PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

<u> A I</u>	or the	e 2021 calendar year, or tax year beginning $$	JL 1, 2021 and	ending J	<u>UN 30, 2022</u>					
	Check if applicabl	C Name of organization			D Employer identifi	cation number				
	Addre	e LUNGEVIII FOUNDATION, I	NC.							
	Name chang	e Doing business as			36-44334	10				
	□Initial □return □Final	Number and street (or P.O. box if mail is not delived 228 S. WABASH AVENUE, S	•	Room/suite	E Telephone numbe 312-407-					
_	∟return termin				G Gross receipts \$ 15,241,593.					
	ated ∏Amen	City or town, state or province, country, and Z CHICAGO, IL 60604	ile or foreign postal code		H(a) Is this a group return					
F	return ☐Applic		REA STERN FERRIS	3	for subordinates					
_	tion pendir	SAME AS C ABOVE	thi bility i little	,	H(b) Are all subordinates in					
$\overline{}$	Γαν. Αν		(insert no.) 4947(a)(1)	or 527	1	list. See instructions				
		te: WWW.LUNGEVITY.ORG	(III3611 II0.) (II)	01 021	H(c) Group exemption					
			ociation Other	I Year		M State of legal domicile: IL				
		Summary		12 1001	01101111aa011, = = = = [1	otato or logar dofficilo, ——				
	1	Briefly describe the organization's mission or most s	significant activities: SEE	SCHEDU	LE O					
ce	-		<u></u>							
Governance	2	Check this box if the organization discont	tinued its operations or dispos	sed of more	than 25% of its net as:	sets.				
Ver	3	Number of voting members of the governing body (F	·		3	14				
	4	Number of independent voting members of the gove				13				
رې وې		Total number of individuals employed in calendar ye				46				
Activities &		Total number of volunteers (estimate if necessary)				250				
Ç		Total unrelated business revenue from Part VIII, colu				0.				
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	<u></u>	7b	0.				
					Prior Year	Current Year				
Ф	8	Contributions and grants (Part VIII, line 1h)			16,238,414.	14,845,849.				
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		13,862.	-1,710.				
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		0.	-300,706.				
_		Total revenue - add lines 8 through 11 (must equal P			16,252,276.	14,543,433.				
	1	Grants and similar amounts paid (Part IX, column (A)			2,463,771.	3,024,136.				
	1		lenefits paid to or for members (Part IX, column (A), line 4)							
es	15	Salaries, other compensation, employee benefits (Pa			4,205,800.	5,571,837.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin		0.	0.					
ă	b	Total fundraising expenses (Part IX, column (D), line	'		2 000 522	F 067 170				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			3,800,532. 10,470,103.	5,067,178.				
	1	Total expenses. Add lines 13-17 (must equal Part IX,			5,782,173.	13,663,151.				
		Revenue less expenses. Subtract line 18 from line 1.	Z	ъ.		880,282.				
ts or	20	Total assets (Part X, line 16)		Re	ginning of Current Year 11,167,743.	End of Year 12,082,053.				
Net Assets	20	, , , , , , , , , , , , , , , , , , , ,			354,815.	388,843.				
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from li	ino 20		10,812,928.	11,693,210.				
	art II	Signature Block	nie 20		10,012,520.	11,000,210.				
		lities of perjury, I declare that I have examined this return, in	ncluding accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer				,,,				
	,		1							
Sig	n	Signature of officer			Date					
Her		▲ ANDREA STERN FERRIS, PR	ESIDENT & CEO							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN				
Paid	j		JAMES Ğ. QUAID	1	2/08/22 if self-employ	P00641738				
Pre	arer	Firm's name SOSTROW REISIN BER	K & ABRAMS, LT	'D.		36-2938874				
Use	Only	Firm's address 455 N CITYFRONT P								
		CHICAGO, IL 60611	·		Phone no. 31	2-670-7444				
May	the IF	RS discuss this return with the preparer shown above	e? See instructions			X Yes No				

11,954,682.

