		PUBLIC	DISCLOS	URE	E COPY	7	
		Return of C	Drganization Exempt	From I	ncome Tax	OMB No. 1545-0047	
Forr	n y		, or 4947(a)(1) of the Internal Reven			^{ns)} 2017	
			social security numbers on this for	m as it may l	pe made public.	Open to Public	
			v.irs.gov/Form990 for instructions a			Inspection	
<u>A</u> F	or the	e 2017 calendar year, or tax year beginn	ing JUL 1, 2017 an	nd ending	<u>JUN 30, 2018</u>		
B Check if applicable: C Name of organization D Employer identification							
	Addre chang	LUNGEVITY FOUNDATI	ON, INC.				
	Name chang		•		36-4	433410	
	Initial	Number and street (or P.O. box if mai	l is not delivered to street address)	Room/suite	E Telephone numbe	er	
		228 G WABAGH AVEN	,			407-6100	
	termin ated		ntry, and ZIP or foreign postal code		G Gross receipts \$	8,479,374.	
	Ameno return	ded CHICAGO, IL 60604			H(a) Is this a group r	eturn	
	Applic	I Name and address of principal offic	er: ANDREA STERN FERR	IS	for subordinates	s? Yes X No	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No	
		empt status: 🚺 501(c)(3) 🚺 501(c) () (insert no.) 4947(a)(1	1) or 📃 527	If "No," attach a	list. (see instructions)	
		te: WWW.LUNGEVITY.ORG			H(c) Group exemption	•	
		organization: X Corporation Trust	Association Other ►	L Year	of formation: 2001	V State of legal domicile: IL	
Ра	rt I	Summary					
e	1	Briefly describe the organization's mission	n or most significant activities: SEE	SCHEDU	JLE O		
Activities & Governance							
erná	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.						
jove		Number of voting members of the governi	• •			14	
8 G		Number of independent voting members of				13	
ies		Total number of individuals employed in c				29	
ivit		Total number of volunteers (estimate if ne				500	
Act		Total unrelated business revenue from Pa				0.	
	b	Net unrelated business taxable income fro	om Form 990-1, line 34				
	~	Contributions and suggets (Dout) (III, line th	,		Prior Year 7,423,175.	Current Year 8,053,299.	
an		Contributions and grants (Part VIII, line 1h	\ \		0.	0,055,255	
Revenue		Program service revenue (Part VIII, line 2g	<i>"</i>		991.	266.	
Re		Investment income (Part VIII, column (A), I Other revenue (Part VIII, column (A), lines			-415,319.		
		Total revenue - add lines 8 through 11 (mu			7,008,847.		
		Grants and similar amounts paid (Part IX,			2,040,388.	2,151,438.	
		Benefits paid to or for members (Part IX, c			0.	0.	
		Salaries, other compensation, employee b			2,756,808.	2,791,173.	
sea		Professional fundraising fees (Part IX, colu			0.	0.	
Expenses		Total fundraising expenses (Part IX, colum	0.00				
Ĕ		Other expenses (Part IX, column (A), lines			2,182,878.	2,662,756.	
		Total expenses. Add lines 13-17 (must equ			6,980,074.	7,605,367.	
		Revenue less expenses. Subtract line 18 f			28,773.	6,357.	
or				B	eginning of Current Year	End of Year	
Assets or d Balances	20	Total assets (Part X, line 16)			3,368,458.	3,423,397.	
t As: d Bá	21	Total liabilities (Part X, line 26)			160,951.	209,533.	
Eun		Net assets or fund balances. Subtract line	21 from line 20		3,207,507.	3,213,864.	
	rt II	Signature Block					
Unde	er pena	Ities of perjury, I declare that I have examined t	his return, including accompanying schedu	lles and statem	ents, and to the best of my	y 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	Signature of officer	Date							
Here	ANDREA STERN FERRIS, PRESIDENT & CEO								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature	Date Check PTIN							
Paid	BRANDON W. VAHL BRANDON W. VAHL	09/25/18 self-employed P01699001							
Preparer	Firm's name SOSTROW REISIN BERK & ABRAMS, LTD.	Firm's EIN ► 36-2938874							
Use Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1500								
	CHICAGO, IL 60611	Phone no. $312 - 670 - 7444$							
May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)								

		FOUNDATION,			36-443341	L0 Page 2
Pa	t III Statement of Program Servic	-				T 7
1	Check if Schedule O contains a respon Briefly describe the organization's mission: SEE SCHEDULE O	ise or note to any line in	this Part III			X
2	Did the organization undertake any significan	t program services duri	ng the year whic	h were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch	edule O.			L	Yes X No
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedul	ake significant changes	in how it conduc	ts, any program services?	·	Yes X No
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organizations revenue, if any, for each program service rep	accomplishments for ea are required to report th				
4a	(Code:) (Expenses \$ 2,84	2,749. including gra	ints of \$2	,151,438.) (Reve	enue\$)
	RESEARCH SERVICES - FUN BRING ADVANCES IN CLINI		AL RESEAP	RCH AWARDS IN	LUNG CANCE	ER TO
	BRING ADVANCES IN CLIM	ICAL RESEARC	n moke kr	AFIDDI IO FAI.	LENI CARE.	
4b	(Code:) (Expenses \$ 2,37	6,391. including gra	nto of [¢]) (Reve	2210 ¢	
чо	PATIENT AND PUBLIC EDUC)
	COLLECTION OF EDUCATION		D MATERIA	ALS FOR PATIE	NTS, CAREGI	IVERS,
	AND HEALTHCARE PROFESS	LONALS				
4c		8,098. including gra) (Reve)
	SUPPORT SERVICES - OFFI					
	INCLUDING MESSAGE BOARD	DS, PEER-TO-				
	NATIONAL SURVIVOR SUMMI	ITS				
44	Other program services (Describe in Schedul	e ()				
-+u		iding grants of \$) (Revenue \$)	
4e	Total program service expenses	5,977,238.				
73200	2 11-28-17				Fo	orm 990 (2017)
1 3200	. 11/20-1/		2			

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гош	990	(2017)	

 Form 990 (2017)
 LUNGEVITY
 FOUNDATION, INC.

