska Medical Center			36,925	0			Research
(12) Maryland Academy of Family P 5710 Executive Drive #104 Baltim			2,000	0			Education

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. . . . . 8

**3** Enter total number of other organizations listed in the line 1 table. . . . . 4

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

(HTA)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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		0	0	0		
2		0	0	0		
3		0	0	0		
4		0	0	0		
5		0	0	0		
6		0	0	0		
7		0	0	0		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2 The Foundation has a Medical and Scientific Advisory Committee consisting of 12 members and a staff member assigned to the committee. The membership of the committee consists primarily of medical doctors who are COPD experts and researchers. The committee reviews grant applications for quality and applicability for the use of research funds.

Part I Line 2 On a quarterly basis, all grants are peer-reviewed for progress before subsequent payments are made to the grant recipients. The peer-reviewers are researchers who have expertise in the area of study. Final research reports are peer-reviewed before final grant payments are made.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open To Public Inspection**

Name of the organization

COPD FOUNDATION, INC

Employer identification number

20-1048322

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
<b>Total</b>			▶ \$ 0							

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VCC Systems, Inc	Call center contractor	359,057	Payments for services rendered		X
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Part IV Line 1 COPD Foundation, Inc utilizes the services of VCC Systems, Inc, a  
 501(c)(3) not-for-profit organization, to provide contact center telephone counseling  
 services by COPD patients for the COPD Foundation's Information Line program. During the  
 period covered by this return, payments to VCC Systems for these services totaled  
 \$359,057. Linda J. Walsh, president and CEO of VCC Systems, is the daughter of John W  
 Walsh, the COPD Foundation's president

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization

Employer identification number

**COPD FOUNDATION, INC**

**20-1048322**

**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	2	57,914	Fair Market Value
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 ▶ ( Management Servi )	X	1	125,000	Fair Market Value
26 Other ▶ ( )		0	0	
27 Other ▶ ( )		0	0	
28 Other ▶ ( )		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . . . **29** 0

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



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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

COPD FOUNDATION, INC

20-1048322

Form 990, Part III, Line 4d Program Service Expenses: 197,719, Grants and allocations 0,

Revenue 180,023 Mobile Spirometry Unit The Mobile Spirometry Unit (MSU) is a program that

has been offering free lung health tests (spirometries) to at risk and/or symptomatic

individuals across the nation Approximately 40,000 individuals learned about their lung

health at a MSU booth since the program's inception in 2007 The unit has distributed

thousands of COPD educational materials including the National Heart, Lung, and Blood

Institutes (NHLBI) "COPD Learn More, Breathe Better" campaign The COPD Foundation has engaged

in a partnership with NHLBI, American Association for Respiratory Care (AARC), Columbia

University, and the University of North Carolina to come up with an alternative prescreening

tool that is more cost effective and easier to use than spirometry in order to encourage more

health care professionals to offer COPD screenings in their offices.

Form 990, Part III, Line 4d Program Service Expenses 327,796, Grants and allocations 0,

Revenue: 259,250 COPD Public Policy The COPD Foundation is building an advocacy movement

with the goals of raising awareness, improving care and securing greater government research

funding for COPD. Operation 435 is a vocal and active grassroots advocacy movement designed to

mobilize and empower individuals affected by COPD The COPD Foundation is organizing and

recruiting advocates in all 435 congressional districts These advocates are being asked to

engage in policy issues such as funding for a COPD program at the CDC

Form 990, Part III, Line 4d Program Service Expenses: 366,574, Grants and allocations: 0,

Revenue: 144,000 COPD Information Line The COPD Information Line (1-866-316-COPD) staffed by

volunteers living with COPD. The Information line operates Monday through Friday from 9AM to

9PM (ET). Recently diagnosed and seasoned patients, family members, the general public and

health care professionals can call the number to learn more about COPD, the Foundation's

programs, and information about resources in their communities. The Information Line does not

offer medical advice A Caregiver's Information Line is available for caregivers to call for

the information and support they need.

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

Schedule O (Form 990 or 990-EZ) (2011)

(HTA)

Name of the organization <b>COPD FOUNDATION, INC.</b>	Employer identification number <b>20-1048322</b>
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Form 990, Part III, Line 4d. Program Service Expenses 1,063,884, Grants and allocations: 0,

Revenue: 553,955 COPD Patient and Medical Education: The COPD Foundation understands the

importance of educating individuals living with COPD and their health care professionals. The

Foundation's educational programs are designed to empower those living with COPD to take

charge of their health management and to provide health care professionals with tools to

improve patient care. The goal of these educational efforts is to improve the quality of life

of those affected by COPD. The COPD Foundation is the resource center for informative

literature on COPD. COPD publications cover topics on the basics of COPD, living with COPD,

getting tested and information on COPD programs. COPD Foundation materials have been

translated into Spanish and German. The Foundation has printed a Pocket Consultant for

healthcare professionals to use in diagnosing and treating COPD. The Foundation website

([www.copdfoundation.org](http://www.copdfoundation.org)) serves as the "informatino hub" for COPD on the Internet. The COPD

Foundation shares its materials free of charge when attending events and sends out educational

materials to patients upon request.

