			PUBLIC DISC	LOSL	JRE	COPY	
	_		Return of Organization	Exampt F	From Ir		OMB No. 1545-0047
Forr	9 - 9	90	Under section 501(c), 527, or 4947(a)(1) of the	Internal Revenue	Code (exc	ept private foundations)	2020
Depa	rtment o	of the Treasury	Do not enter social security numb	pers on this form	as it may b	e made public.	Open to Public
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for				Inspection
<u>A</u> F	or th	e 2020 calenda	lar year, or tax year beginning $ { m JUL} 1$, $ 2$	2020 and	ending J	UN 30, 2021	
	heck if oplicab		forganization			D Employer identification	on number
	Addre	e LUNG	EVITY FOUNDATION, INC.				
	Name	je Doing bu	usiness as			36-4433410	
Initial returnNumber and street (or P.0. box if mail is not delivered to street address)Room/suitePrinal return/228 S. WABASH AVENUE, SUITE 700				Room/suite	E Telephone number 312-407-61	00	
	termir ated Amen return	City or to	iown, state or province, country, and ZIP or foreigr $2AGO$, IL 60604	n postal code		G Gross receipts \$ H(a) Is this a group return	16,559,312.
	Applic dition pendi	F Name a	nd address of principal officer: ANDREA STE	ERN FERRIS	5	for subordinates?	Yes X No
			AS C ABOVE			H(b) Are all subordinates include	d? Yes No
		empt status:		.) 4947(a)(1)	or 527	If "No," attach a list.	See instructions
			LUNGEVITY.ORG			H(c) Group exemption nu	
			X Corporation Trust Association	Other 🕨	L Year (of formation: 2001 M Sta	ite of legal domicile: IL
Pa	rt I	Summary					
eo	1	Briefly describ	be the organization's mission or most significant ac	ctivities: <u>SEE</u>	SCHEDU	LE O	
ernance	2	Check this bo	x if the organization discontinued its op	perations or dispos	sed of more	than 25% of its net assets.	1.6

Govel	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
s S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	41
vitie	6	Total number of volunteers (estimate if necessary)	6	250
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	11,507,366.	16,238,414.
evenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,724.	13,862.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-74,429.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,431,213.	· · · · · · · · · · · · · · · · · · ·
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,249,769.	2,463,771.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,485,914.	4,205,800.
us.		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) • 1,140,803.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,697,988.	3,800,532.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,433,671.	10,470,103.
	19	Revenue less expenses. Subtract line 18 from line 12	1,997,542.	5,782,173.
s or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	5,616,354.	11,167,743.
t As	21	Total liabilities (Part X, line 26)	585,599.	354,815.
ER I	22	Net assets or fund balances. Subtract line 21 from line 20	5,030,755.	10,812,928.
Pa	irt II	Signature Block		

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

Sign	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	THOMAS E PIERCE THOMAS E PIERCE 11/1	9/21 self-employed P01029397					
Preparer	Firm's name 🕒 OSTROW 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							
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

Form	990 (2020) LUNGEVITY FOUNDATION, INC.	36-4433410 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	rs, the total expenses, and
4a	(Code:) (Expenses \$3,988,770 •including grants of \$2,463,771 •) (Rever	
	RESEARCH SERVICES - FUNDING CLINICAL RESEARCH AWARDS IN	
	BRING ADVANCES IN CLINICAL RESEARCH MORE RAPIDLY TO PATI	ENT CARE.
4b	(Code:) (Expenses \$ 2,732,774. including grants of \$) (Rever	
	PATIENT AND PUBLIC EDUCATION - CREATES, UPDATES AND MAIN COLLECTION OF EDUCATIONAL TOOLS AND MATERIALS FOR PATIEN	
	AND HEALTHCARE PROFESSIONALS	IS, CAREGIVERS,
4c	(Code:) (Expenses \$1, 488, 670. including grants of \$) (Rever	nue \$
	IMPROVING ACCESS TO CARE - WORKS TO IMPROVE ACCESS TO LI	
		INCLUDING
	EFFORTS TO STREAMLINE THE CLINICAL TRIAL PROCESS AND MAK	
	ACCESSIBLE TO PATIENTS, AND ENSURING BIOMARKER TESTING I	S AVAILABLE TO
	ALL PATIENTS DIAGNOSED WITH NON-SMALL CELL LUNG CANCER.	
<u> </u>		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 528,935. including grants of \$) (Revenue \$	١
40	(Expenses \$ 528,935. including grants of \$) (Revenue \$ Total program service expenses ► 8,739,149.)
		Form 990 (2020)
032002	2 12-23-20	
• • •	2	