 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
с	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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X 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	17		X 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	18	Х	
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	19	Х	

Form **990** (2017)

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Form 990 (2017) LUNGEVITY FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If " Y_{es} ,"			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	21		
20				
~	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200	Х	- 23
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	- 23	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2E-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of pactice 512(b)(12)2 (cline a second to b) and the pactice of the second sec	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	v	
	Note, All Form 990 filers are required to complete Schedule O	1 38	-	1

Form 990 (2017)

Form	990 (2017) LUNGEVITY FOUNDATION, INC. 36-4433	410	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
		5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		x
f		76 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file of the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	Sponsoring organization have excess business holdings at any time during the year?			
a	Did the encourse superior instantion makes any tayon he distributions under section 10000	9a		
b		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	- 55		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	100		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the summing the second state of the index state in the state of th	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		<u> </u>
<u>u</u>	in res, has while a routh report these payments? If "No," provide an explanation in Schedule O		000	(2017)

Form **990** (2017)

Form 990 (2017)	Form	990	(2017)
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LUNGEVITY FOUNDATION, INC.

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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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

ľ	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	f there are material differences in voting rights among members of the governing body, or if the governing						
I.							
b	ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
bΕ	Inter the number of voting members included in line 1a, above, who are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
c	officer, director, trustee, or key employee?				2	Х	
3 [Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	ı [
c	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
	20 Did the organization make any significant changes to its governing documents since the prior Form				4		Х
5 [Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		Γ	5		Х
	Did the organization have members or stockholders?			Г	6		Х
7a [Did the organization have members, stockholders, or other persons who had the power to elect or app						
	nore members of the governing body?				7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		x
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
		2	0		80	х	
	The governing body?				8a 01-	- 23	Х
	Each committee with authority to act on behalf of the governing body?			·····	8b		
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				-		v
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue (</u>	Code.)				
				r		Yes	No
10 a [Did the organization have local chapters, branches, or affiliates?			·····	10a		X
	f "Yes," did the organization have written policies and procedures governing the activities of such cha	•					
a	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
11a ⊦	las the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the fo)rm?	11a	Х	
b[Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12 a [Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
сſ	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es." de	scribe				
i	n Schedule O how this was done	<i>,</i>			12c	Х	
13 [Did the organization have a written whistleblower policy?			Γ	13	Х	
	Did the organization have a written document retention and destruction policy?			Г	14	Х	
	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
•	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·····	100		
		opt wit	h a				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem axable entity during the year?				16a		Х
	axable entity during the year? f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			h	ioa		21
		-	-				
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				164		
	exempt status with respect to such arrangements?			<u> I</u>	16b		
	ist the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE (
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	n 501(c)(3)s	s only) ava	ailable	Э	
	or public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other <i>(explain</i>						
19 [Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest poli	icy, and f	inanc	ial	
s	tatements available to the public during the tax year.						
20 S	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	records:	▶			
	BARBARA NETTER - 312-407-6100						
	228 S. WABASH AVENUE, SUITE 700, CHICAGO, IL 60604						
	11-28-17				Form	990	(201

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Part VII	Compensation of Offi	cers, Directors,	Trustees, Ke	y Employees,	Highest	Compensated
	Employees, and Indep	pendent Contrac	ctors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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. Т

	1	I	mzu			iper	ioute			(5)
(A)	(B)			(ע פספ	C) ition			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week						,	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ord	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploy	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREA STERN FERRIS	40.00			0	×	1 0				
PRESIDENT & CEO		х		х				195,747.	0.	21,849.
(2) ALEX STERN	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) MARC SWERDLOW	2.00									
VICE CHAIRMAN AND TREASURER		Х		Х				0.	0.	0.
(4) SUSAN BERSH	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CHRIS OLIVIER	2.00									
TREASURER - TERM		Х		Х				0.	0.	0.
(6) PETER BABEJ	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DENNIS BOOKSHESTER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) DENNIS CHEN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LYNNE DOUGHTIE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) TOM GALLI	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL MARQUIS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ANDRE OWENS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DR. CHARLES RUDIN	2.00								0	0
	0.00	Х						0.	0.	0.
(14) ANDREW STERN	2.00								0	0
DIRECTOR		Х						0.	0.	0.
(15) PAUL G. STERN	2.00	77							0	0
DIRECTOR	40.00	X						0.	0.	0.
(16) BARBARA NETTER	40.00							100 050	•	14 501
CHIEF OPERATING OFFICER	40.00			X		<u> </u>		180,250.	0.	14,521.
(17) REBECCA BULL	40.00									20 200
CHIEF DEVELOPMENT OFFICER				Х				150,247.	0.	28,099. Form 990 (2017)
732007 11-28-17				-	-					Form 990 (2017)