Form 990, Part III, Line 4d. Program Service Expenses 292,182, Grants and allocations

193,814, Revenue: 216,653 COPD Research Network. The Research Program funds new therapies and

advances scientific research towards a cure for COPD. The COPD Research Registry has enrolled

the quantity and quality of patients needed for the COPD Gene Study in an effort to accelerate

the development of new medicines and procedures for COPD. The Bronchiectasis Research Registry

was created in order to collect and store investigator-collected information about

bronchiectasis patients in order to support collaborative research. This registry is funded

with support from the Richard H. Scarborough Bronchiectasis Research Fund.

Form 990, Part III, Line 4d. Program Service Expenses: 444,439, Grants and allocations 0,

Revenue: 477,814 COPD Publications. COPD Digest is a free internationally distributed

magazine on COPD. Published quarterly, the COPD Digest offers practical advice, news, and

information on treatment and resources for COPD patients, health care providers, families, and

caregivers. It also includes COPD patient success stories, consumer information, legislative

updates, and COPD Foundation program updates. Circulation of the COPD Digest now exceeds

Name of the organization COPD FOUNDATION, INC	Employer identification number 20-1048322
--	--

250,000 print copies and is also offered online. Lung Health Professional is a publication for primary care physicians, physician assistants, nurse practitioners, and other ancillary health care providers. Lung Health Professional reaches over 25,000 subscribers. In its issues, experts from many backgrounds contribute professional articles on topics related to lung diseases as well as case studies for readers.

**Form 990 Part VI Section B Line 11a Review of the Form 990 -** After preparation and review by the CFO and Controller, the draft Form 990 is circulated to members of management for review and comment. The Form 990 is then provided to the Foundation's Audit, Finance, Personnel and Compensation Committee for review before filing.

**Form 990 Part VI Section B Line 12a Monitoring of Conflict of Interest Policy -** At each board meeting the Conflict of Interest Policy is read before the conduct of any other item. Written Conflict of Interest Statements are obtained from all officers, board members, committee members and staff annually. Failure to file the statement will result in the person being removed from serving on any committee.

**Form 990 Part VI Section B Line 15a Review of Compensation -** Salaries for COPD Foundation management are determined by annual surveys of comparable not-for-profit organizations.

**Form 990 Part VI Section C Line 19 Availability of Governing Documents, Conflict of Interest Policy, and Financial Statements -** The website [www.copdfoundation.org](http://www.copdfoundation.org) includes the posting of financial statements, the annual report, and a corporate relations report. Other documents and the Conflict of Interest Policy are available by request.

**Form 990 Part VII Section A The President and Chief Financial Officer are employees of** AlphaNet, Inc., an unrelated not-for-profit organization which provides its services through a services agreement which reimburses AlphaNet for the salaries, payroll taxes, and employee benefits allocable for the services to the Alpha-1 Foundation, a related not-for-profit organization. Alpha-1 Foundation then provides management services to the COPD Foundation through an in-kind grant.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public  
Inspection**

COPD FOUNDATION, INC.

Employer identification number  
20-1048322

**Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)**

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....			0	0	
(2) .....			0	0	
(3) .....			0	0	
(4) .....			0	0	
(5) .....			0	0	
(6) .....			0	0	

**Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

Schedule R (Form 990) 2011

(HTA)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....					0	0			0			%
(2) .....					0	0			0			%
(3) .....					0	0			0			%
(4) .....					0	0			0			%
(5) .....					0	0			0			%
(6) .....					0	0			0			%
(7) .....					0	0			0			%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Respiratory Logistics, Inc. 2937 SW 27th Ave Suite 302, Miami, FL 33133-3772	Logistics	DE	COPD Founda	C Corp	123,569	45,038	100.00%
(2) .....					0	0	%
(3) .....					0	0	%
(4) .....					0	0	%
(5) .....					0	0	%
(6) .....					0	0	%
(7) .....					0	0	%

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Sale of assets to related organization(s) . . . . .		X
<b>g</b> Purchase of assets from related organization(s) . . . . .		X
<b>h</b> Exchange of assets with related organization(s) . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>n</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			0	
(2)			0	
(3)			0	
(4)			0	
(5)			0	
(6)			0	

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1).....						0	0			0			%
(2).....						0	0			0			%
(3).....						0	0			0			%
(4).....						0	0			0			%
(5).....						0	0			0			%
(6).....						0	0			0			%
(7).....						0	0			0			%
(8).....						0	0			0			%
(9).....						0	0			0			%
(10).....						0	0			0			%
(11).....						0	0			0			%
(12).....						0	0			0			%
(13).....						0	0			0			%
(14).....						0	0			0			%
(15).....						0	0			0			%
(16).....						0	0			0			%