12081119 311101 89261.000

Form	aan	(2020)
FUIIII	330	120201

Part IV Checklist of Required Schedules

LUNGEVITY FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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 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 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 X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	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,			77
_	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			v
-	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?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
~	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 23	<u> </u>
U		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	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	Х	
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	Did the organization maintain an office, employees, or agents outside of the United States?	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			1
	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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	0000	X
)32003	3 12-23-20	Form	990	(2020)

3

032003 12-23-20

12081119 311101 89261.000

Form	990	(2020)

 Form 990 (2020)
 LUNGEVITY FOUNDATION, INC.
 36-4433410
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
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			v
	Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
0 -	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
Ŀ.	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	<u> </u>
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		X
31	Did the organization inquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		<u> </u>
02		32		x
33	Schedule N, Part II	52		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	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	000	
032004	¥ 12-23-20	Form	990	(2020)
	4			

12081119 311101 89261.000

	990 (2020) LUNGEVITY FOUNDATION, INC.	36-4433	410	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	;ount)?	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 Acc	ounts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	v			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn	1 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	· · · · · · · · · · · · · · · · · · ·	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1)41?	12a		
b		l2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	• · · · · · · · · · · · · · · · · · · ·	I3b			
С		13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and the section 4960 tax on payment (s) of more than \$1,000,000 in remunerated and tax on payment (s) of more than \$1,000,000 in remunerated and tax on payment (s) of more than \$1,000,000 in remunerated and tax on payment (s) of more than \$1,000,000 in remunerated and tax on payment (s) of more than \$1,000,000 in remunerated and tax on payment (s) of more tax on \$1,000,000 in remunerated and tax on \$1,000,000 in remun				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

032005 12-23-20

Form	990	(2020)
	000	にといとい

LUNGEVITY FOUNDATION, INC.

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

36-4433410 Page 6

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

12	Enter the number of voting members of the governing body at the end of the tax year	1a	16		Yes	No
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year	Id		-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · ·		1		
2		-		2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
U	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		x
6	Did the organization have members or stockholders?			6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?	-		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affilia	ites,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing	the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," describe	Э			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by indepen	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •	ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
200	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-1 (Sea	ction 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website J Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of inter	est policy, and	i finan	cial	
~	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boot BARBARA NETTER $-312-407-6100$	oks and recor	rds 🕨			
		1				
20000	228 S. WABASH AVENUE, SUITE 700, CHICAGO, IL 60604	ŧ		Earr	9 90	(ງດດ

Form 990	(2020)
----------	--------

Part VII	Со	mpensation of Officers,	Directors, Trustee	s, Key Employees	, Highest Compensated
	Em	ployees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