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Form 990 (2017) LUNGEVITY	FOUNDA	TI	ON	,	IN	C.			36-44	4334	110	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)			(F)
Name and title	Average			Posi	ition			Reportable	Reportable			mated
	hours per		not cl					compensation	compensatio	I		ount of
	week		cer an					from	from related	I		ther
	(list any	ctor						the	organization	s	comp	ensation
	hours for	direc				D.		organization	(W-2/1099-MIS			m the
	related	ee or	stee			nsate		(W-2/1099-MISC)	·	·	orga	nization
	organizations	trust	al tru		yee	ad mo					•	related
	below	Individual trustee or director	Institutional trustee	r.	ƙey employee	est cc oyee	er				orgar	izations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) LINDA WENGER	40.00											
VP OF MARKETING AND COMMUN		1				x		154,407.		0.	14	,785.
												1
		i										
		1										
1b Sub-total								680,651.		0.	79	,254.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
	· · · · · · · · · · · · · · · · · · ·							680,651.		0.	79	,254.
2 Total number of individuals (including but n) wh	o re		000 of reportable			
compensation from the organization		000	noto	u ub		,	010			, ,		4
												Yes No
• Did the supervise time list and former office										ſ		
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule) J f	or such individual			4	<u>x</u>
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .					5	X
Section B. Independent Contractors	,											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comr	pensat	ion fror	 n
the organization. Report compensation for	-	-										
(A)	the culoridar ye		, rain	<u>g</u> m				(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	С	ompens	
		14(_								
• Total success of the state of	la -	- 4 . 22						ale acceleration of the second				
2 Total number of independent contractors (i	•	ot lin	nitec	1 to 1	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation 🕨				C	J					-	00
											Form 9	90 (2017)

Form	990	0 (2			NDATION,	INC.		36-4433	410 Page 9
Par	t V	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin			(2)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
ts, Grants Amounts			Membership dues						
Amo G			Fundraising events		2,890,813.				
ar /		d	Related organizations	1d					
s, 0		е	Government grants (contribut	ions) 1e					
rion		f	All other contributions, gifts, gran	ts, and					
the			similar amounts not included abo	ve 1f	5,162,486.				
Contributions, Gifts, and Other Similar Ar		g	Noncash contributions included in lines	1a-1f: \$	82,730.				
ပိရ		h	Total. Add lines 1a-1f		🕨	8,053,299.			
					Business Code				
e	2	а							
ervi		b							
enu enu		С							
Program Service Revenue		d							
б Ц		е							
ā			All other program service reve						
		g	Total. Add lines 2a-2f						
	3		Investment income (including			650			650
			other similar amounts)			652.			652
	4		Income from investment of tax						
	5		Royalties						
	-			(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)		L				
	7	а	Gross amount from sales of	(i) Securities 143,553.	(ii) Other				
		I -	assets other than inventory	145,555.					
		D	Less: cost or other basis	143,939.					
		~	and sales expenses	-386.					
			Net gain or (loss)	· · ·		-386.			-386
е			Gross income from fundraisin	g events (not					
Other Revenue			including \$ 2,890						
Be			contributions reported on line	,	269,055.				
Jer		L	Part IV, line 18						
₹			Less: direct expenses Net income or (loss) from fund		· · · · ·	-454,656.			-454,656
			Gross income from gaming ad		····· •	101,000.			101,000
	3	a	Part IV, line 19		12,815.				
		h	Less: direct expenses						
			Net income or (loss) from gam			12,815.			12,815
			Gross sales of inventory, less			, .			,
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а							
		b							
		с							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			7,611,724.	0.	0.	-441,575
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Form 990 (2017)

LUNGEVITY FOUNDATION, INC. 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).

0000	Check if Schedule O contains a response		•		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,151,438.	2,151,438.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	591,883.	297,656.	140,038.	154,189.
6	Compensation not included above, to disqualified	,			
Ŭ	persons (as defined under section 4958(f)(1)) and				
	10 = 0 (0) (D)				
-		1,653,293.	924,472.	365,770.	363,051.
7	Other salaries and wages	т, орр, 49р.	744,4/4•	505,770.	JUJ,UJI.
8	Pension plan accruals and contributions (include	47 200	20 720	0 200	0 010
	section 401(k) and 403(b) employer contributions)	47,328.	28,738.	9,380.	<u>9,210.</u> 73,567.
9	Other employee benefits	338,873.	186,498.	78,808.	73,567.
10	Payroll taxes	159,796.	87,287.	36,072.	36,437.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	24,521.	13,394.	5,536.	5,591.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	583.	318.	132.	133.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	930,620.	919,210.	1,091.	10,319.
12	Advertising and promotion	222,275.	201,809.	34.	<u> 10,319.</u> 20,432.
13	Office expenses	223,942.	143,886.	25,571.	54,485.
14	Information technology	265,659.	230,589.	26.	35,044.
15	Royalties				
16	Occupancy	221,977.	121,254.	50,107.	50,616.
17	Travel	113,809.	92,578.	1,592.	19,639.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	467,826.	462,727.	2,537.	2,562.
20	н Г	,	,,	_,	_,
20	Payments to affiliates				
21	Depreciation, depletion, and amortization	9,591.	5,239.	2,165.	2,187.
22 23		28,894.	15,783.	6,522.	6,589.
23 24	Other expenses. Itemize expenses not covered	20,0710	13,703.	0,522•	0,305.
24	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.) (CREDIT CARD & ADMIN FEE	65,064.	35,541.	14,687.	14,836.
a L	LICENSE & REGISTRATION	32,509.	21,581.	3,103.	7,825.
b	OTHER MISCELLANEOUS	25,933.	17,766.	3,231.	4,936.
c			9,710.	J, 4JI.	
d	OTHER EVENT EXPENSES	12,847.		2 607	3,137.
	All other expenses	16,706.	9,764.	3,607.	3,335.
25	Total functional expenses. Add lines 1 through 24e	7,605,367.	5,977,238.	750,009.	878,120.
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 if following SOP 98-2 (ASC 958-720)				- 000 (

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Form 990 (2017)

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Form 990 (FOUNDATION,	INC.
Part X	Balance Sheet		

		Check if Schedule O contains a response or note	e to anv lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	382,896.	2	491,058.		
	3	Pledges and grants receivable, net			2,774,562.	3	2,723,634.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer office	ers, directors,			
		trustees, key employees, and highest compensa	ted emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections	ion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			173,680.	9	169,753.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		92,597.			
	b	Less: accumulated depreciation	10b	69,776.	21,818.	10c	22,821.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,502.	15	16,131.
	16	Total assets. Add lines 1 through 15 (must equa			3,368,458.	16	3,423,397.
	17	Accounts payable and accrued expenses			154,951.	17	205,943.
	18	Grants payable			C 000	18	2 500
	19	Deferred revenue			6,000.	19	3,590.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
iliti		key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela		. Г		23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay	•			24	
	25	parties, and other liabilities not included on lines	,				
						25	
	26	Schedule D Total liabilities. Add lines 17 through 25			160,951.	25 26	209,533.
	20	Organizations that follow SFAS 117 (ASC 958)	check b	ere X and	100,001.	20	205,555.
		complete lines 27 through 29, and lines 33 and					
ces	27	Unrestricted net assets			-346,884.	27	693,749.
llan	28				3,554,391.	28	2,520,115.
Ba	29				0,001,001	29	
pun		Organizations that do not follow SFAS 117 (AS					
Ē		and complete lines 30 through 34.					
s o	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
ťĄ	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances		Г	3,207,507.	33	3,213,864.
	34	Total liabilities and net assets/fund balances			3,368,458.	34	3,423,397.
							G 000 (0017)

3,423,397. Form **990** (2017)

Form	1990 (2017) LUNGEVITY FOUNDATION, INC.	36-44	33410	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,611	L,72	<u>24</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,605		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,35	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,207	7,50)7.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,213	<u>8,86</u>	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				aan "	

Form **990** (2017)

SCH	IED	ULE	Α
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Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of	the	organization
---------	-----	--------------

Name of	the organization						Employer	identification number		
	LUNG	EVITY FOUNI	DATION, II	NC.			3	6-4433410		
Part I	Reason for Public (Charity Status (A	All organizations m	nust comple	te this part.) S	ee instructions	5.			
The orga	nization is not a private found	ation because it is: (F	or lines 1 through	12, check o	only one box.)					
1	A church, convention of ch									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (C			•	, ,					
6	A federal, state, or local gov		ental unit describ	ed in sectio	on 170(b)(1)(A)(v).				
7 X	· · · · · ·	-					ne general r	oublic described in		
•	section 170(b)(1)(A)(vi). (C	•		porenoma	govonniontai		ie general j			
8	A community trust describe		1)(A)(vi) (Comple	te Part II)						
9	An agricultural research org			-	erated in coni	unction with a	land-grant	college		
5	or university or a non-land-g	-			-		-	-		
	university:	grant concyc or agrice			the name, eng	, and state of	the conege			
10	An organization that norma	lly receives: (1) more	than 33 1/3% of it	e cupport fr	om contributio	ne momborel	hin foos an	d gross receipts from		
	activities related to its exen									
			-	-	-			-		
	income and unrelated busir			ax) nom bu:	sillesses acqu		janization a			
11	See section 509(a)(2). (Col		volute test for put	olio opfoty C	an ention E	00(-)(4)				
12	An organization organized a	-	•	-			m out the	nurnance of one or		
	An organization organized a	-	•				•			
	more publicly supported or	-	-					Sheck the box in		
- L	lines 12a through 12d that	• •			-		-			
a 🗋	Type I. A supporting orga		-	-						
	the supported organization		• • • •	elect a majo	rity of the alree	ctors or truste	es of the st	ipporting		
	organization. You must o						··· (-) · ··· · · · ·	•		
b 🗌	_ Type II. A supporting org	-				-		-		
	control or management o			-	ersons that co	ontrol or mana	ge the supp	oorted		
Г	organization(s). You mus	-								
c _	Type III functionally inte						lly integrate	d with,		
	its supported organization									
d 🗌	Type III non-functionally	• · ·	0 0	•			•			
	that is not functionally int			-		-	an attentiv	/eness		
_	requirement (see instructi		-							
e	Check this box if the orga					а Туре I, Туре	II, Type III			
	functionally integrated, or	51	ally integrated su	pporting org	janization.			[]		
	ter the number of supported o	•								
g Pro	ovide the following information (i) Name of supported	about the supported (ii) EIN	d organization(s). (iii) Type of organiz	intion (iv) Is	the organization listed	(v) Amount o	fmonoton	(vi) Amount of other		
	organization		(described on lines	1-10 in your	governing document?	support (see in		support (see instructions)		
	organization		above (see instruct	ions)) Ye	s No		1011 40110110)			
Total										
LHA For	Paperwork Reduction Act N	lotice, see the Instru	ctions for Form	990 or 990-	EZ. 732021 10	-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017		