		l	mzu			ipen	out		(E)	(F)
(A)	(B)			Pos	C) ition			(D)	.,	.,
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		, unle: cer an					compensation	compensation from related	amount of other
	week (list any	or						from the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	e or 1	stee			Isated		(W-2/1099-MISC)	(112) 1000 10000)	organization
	organizations	truste	al tru:		yee	m per				and related
	below	Individual trustee or director	nstitutional trustee	-	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	n stit	Officer	Key e	Highe	Former			
(1) ANDREA STERN FERRIS	40.00									
PRESIDENT & CEO		х		х				244,371.	Ο.	25,534.
(2) BARBARA NETTER	40.00									
COO & CFO		1		х				193,052.	Ο.	17,538.
(3) UPAL BASU ROY	40.00									
EXECUTIVE DIRECTOR OF RESEARCH		1				X		168,113.	Ο.	32,303.
(4) REBECCA BULL	40.00									
CHIEF DEVELOPMENT OFFICER				Х				160,831.	0.	31,967.
(5) LINDA WENGER	40.00									
CHIEF MARKETING OFFICER				Х				170,342.	0.	14,926.
(6) KRISTEN SANTIAGO	40.00									
SR DIR PUBLIC POLICY INITIATIVES						X		130,281.	0.	30,764.
(7) NICOLE MARTIN	40.00									
DIR OF PRECISION MEDICINE						X		143,320.	0.	15,671.
(8) JEANNE REGNANTE	40.00									
CHIEF HEALTH EQUITY OFFICER				Х				145,385.	0.	9,816.
(9) MERIAM DRISS	40.00									
VP OF STRATEGIC PSHPS						X		114,902.	0.	27,945.
(10) CAROL PERLINE	40.00									
VP OF PHILANTHROPY						X		114,595.	0.	4,600.
(11) ALEX STERN	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(12) NICHELLE STIGGER	2.00									
SECRETARY		Х		X				0.	0.	0.
(13) TOM GALLI	2.00								0	
TREASURER		Х		X				0.	0.	0.
(14) PETER BABEJ	2.00								•	
DIRECTOR		Х						0.	0.	0.
(15) PATRICK CHEN	2.00							_	•	
DIRECTOR		Х						0.	0.	0.
(16) LYNNE DOUGHTIE	2.00								•	
DIRECTOR		Х						0.	0.	0.
(17) WILLIAM JONES	2.00							_	•	
DIRECTOR		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

7

032007 12-23-20

Form 990 (2020) LUNGEVITY	FOUNDA	TI	ON	',	IN	IC.			36-443	334	10	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(do			itior more	۱ than c	one	Reportable	Reportable		Esti	mated
	hours per	box	, unles	s per	rson i	is both pr/trust	n an	compensation	compensation			ount of
	week			uau			lee)	- from	from related			ther
	(list any hours for	irecto						the	organizations	"	•	ensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"		m the nization
	organizations	ruste	al trus		/ee	mpen		(** 2/1000 1000)			•	related
	below	Individual trustee or director	Institutional trustee	-	ƙey employee	est co oyee	er					izations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				Ū	
(18) JENNIFER KASHATUS	2.00											
DIRECTOR		Х						0.	(0.		0.
(19) MICHAEL MARQUIS	2.00											
DIRECTOR		Х						0.		0.		0.
(20) ANDRE OWENS	2.00											
DIRECTOR		Х						0.		0.		0.
(21) MICHAEL PARISI	2.00											
DIRECTOR		Х						0.		0.		0.
(22) DR. CHARLES RUDIN	2.00											
DIRECTOR		Х						0.		0.		0.
(23) ANDREW STERN	2.00											
DIRECTOR		Х						0.	(0.		0.
(24) PAUL G. STERN	2.00									_		
DIRECTOR		Х						0.	(0.		0.
(25) ROBERT WINN	2.00											-
DIRECTOR		Х						0.	(0.		0.
(26) SUE BERSH	2.00											-
SECRETARY - TERM		Х		Х				0.		0.	011	0.
1b Subtotal								1,585,192.		0.	211	,064.
c Total from continuation sheets to Part VII								0.		0.	011	0.
d Total (add lines 1b and 1c)								1,585,192.		0.	211	,064.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1 0
compensation from the organization												10
										П		res No
3 Did the organization list any former officer,	,	,	,			,	0		,			v
line 1a? If "Yes," complete Schedule J for su										·· -	3	<u> </u>
4 For any individual listed on line 1a, is the su												x
and related organizations greater than \$150										··· -	4	^
5 Did any person listed on line 1a receive or a					-			-			-	x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch į	bers	on .				<u> </u>	5	A
1 Complete this table for your five highest cor	nnoncotod inc	lono	ndor	+ ~	ontre	ootor	n th	at received more than ¢	100 000 of compo	nooti	on fron	
the organization. Report compensation for t	•	•							· ·	lisalio		1
(A)	ne calendar ye		nuin	y w				(B)			(C)	
احب Name and business	address	NC	ONE	2				Description of s	ervices	Cc	mpens	
				-								
							-					
2 Total number of independent contractors (ir	cluding but p	ot lin	nited	l to t	thos	se lie	 ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	•				(,				
	- -									F	orm 9	90 (2020)