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¹³ 2017.04030 LUNGEVITY FOUNDATION, INC 89261.01

Schedule A (Form 990 or 990-EZ) 2017 LUNGEVITY FOUNDATION, INC. Part II

36-4433410 Page 2

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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6151328.	7290078.	7130743.	7423175.	8053299.	36048623.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
4	Total. Add lines 1 through 3	6151328.	7290078.	7130743.	7423175.	8053299.	36048623.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						6289419.		
6	Public support. Subtract line 5 from line 4.						29759204.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	6151328.	7290078.	7130743.	7423175.	8053299.	36048623.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,043.	681.	497.	533.	652.	3,406.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						36052029.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)			
	organization, check this box and stor	bhere							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	82.55 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	83.85 %		
16 a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟		
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	nization		
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		▶∟		
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ►		
					Sche	dule A (Form 990	or 990-EZ) 2017		

Schedule A (Form 990 or 990 EZ) 2017 LUNGEVITY FOUNDATION, INC.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				-		1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			_		_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	e			•		·
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	tion D. Computation of Invest						/0
	Investment income percentage for 20			ne 13. column (f)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2016. If the	-			• •		and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17			,, , , , , , , , , , , , , , , , ,			0 or 990-EZ) 2017
			15	5	2011		,==

1

2

3a

3b

3c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

2017.04030 LUNGEVITY FOUNDATION, INC 89261.01

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2017 LUNGEVITY FOUNDATION, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sec</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u>.</u>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0L		
2	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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	(Form 990 or 990-EZ) 2017 Type III Non-Function		

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

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintogrator		nization (and

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

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 LUNGEVITY FOUNDATION, INC.

	t V Type III Non-Functionally Integrated 509(nizations (continued)	0-4455410 Page /
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2017

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<u>Schedule</u> A	(Form 990 or 990-EZ) 2017 LUNGEVII	Y FOUNDATION	INC.	36-4433410 Page 8
Part VI	Supplemental Information. Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1; Part IV, Section D, lines 2 and 3; Par Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	e the explanations require , 5a, 6, 9a, 9b, 9c, 11a, 1 t IV, Section E, lines 1c, 2	ed by Part II, line 10; Part I 1b, and 11c; Part IV, Secti a, 2b, 3a, and 3b; Part V,	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
732028 10-06-	17			Schedule A (Form 990 or 990-EZ) 2017
// // //		20		

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

(Form 990)

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

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	www.irs.gov/Form990 for	r instructions and the	latest information.
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Employer identification number 36-4433410

Name of the organization

LUNGEVITY FOUNDATION, INC.

Par			Other Similar Funds	or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		onor advised funds	(h	b) Funds and other accounts
4	Total number at and of year	(a) DC		(
1 2	Total number at end of year Aggregate value of contributions to (during year)				
2	Aggregate value of grants from (during year)				
4	Aggregate value of grants norm (during year)				
5	Did the organization inform all donors and donor advisors in v		assets held in donor advis	ed funde	e
5	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
U	for charitable purposes and not for the benefit of the donor of				•
	impermissible private benefit?		, , , , , ,		°
Par	t II Conservation Easements. Complete if the org	ganization ans	wered "Yes" on Form 990,	Part IV, I	line 7.
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of a his	torically i	important land area
	Protection of natural habitat		Preservation of a cer	-	•
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservati	on contribution in the form	of a con	servation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			[2a
b					2b
с	Number of conservation easements on a certified historic stru	ucture include	d in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, a	and not on a historic structu	ure	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extingu	ished, or terminated by the	e organiz	ation during the tax
	year ►				
4	Number of states where property subject to conservation eas	sement is locat	ted 🕨		
5	Does the organization have a written policy regarding the per	iodic monitorii	ng, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of vio	plations, and enforcing cons	servation	n easements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violatio	ns, and enforcing conserva	tion ease	ements during the year
	►\$				
8	Does each conservation easement reported on line 2(d) above		•		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation		•		
	include, if applicable, the text of the footnote to the organizat	tion's financial	statements that describes	the orga	nization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Histor	rical Treasures, or Ot	ther Si	milar Assets
. a	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS			nent and	balance sheet works of art.
	historical treasures, or other similar assets held for public exh				
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (AS			t and bal	ance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ec				
	relating to these items:	,			
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$
	···· · · · · · · · · · · · · · · · · ·				► \$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1		-		▶ \$
b	Assets included in Form 990, Part X				► \$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2017
732051	10-09-17				
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Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (control of the following that are a significant use of its collection items (created at that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Provide a discription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year. did the organization solutions and explain how they further the organization's exempt purpose in Part XIII. 6 Other	Sche		TY FOUNDAT						36-44			age 2
cenck all that apply: d Loan or exchange programs e Other Provide acciption of hour generations e Other Provide acciption of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or receive donations of art, historical treasures, or other similar assets Interstein under state funds rather than to be maintained as part of the organization accelerion? Yes No Part M Escrow and Custodial Arrangements. Complete if the organization accelerion? Yes No Part M Escrow and Custodial Arrangements. Complete if the organization accelerion? Yes No b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount 1 c Beginning balance 1 1 Id 1 d Distributions during the year 1 <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>rical Tre</th> <th>easures, or</th> <th>Other</th> <th>Similar</th> <th>^r Assets</th> <th>contin</th> <th>ued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other	Similar	^r Assets	contin	ued)	
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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 LUNGEVITY F	OUNDATION,	INC.	36-4433410 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	e (c) Method of valua	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11c. See Form 990, Par	t X, line 13.
(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•	•	
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Par	t X, line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)
Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 LUNGEVITY FOUNDATION,	INC.		36-4	4433410	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial S	tatements With F				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,649,	824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	38,100.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		100.
3	Subtract line 2e from line 1			3	7,611,	724.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	7,611,	724.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F	leturi	n.	
Pa	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV	Statements With , line 12a.	Expenses per F			
Pa 1	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements	Statements With , line 12a.	Expenses per F	leturi	n. 7,643,	467.
	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Statements With , line 12a.	Expenses per F			467.
1	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements	Statements With , line 12a.	Expenses per F			467.
1 2	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Statements With , line 12a.	Expenses per F			467.
1 2	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements With , line 12a. 2a 2b 2c	Expenses per F			467.
1 2 a b c	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Statements With , line 12a. 2a 2b 2c 2d	Expenses per F		7,643,	
1 2 a b c	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Statements With , line 12a. 2a 2b 2c 2d	Expenses per F	1 2e	<u>7,643,</u> 38,	100.
1 2 a b c	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Statements With , line 12a. 2a 2b 2c 2d	Expenses per F	1	7,643,	100.
1 2 b c d e	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Statements With , line 12a. 2a 2b 2c 2d	Expenses per F	1 2e	<u>7,643,</u> 38,	100.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	Statements With , line 12a. 2a 2b 2c 2d	Expenses per F	1 2e	<u>7,643,</u> 38,	100.
1 2 3 4 3 4	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Statements With , line 12a. 2a 2b 2c 2d	Expenses per F	1 2e	<u>7,643,</u> 38,	100.
1 2 3 4 3 4	t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	Statements With , line 12a. 2a 2b 2c 2d 2d	38,100.	1 2e 3 4c	7,643, 38, 7,605,	<u>100.</u> 367.
1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Statements With , line 12a. 2a 2b 2c 2d 2d	38,100.	1 2e 3	<u>7,643,</u> 38,	<u>100.</u> 367.

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

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Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on rganization entered more than \$15	Form 9 5,000 d or Fo	990, F on For rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19, a	r if the	OMB No. 1545-0047
Name of the organization	LUNGEVI	TY FOUNDATION, INC	•				Employer ide $36 - 4433$	entification number 410
Part I Fundraisin		Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 17.	Form 990-E2	I filers are not
 Indicate whether the dam Mail solicitation Mail solicitation Internet and end Phone solicitation In-person solicitation Did the organization key employees listed 	organization raise ns mail solicitations tions sitations have a written or d in Form 990, Pa lighest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr iduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover lising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of or entity (fundra		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or fι	mount paid retained by) Indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in which or licensing.	n the organizatior	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	empt from re	gistration
LHA For Paperwork Red	luction Act Notic	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sched	ule G (Form §	990 or 990-EZ) 2017

732081 09-13-17

I						
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	404,593.	399,785.	2,355,490.	3,159,868.
	2	Less: Contributions	390,343.	382,785.	2,117,685.	2,890,813.
	3	Gross income (line 1 minus line 2)	14,250.	17,000.	237,805.	269,055.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	119,459.	48,535.	71,072.	239,066.
Direct Expenses	7	Food and beverages	70,757.	86,025.	13,484.	170,266.
ē		Entertainment	17,200. 35,203.	12,500.	2,200.	31,900.
	9	Other direct expenses		38,466.	208,810.	282,479.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	723,711.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			-454,656.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			12,815.	12,815.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	X Yes 100 %	
	6	Volunteer labor	// // // // // // // // // // // /	// // // // // // // // // // // /	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	0	Not coming income summany. Subtract line 7	from line 1 column (d)		•	12,815.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			12,013.
•	En	ter the state(s) in which the organization condu	oto goming optivition: M	T NV OH DA N.	т	
						X Yes No
		he organization licensed to conduct gaming ac	tivities in each of these s	states?		X Yes No
b	It "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the tax y	/ear?	Yes X No
73208	2 09	-13-17			Schedule G (For	rm 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 LUNGEVITY FOUNDATION, INC.

Pa

73208

36-4433410 Page 2

(d) Total events (add col. (a) through

(c) Other events

77

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

(b) Event #2

NY GALA

(a) Event #1

DC GALA

Sch	edule G (Form 990 or 990-EZ) 2017 LUNGEVITY FOUNDATION, INC. 3	6-4433410	Page 3
	Does the organization conduct gaming activities with nonmembers?	X Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	An outside facility	4	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name BARBARA NETTER		
	Address ► 228 S. WABASH AVENUE, SUITE 700 - CHICAGO, IL 60604		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party \blacktriangleright \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
16	Gaming manager information:		
	Name Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•		Yes	XNo
ł	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , , , ,	, , ,
7320	83 09-13-17 Schedule G	(Form 990 or 990)-EZ) 2017
	33		

Schedule G (Form 990 or 990-EZ)	LUNGEVITY	FOUNDATION,	, INC.	
Dort IV Supplemental Inf	ormation			_

Part IV	Supplemental Informa	tion (continued)		

Schedule G (Form 990 or 990-EZ)

732084 04-01-17

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		Gov	vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		2017
Department of the Treasury Internal Revenue Service		Comple		Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organizati	on LUNGEVITY	FOUNDATI		5				Employer identification number 36-4433410
Part I General In	formation on Grants a		-					
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?								
	IV the organization's pro							
Part II Grants and	d Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	nat received more than S					(f) Method of	1	
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a			l e line 1 table			I	
	er of other organizations Reduction Act Notice							Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LUNG CANCER RESEARCH	13	2,143,438.	0.		