032008 12-23-20

		(2020) LUNGEVIT	Y FOU	NDATION,	INC.		36-4433	410 Page 9
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a r	response o	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
ran	b		1b					
ي ق	с	Fundraising events	1c					
ar A	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e					
tion S	f	All other contributions, gifts, grants, and						
ibut		similar amounts not included above \dots	1f	16,238,414.				
d O	g	Noncash contributions included in lines 1a-1f	1g \$	93,001.				
ыS	h	Total. Add lines 1a-1f		>	16,238,414.			
				Business Code				
e	2 a							
Program Service Revenue	b							
n Si	с							
Sev	d							
2 E	е							
₽	•	All other program service revenue						
	g							
	3	Investment income (including divider			9,316.			9,316
	4	other similar amounts) Income from investment of tax-exem			5,510.			5,510
	4 5	Royalties						
	5		Real	(ii) Personal				
	6 a		, iou	(
	b							
	c							
			ecurities	(ii) Other				
			11,582.					
	b	Less: cost or other basis						
е		and sales expenses 7b 3	07,036.					
venue	с	Gain or (loss) 7c	4,546.					
0	d	Net gain or (loss)		►	4,546.			4,546
Other R	8 a	Gross income from fundraising events (n	ot					
₹		including \$	of					
		contributions reported on line 1c). Se	e					
		Part IV, line 18	8a					
		Less: direct expenses	·····					
		Net income or (loss) from fundraising		🕨				
	9 a	Gross income from gaming activities						
	_	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming act		▶				
	τυ a	Gross sales of inventory, less returns						
	L-	and allowances						
		Less: cost of goods sold	·····					
-+	С	Net income or (loss) from sales of inv	entory	Business Code				
sn	11 a							
Miscellaneous Revenue	n a b							
ella	c							
isc. Be	d	All other revenue						
Σ	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			16,252,276.	0.	0.	13,862.
032009	9 12-23							Form 990 (2020

Form 990 (2020)

LUNGEVITY FOUNDATION, Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	∑ (D) Fundraising
'b, 8	b, 9b, and 10b of Part VIII.	Total expenses	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	2,463,771.	2,463,771.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	1,070,146.	835,224.	157,066.	77,856
	trustees, and key employees	1,070,140.	055,224.	137,000.	//,050
5	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,439,927.	1,568,897.	288,940.	582,090
	Pension plan accruals and contributions (include		<u> </u>	200,510.	502,050
	section 401(k) and 403(b) employer contributions)	65,376.	44.234	6,283.	14.850
	Other employee benefits	374,164.	44,234. 246,726.	49,025.	<u>14,859</u> 78,413
	Payroll taxes	256,187.	174,811.	32,519.	48,857
1	Fees for services (nonemployees):	,	, • •		,
	Management				
	Legal				
	Accounting	27,168.	18,539.	3,448.	5,181
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	523.		523.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,776,270.	1,712,608.	1,792.	<u>61,870</u> 77
2	Advertising and promotion	753,597.	753,520.		77
3	Office expenses	576,713.	473,004.	12,399.	91,310
4	Information technology	177,173.	117,514.		59,659
5	Royalties				
	Occupancy	285,969.	195,136.	36,297.	54,536
	Travel	7,118.	2,352.	424.	4,342
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 605	105 100		
	Conferences, conventions, and meetings	184,697.	125,100.		59,597
)	Interest				
	Payments to affiliates	11,304.	7 712	1 425	0 1 5 /
2	Depreciation, depletion, and amortization	11,304.	7,713.	1,435.	2,156
	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	, , , , , , , , , , , , , , , , , , ,				
b					
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	10,470,103.	8,739,149.	590,151.	1,140,803
	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

INC.