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

PART I, LINE 2:

FUNDS ARE DISTRIBUTED TO LUNGEVITY'S MEDICAL INVESTIGATORS FOR STUDIES THAT

HAVE BEEN PRE-APPROVED BY THE ORGANIZATION. LUNGEVITY RECEIVES PROGRESS

REPORTS FOR STUDIES AT THE MID-POINT OF THE STUDY TERM (IF TERM IS MORE

THAN ONE YEAR) AND AT THE COMPLETION OF THE STUDY. FOR MULTI-YEAR STUDIES,

LUNGEVITY DECIDES WHETHER TO FUND SUBSEQUENT YEARS, BASED ON THE

PERFORMANCE OF MEDICAL INVESTIGATOR.

SC	HEDULE J	Compensati	ion Information	Ĩ	OMB No. 1	545-004	47
(Fo	rm 990)	-	rustees, Key Employees, and Highest		00	47	,
•		Compensa	ated Employees		20	/	
-			ered "Yes" on Form 990, Part IV, line 23. to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	1		Employer id	dentificatio	on nur	nber
		LUNGEVITY FOUNDATION,	, INC.	36-4	43341	0	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the	e following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant i	information regarding these items.				
	First-class or	harter travel	Housing allowance or residence for persor	nal use			
	Travel for con	panions	Payments for business use of personal res	sidence			
	Tax indemnifi	ation and gross-up payments	Health or social club dues or initiation fees				
	Discretionary	spending account	Personal services (such as, maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow					
	-	rovision of all of the expenses described above? I			1 b		
2	-	n require substantiation prior to reimbursing or allo					
	trustees, and office	rs, including the CEO/Executive Director, regardin	ng the items checked on line 1a?		2		<u> </u>
3		ny, of the following the filing organization used to e					
		ctor. Check all that apply. Do not check any boxe		on to			
		ation of the CEO/Executive Director, but explain in	-				
	Compensatio		Written employment contract				
			Compensation survey or study				
	Form 990 of c	ther organizations X	Approval by the board or compensation co	ommittee			
4	During the year di	any parage listed on Form 000 Part VII. Section	A line to with respect to the filing				
4		any person listed on Form 990, Part VII, Section	A, line Ta, with respect to the lining				
•	organization or a re				4a		x
a b		ceive payment from, a supplemental nonqualified	retirement plan?				X
		ceive payment from, a supplemental nonqualitied					X
U		les 4a-c, list the persons and provide the applicab					
	Only section 501/)(3), 501(c)(4), and 501(c)(29) organizations mus	st complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the o		n			
-	contingent on the						
а	-				. 5a		x
		ation?					X
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensation	n			
	contingent on the	et earnings of:					
а	The organization?	-			. 6a		X
		ation?					X
		r 6b, describe in Part III.					
7	For persons listed	n Form 990, Part VII, Section A, line 1a, did the o	organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued p					
	initial contract exce	ption described in Regulations section 53.4958-4	(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, o	d the organization also follow the rebuttable pres	sumption procedure described in				
	Regulations section	53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Fo	orm 990.	Sched	ule J (Forn	n 990)	2017

732111 10-17-17

Schedule J (Form 990) 2017

36-4433410

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANDREA STERN FERRIS	(i)	195,747.	0.	0.	0.	21,849.	217,596.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA NETTER	(i)	180,250.	0.	0.	5,392.	9,129.	194,771.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA BULL	(i)	150,247.	0.	0.	6,250.	21,849.	178,346.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LINDA WENGER	(i)	154,407.	0.	0.	5,656.	9,129.	169,192.	0.
VP OF MARKETING AND COMMUN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

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

PART I, LINE 3:

THE FINANCE COMMITTEE AND THE GOVERNANCE COMMITTEE OF THE BOARD OF

DIRECTORS OF THE LUNGEVITY FOUNDATION JOINTLY DETERMINE THE COMPENSATION OF

THE PRESIDENT/CHAIRMAN OF THE ORGANIZATION. ALL MEMBERS OF THESE TWO

COMMITTEES ARE FREE OF CONFLICTS OF INTEREST AND THE GROUP CONSISTS OF A

NUMBER OF ACCOMPLISHED BUSINESS LEADERS WHO ARE QUITE CAPABLE TO

INDEPENDENTLY DETERMINE COMPENSATION FOR A SENIOR ORGANIZATION OFFICIAL.

THEY USE A NUMBER OF FACTORS IN ORDER TO DETERMINE COMPENSATION, INCLUDING

(1) THEIR UNDERSTANDING OF RELEVANT COMPENSATION PROGRAMS IN BOTH THE

FOR-PROFIT AND NONPROFIT SECTORS, (2) COMPENSATION SURVEYS FOR NONPROFIT

EXECUTIVES MANAGING SIMILAR SIZED ORGANIZATION PROVIDED BY INDUSTRY

EMPLOYMENT AND BENEFITS CONSULTANTS AND (3) EVALUATION AND PERFORMANCE

METRICS TO JUDGE THE PERFORMANCE OF THE FOUNDATION.

		Nonc	ash Contr	ibutions		OMB No. 1545-0047
Depar	tment of the Treasury al Revenue Service).		2017 Open To Public Inspection		
Nam	e of the organization	/FORM990 10	r the latest inform	lation.	Emplo	yer identification number
INCI	LUNGEVITY FC	דייד ארזאדא	ON TNC		Emplo	36-4433410
Pa	rt I Types of Property	UNDAIL	ON, INC.			20-4422410
		(a)	(b)	(c)		(d)
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		hod of determining a 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					
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 \ldots					
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 \blacktriangleright (FUNDRAISING E)	X	62	79,874.		
26	Other (<u>OTHER DONATED</u>)	X	2	2,856.	FMV	
27	Other ()					

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sche	edule M (Forr	n 990)	2017

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Other 🕨

			FOUNDATION,		36
Part II	Supplemental	Information. P	rovide the information	required by Part I	, lines 30b, 32b, and 33, and w
	in unan autima in Davi	بمرجعا الجام محمد بالمحاط	مصمائك بماليشم ممامين	اللائكة برمعامون بمرحط	a mana mana ku sa ku sa na mala ina aki a m

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information this part for any additional information.

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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



36-4433410

OMB No. 1545-0047

LUNGEVITY FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF LUNGEVITY FOUNDATION IS TO HAVE A MEANINGFUL AND

IMMEDIATE IMPACT ON IMPROVING LUNG CANCER SURVIVAL RATES, ENSURE A

HIGHER QUALITY OF LIFE FOR LUNG CANCER PATIENTS, AND PROVIDE A

COMMUNITY FOR THOSE IMPACTED BY LUNG CANCER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LUNGEVITY'S VISION IS A WORLD WHERE NO ONE DIES OF LUNG CANCER.

LUNGEVITY FOUNDATION IS FIRMLY COMMITTED TO MAKING AN IMMEDIATE IMPACT

ON INCREASING QUALITY-OF-LIFE AND SURVIVORSHIP OF PEOPLE WITH LUNG

CANCER BY ACCELERATING RESEARCH INTO EARLY DETECTION AND MORE EFFECTIVE

TREATMENTS, AS WELL AS PROVIDING COMMUNITY, SUPPORT AND EDUCATION FOR

ALL THOSE AFFECTED BY THE DISEASE

LUNGEVITY MOVES FORWARD FIRMLY RESOLVED TO PROVIDE THE ENERGY,

INSPIRATION, AND RESOURCES THAT ARE CRITICAL TO MAKING LUNG CANCER A

NATIONAL PRIORITY. LUNGEVITY IS A RESPONSIBLE STEWARD OF YOUR DONATION,

SPENDING IT TO ACHIEVE OUR GOAL TO STOP LUNG CANCER NOW.

FORM 990, PART VI, SECTION A, LINE 2:

ANDREA STERN FERRIS, ANDREW STERN, ALEXANDER STERN AND PAUL G. STERN -

FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)732211 09-07-17

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2	
Name of the organization	Employer identification number	
LUNGEVITY FOUNDATION, INC.	36-4433410	
BEHALF OF THE GOVERNING BODY.		

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

FORM 990 IS REVIEWED FIRST BY THE ORGANIZATION'S PRESIDENT AND CHIEF

OPERATING OFFICER AND REVISED TO INCLUDE THEIR FEEDBACK. IT IS THEN

CIRCULATED TO THE FINANCE AND AUDIT COMMITTEE FOR THEIR REVIEW, REVISED TO

INCLUDE THEIR FEEDBACK, AND THEN APPROVED BY THE FINANCE AND AUDIT

COMMITTEE. AN APPPROVED COPY OF FORM 990 IS THEN CIRCULATED TO ALL MEMBERS

OF THE BOARD OF DIRECTORS FOR THEIR FILES.

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

THE CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED THROUGH PERIODIC REVIEW OF THE POLICY WITH BOARD AND STAFF, AS WELL AS VETTING OF ANY POTENTIAL NEW VENDORS AND CONTRACTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE FINANCE COMMITTEE AND THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE LUNGEVITY FOUNDATION JOINTLY DETERMINE THE COMPENSATION OF THE PRESIDENT/CHAIRMAN OF THE ORGANIZATION. ALL MEMBERS OF THESE TWO COMMITTEES ARE FREE OF CONFLICTS OF INTEREST AND THE GROUP CONSISTS OF A NUMBER OF ACCOMPLISHED BUSINESS LEADERS WHO ARE QUITE CAPABLE TO INDEPENDENTLY DETERMINE COMPENSATION FOR A SENIOR ORGANIZATION OFFICIAL. THEY USE A NUMBER OF FACTORS IN ORDER TO DETERMINE COMPENSATION, INCLUDING (1) THEIR UNDERSTANDING OF RELEVANT COMPENSATION PROGRAMS IN BOTH THE FOR-PROFIT AND NONPROFIT SECTORS, (2) COMPENSATION SURVEYS FOR NONPROFIT EXECUTIVES MANAGING SIMILAR SIZED ORGANIZATION PROVIDED BY INDUSTRY EMPLOYMENT AND BENEFITS CONSULTANTS AND (3) EVALUATION AND PERFORMANCE METRICS TO JUDGE THE PERFORMANCE OF THE FOUNDATION. Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17 43

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization LUNGEVITY FOUNDATION, INC.	Employer identification number $36-4433410$

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, FL, ME, MD, IL, MA, MS, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, UT, VA, WA, WI

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

ALL GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO

THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAIALBLE ON THE

ORGANIZATION'S WEBSITE OR UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2017)

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