032010 12-23-20

12081119 311101 89261.000

Form 990 (2020)

12081119 311101 89261.000

<u>Form 990 (</u>		FOUNDATION,	INC
Part X	Balance Sheet		

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			830,371.	1	1,543,263.
	2	Savings and temporary cash investments			2,119,178.	2	7,139,673.
	3	Pledges and grants receivable, net			1,513,158.	3	1,125,104.
	4	Accounts receivable, net			826,037.	4	872,707.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ts	7		vable, net				
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			273,608.	9	433,524.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>113,511.</u> 76,172.			
	b	Less: accumulated depreciation	37,269.	10c	37,339.		
	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	16 000	14	1 (1))		
	15	Other assets. See Part IV, line 11		16,733.	15	16,133.	
	16	Total assets. Add lines 1 through 15 (must equa	5,616,354.	16	11,167,743.		
	17	Accounts payable and accrued expenses			288,849.	17	323,036.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-			22	
	24	Unsecured notes and loans payable to unrelated			269,127.	24	
	25	Other liabilities (including federal income tax, pay				~ 1	
		parties, and other liabilities not included on lines					
		of Schedule D			27,623.	25	31,779.
	26				585,599.	26	354,815.
		Organizations that follow FASB ASC 958, che					
sec		and complete lines 27, 28, 32, and 33.					
anc	27	.			1,884,615.	27	4,918,188.
Bal	28	Net assets with donor restrictions			3,146,140.	28	5,894,740.
pu		Organizations that do not follow FASB ASC 95	58, cheo	xkhere 🕨 🗌			
Ę		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipment	t fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances			5,030,755.	32	10,812,928.
	33	Total liabilities and net assets/fund balances			5,616,354.	33	11,167,743.
							Form 990 (2020)

Form	1990 (2020) LUNGEVITY FOUNDATION, INC.	36-4	433410	Pa	_{ge} 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	16,252		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,470		
3	Revenue less expenses. Subtract line 2 from line 1	3	5,782	2,1	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,030),7	55.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,812	2,9	28.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	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 on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	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 requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
-----	------	-------

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
2020
Open to Public Inspection

Name of the organization

Nan	ame of the organization Employer identification numb								
			EVITY FOUN				6-4433410		
Pa	irt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The	organ	ization is not a private found	a private foundation because it is: (For lines 1 through 12, check only one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organization)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne deneral i	oublic described in
		section 170(b)(1)(A)(vi). (C	•		5			5	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org			-	ed in conii	inction with a	land-grant	college
Ũ		or university or a non-land-g				-		-	•
		university:	, and conego or agine				,	ine eenege	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
10		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				5505 2040		Janization e	
11		An organization organized a		ively to test for public sa	fatu Saa	section 5	10(2)(4)		
12	\square	An organization organized a	•					rn/out tho	purposes of one or
12		more publicly supported or	-	•	-			•	
			-						
_		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • •	-			
		the supported organization			тајопту с	or the direc	cors or truste	es or the st	porting
		organization. You must o						·· (-) ·· ·· ·· ··	
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	-						
С		J Type III functionally inte	• • • •					ly integrate	ed with,
		its supported organization							
C		Type III non-functionally	• · ·					•	
		that is not functionally int			•		-	l an attentiv	/eness
		requirement (see instructi	,	•	-				
e		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]
f		er the number of supported o	0						
<u></u> g		vide the following information i) Name of supported	about the supporte	d organization(s).	(iv) Is the oro	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	(organization		(described on lines 1-10		anization listed ing document?	support (see ir		support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See ii	istruction isj	
Tota	al								
LHA	For P	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

13

Schedule A (Form 990 or 990-EZ) 2020 LUNGEVITY FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 1

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7423175.	8053299.	8411087.	<u>11507366.</u>	<u>16238414.</u>	51633341.
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						
4	Total. Add lines 1 through 3	7423175.	8053299.	8411087.	11507366.	<u>16238414.</u>	<u>51633341.</u>
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)						12384186.
	Public support. Subtract line 5 from line 4.						39249155.
	ction B. Total Support			Γ	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016 7423175.	(b) 2017	(c) 2018	(d)2019 11507366.	(e) 2020	(f) Total
	Amounts from line 4	/4231/5.	8053299.	8411087.	<u>µ150/366.</u>	16238414.	51633341.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	E 2 2	650	0 5 5	C 010	0.216	10 274
	and income from similar sources	533.	652.	855.	6,918.	9,316.	18,274.
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.)						51651615.
	Total support. Add lines 7 through 10					40	<u>program.</u>
12	,	•	,			12	
13	First 5 years. If the Form 990 is for the						
Ser	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I		-	column (f))		14	75.99 %
	Public support percentage from 2019					15	79.41 %
	33 1/3% support test - 2020. If the c						
100	stop here. The organization qualifies						N V
b	33 1/3% support test - 2019. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-				7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
<u>1</u> 8	Private foundation. If the organization		•				s ►
	Schedule A (Form 990 or 990-EZ) 2020						

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 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			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L					
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	ļ					
	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 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20 Investment income percentage from a			line 13, column (f))		17 18	<u>%</u>
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ition	
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organizatio	on ►
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
03202	23 01-25-21		15	5	Sch	edule A (Form	990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *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 line 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.)

16

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 LUNGEVITY FOUNDATION, INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part Test during the year (s	see instructions).
•	Check the box hext to the method that the organization used to	salisiy lile integral Fart rest during the year N	

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b] The organization is the parent of each of its supported o	organizations. Complete line 3 below
---	--	---	--------------------------------------

c 🗌] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

12081119 311101 89261.000

	(Form 990 or 990-EZ) 2020			
Part V	Type III Non-Functio	nally Integrate	d 509(a)(3) Suppo	rting Organizations

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.

Sect	ion 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		
Sect	ion 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated		nization (see

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) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 LUNGEVITY FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations _{(continu}	<u>ed)</u>					
Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer		1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	6	З						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.	. .		8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	S	Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
C	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
с	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 LUNGEVITY	FOUNDATION,	INC.	36-4433410 Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Sectior (See instructions.)	e explanations required 6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a.	by Part II, line 10; Part II, , and 11c; Part IV, Sectior , 2b, 3a, and 3b; Part V, lin	line 17a or 17b; Part III, line 12; h B, lines 1 and 2; Part IV, Section C, le 1; Part V, Section B, line 1e; Part V,
				Cakadula A /F 000 000 F7) 0000
032028 01-25-2	1	20		Schedule A (Form 990 or 990-EZ) 2020

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



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	LUNGEVITY FOUNDATION, INC.		36-4433410
Par	t I Organizations Maintaining Donor Advised Funds or Othe	r Similar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asset	s held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control	ol?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	t grant funds can be used c	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or fo	r any other purpose conferr	ing
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered	"Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	ly).	
	Preservation of land for public use (for example, recreation or education)		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution in the form of a co	nservation 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	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished,		ization during the tax
	year ►		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, insp	pection, handling of	
	violations, and enforcement of the conservation easements it holds?	-	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	d enforcing conservation ea	sements during the year
	▶\$	-	
8	Does each conservation easement reported on line 2(d) above satisfy the requiren	nents of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its re		nent and
	balance sheet, and include, if applicable, the text of the footnote to the organization	-	
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical	Freasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its	revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educat	tion, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that	describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its reve	enue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education	n, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other simil		
	the following amounts required to be reported under FASB ASC 958 relating to th		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020
	1 12-01-20		
	26		

Sche		TY FOUNDAT:						36-44			age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, oi	r Othe	r Similaı	r Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make s	ignificant ι	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	_oan or exc	hange progra	am					
b	Scholarly research	e	. 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang		ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:							
									Amount		
C.	• •										
d	Additions during the year										
-	Distributions during the year										
f Or	0								7		1
	Did the organization include an amount on Fo						ity?	L	Yes		_ No ∃
_	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete in						10]
		(a) Current year		rior year	(c) Two year		(d) Three y	ware hack	(a) Four	Veare	hack
1a	Beginning of year balance	(a) Ourrent year		nor year		3 Dack		Cars Dack	(e) i oui	your 3	Jack
h	Contributions										
c	Net investment earnings, gains, and losses										
d											
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1 g	, column (a)) held as:						
а			%	, (
b	Permanent endowment	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administer	ed for th	ne organiza	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV,								
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• •	ccumulate preciation	ed	(d) Bool	< value	÷
1a	Land										
b	5										
с	Leasehold improvements				5,026.		21,80			3,22	
	Equipment			7	8,485.		54,30	66.	24	1,11	19.
	Other										
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, colum	<u>n (B), line 1</u>	0c.)				3'	7,3:	39.

Schedule D (Form 990) 2020

032052 12-01-20

Schedule D (Form 990) 2020 LUNGEVITY FOUNDATION, INC.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value 1) Financial derivatives Image: Complete information of the security of the securet of the security of the security of the securet of t

(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, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value

31,779.
31,779.

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 LUNGEVITY FOUNDATION, I	NC.		36-	4433410 Page	4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,332,635	•
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	120,400.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	120,400	
3	Subtract line 2e from line 1			3	16,212,235	•
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	523.			
b	Other (Describe in Part XIII.)	4b	39,518.			
с	Add lines 4a and 4b			4c	40,041	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	5	16,252,276			
Do						÷.
га	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per R	etur	n.	Ť
Fa	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With	Expenses per R	etur		
1		e 12a.	Expenses per R	etur 1	n. 10,550,462	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	e 12a.	Expenses per R			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	tements With	Expenses per R			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With 12a. 	Expenses per R			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	atements With 12a. 2a 2b	Expenses per R			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	atements With ae 12a. 2a 2b 2c	Expenses per R		10,550,462	•
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	2a 2b 2c 2d	Expenses per R 120,400.		10,550,462	•
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	2a 2b 2c 2d	Expenses per R	1	10,550,462	•
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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.)	2a 2b 2c 2d	Expenses per R	1 2e	10,550,462	•
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	2a 2b 2c 2d	Expenses per R 120,400.	1 2e	10,550,462	•
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	2a 2b 2c 2d	Expenses per R	1 2e	10,550,462 120,400 10,430,062	•
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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	2a 2b 2c 2d 4a 4b	Expenses per R 120,400. 523. 39,518.	1 2e	10,550,462 120,400 10,430,062 40,041	•
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lir 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.)	2a 2b 2c 2d 4a 4b	Expenses per R 120,400. 523. 39,518.	1 2e 3	10,550,462 120,400 10,430,062	•

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER FUNDRAISING EXPENSES

032054 12-01-20

39,518.

39,518.

SCHEDULE IGrants and Other Assistance to Organizations, Governments, and Individuals in the United States								
		Compl	ete if the organizatio			rt IV, line 21 or 22.		2020
Department of Internal Reven				Attach to For				Open to Public
			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of th	ne organization LUNGEVITY	FOUNDATI	ON, INC.					Employer identification number $36-4433410$
Part I	General Information on Grants a	nd Assistance						
1 Does	s the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	
crite	ria used to award the grants or assis	stance?						X Yes 🗌 No
2 Desc	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and 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
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			1
1 (a) Ւ	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	r total number of section 501(c)(3) a	s listed in the line 1	table					

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

Schedule I (Form 990) 2020

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	15	2,463,771.	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	Compensation Info	rmation	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key			20	20	
•		Compensated Employe	es		20	ZU	J
-		Complete if the organization answered "Yes" or Attach to Form 990.	i Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions	and the latest information.		Inspe	ction	
Nan	e of the organizatio	1		Employer i	dentificatio	on nui	mber
		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 following to a	or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information re	garding these items.				
	First-class or o	harter travel Housing allo	wance or residence for perso	nal use			
	Travel for com	panions Payments for	or business use of personal res	sidence			
	Tax indemnifie		cial club dues or initiation fees				
	Discretionary	spending account Personal se	rvices (such as maid, chauffeu	ır, chef)			
b		on line 1a are checked, did the organization follow a written po	, , , ,				
		rovision of all of the expenses described above? If "No," comp			1b		
2	-	n require substantiation prior to reimbursing or allowing expens	•				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items c	hecked on line 1a?		2		
-							
3		y, of the following the organization used to establish the comp	-				
		ctor. Check all that apply. Do not check any boxes for method	s used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation		loyment contract				
			on survey or study				
		ther organizations X Approval by	the board or compensation c	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with	h rospost to the filing				
4	organization or a re		in respect to the hinny				
а	-	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqualified retirement plar	 זינ				X
	•	eive payment from an equity-based compensation arrangemen					X
U		es 4a-c, list the persons and provide the applicable amounts for					
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete I	ines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization p		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 organization p	ay or accrue any compensatio	n			
	contingent on the						
а	The organization?	-			6a		X
		ation?					X
		r 6b, describe in Part III.					
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
not described on lines 5 and 6? If "Yes," describe in Part III					7		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	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, c	d the organization also follow the rebuttable presumption proc	edure described in				
	Regulations section	53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANDREA STERN FERRIS	(i)	244,371.	0.	0.	0.	25,534.	269,905.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA NETTER	(i)	193,052.	0.	0.	7,722.	9,816.	210,590.	0.
COO & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) UPAL BASU ROY	(i)	168,113.	0.	0.	6,769.	25,534.	200,416.	0.
EXECUTIVE DIRECTOR OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REBECCA BULL	(i)	160,831.	0.	0.	6,433.	25,534.	192,798.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LINDA WENGER	(i)	170,342.	0.	0.	5,110.	9,816.	185,268.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTEN SANTIAGO	(i)	130,281.	0.	0.	5,230.	25,534.	161,045.	0.
SR DIR PUBLIC POLICY INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICOLE MARTIN	(i)	143,320.	0.	0.	5,855.	9,816.	158,991.	0.
DIR OF PRECISION MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEANNE REGNANTE	(i)	145,385.	0.	0.	0.	9,816.	155,201.	0.
CHIEF HEALTH EQUITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2020	
Open to Public	
Inspection	

Employer identification number

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

on______

	LUNGEVITY FO	UNDATI	ON, INC.		36	-4433	4 ± 0	
Par	t I Types of Property	-						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash cont	(d) of determin tribution ar	•	6
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	62,551.				
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 ► (<u>OTHER DONATED</u>)	X	9	15,292.				
26	Other \blacktriangleright (<u>FUNDRAISING</u>)	X	5	15,158.	FMV			
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?						Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
	Does the organization hire or use third parties of	-	-	•				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is cheo	ked,			
	describe in Part II.	()	, i i i,	()	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedu	le M (Forn	n 990)	2020

			FOUNDATION,		
Part II	Supplemental	Information. P	Provide the information r	required by Pa	rt I, lines 30b, 32b, and

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.

36 - 4433410

Page 2

Schedule M (Form 990) 2020 032142 11-23-20 36

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. EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

36-4433410

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 III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORT SERVICES - OFFERS THE LARGEST ONLINE NETWORK OF SUPPORT AND

IN-PERSON SURVIVORSHIP PROGRAMS FOR ALL PEOPLE AFFECTED BY LUNG CANCER,

INCLUDING MESSAGE BOARDS, PEER-TO-PEER SUPPORT MATCHING SERVICE, AND

NATIONAL SURVIVOR SUMMITS

EXPENSES \$ 528,935. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

12081119 311101 89261.000

LUNGEVITY FOUNDATION, INC.

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 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 032212 11-20-20

12081119 311101 89261.000

38 2020.05000 LUNGEVITY FOUNDATION, INC 89261.01

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization LUNGEVITY FOUNDATION, INC.	Employer identification number 36-4433410			
INDEPENDENTLY DETERMINE COMPENSATION FOR A SENIOR ORGANIZA	TION OFFICIAL.			
THEY USE A NUMBER OF FACTORS IN ORDER TO DETERMINE COMPENS	ATION, INCLUDING			
(1)THEIR UNDERSTANDING OF RELEVANT COMPENSATION PROGRAMS I	N 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.				
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, V	A,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.				
FORM 990, PART IX, LINE 11G, OTHER FEES:				
EVENT MANAGEMENT:				
PROGRAM SERVICE EXPENSES	23,044.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	59,178.			
TOTAL EXPENSES	82,222.			
RECRUITING:				
PROGRAM SERVICE EXPENSES	2,815.			
MANAGEMENT AND GENERAL EXPENSES	524.			
FUNDRAISING EXPENSES	787.			
TOTAL EXPENSES	4,126.			

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page Employer identification numbe 36-4433410
LUNGEVITY FOUNDATION, INC.	<u> </u>
PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES	1,495,789.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,495,789.
CONTENT DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	184,141.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	184,141.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	6,819.
MANAGEMENT AND GENERAL EXPENSES	1,268.
FUNDRAISING EXPENSES	1,905.
TOTAL EXPENSES	9,992.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,776,270.

032212 11-20-20