Form 990 (2021)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	
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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	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
20a	o i i i i i i i i i i i i i i i i i i i	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	1		l

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

			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	X	<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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the 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? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
JZ.	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<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			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	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 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
12200	(gambling) winnings to prize winners?	1c Form	990	<u>l</u> (2021)
102004	16-03-61	i Oiiii		(

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form **990** (2021)

If "Yes," complete Form 6069

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

Sec	tion A. Governing Body and Management			21
	and the development of the second of the sec		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 14		163	140
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer director twiston or key employed	2	Х	
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision		21	
3				Х
4	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		v
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	Х	
b	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 reached at the			
	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 Revenue 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 chapters, affiliates,			
	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 body before filing the form?	11a	X	
b	Describe on 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	X	
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? If "Yes," describe			
	on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	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 books and records			
•	BARBARA NETTER - 312-407-6100			
	228 S. WABASH AVENUE, SUITE 700, CHICAGO, IL 60604			

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

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

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

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

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

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

(A)	(B)	gu	<u></u>)	ipori	<u>lour</u>	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	1000 (420)	and related
	below	idual t	Institutional trustee	<u>~</u>	Key employee	st co oyee	-e			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ANDREA STERN FERRIS	40.00									
PRESIDENT & CEO		X		Х				244,371.	0.	25,534.
(2) UPAL BASU ROY	40.00									
EXECUTIVE DIRECTOR OF RESEARCH						X		185,005.	0.	32,934.
(3) BARBARA NETTER	40.00									
COO & CFO				Х				198,794.	0.	17,768.
(4) REBECCA BULL	40.00									
CHIEF DEVELOPMENT OFFICER				Х				166,097.	0.	32,178.
(5) JEANNE REGNANTE	40.00									
CHIEF HEALTH EQUITY OFFICER				Х				182,482.	0.	9,816.
(6) LINDA WENGER	40.00									
CHIEF MARKETING OFFICER				Х				170,607.	0.	16,640.
(7) NICOLE MARTIN	40.00									
DIR OF PRECISION MEDICINE						X		155,150.	0.	16,022.
(8) KRISTEN SANTIAGO	40.00								_	
SR DIR PUBLIC POLICY INITIATIVES						X		134,174.	0.	30,901.
(9) AMY MOORE	40.00								_	
VP GLOBAL ENGAGEMENT & PATIENT PSHPS						X		121,154.	0.	30,380.
(10) MERIAM DRISS	40.00									
VP OF STRATEGIC PSHPS						Х		121,679.	0.	29,184.
(11) ALEX STERN	2.00									_
CHAIRMAN		Х		Х				0.	0.	0.
(12) NICHELLE STIGGER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(13) TOM GALLI	2.00									
TREASURER		Х		Х				0.	0.	0.
(14) LYNNE DOUGHTIE	2.00									_
DIRECTOR		Х						0.	0.	0.
(15) WILLIAM JONES	2.00	<u>-</u> _								_
DIRECTOR	0.00	Х						0.	0.	0.
(16) JENNIFER KASHATUS	2.00	l								_
DIRECTOR	0.00	Х						0.	0.	0.
(17) MICHAEL MARQUIS	2.00								_	•
DIRECTOR 132007 12-09-21		X		<u> </u>			<u> </u>	0.	0.	0 • Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)		(F)		
Name and title	Average	(do		Posi		<mark>1</mark> than ເ	one	Reportable	Reportable	e	Es	timate	: d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation			nount	of
	week		cer ar	ia a a	recio	r/trus	lee)	from	from relate			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC			om the anizati	
	organizations	ruste	l trus		99/	mpen		1099-NEC)	1033 NEO	'	•	d relate	
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	st co	ы	,				anizatio	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				Ū		
(18) ANDRE OWENS	2.00												
DIRECTOR		Х						0.		0.			0.
(19) MICHAEL PARISI	2.00												
DIRECTOR		Х						0.		0.			0.
(20) DR. CHARLES RUDIN													
DIRECTOR		Х						0.		0.			0.
(21) ANDREW STERN	2.00												
DIRECTOR		Х						0.		0.			0.
(22) PAUL G. STERN	2.00												•
DIRECTOR	2 00	Х						0.		0.			0.
(23) ROBERT WINN	2.00	37								_			^
DIRECTOR		Х						0.		0.			0.
1b Subtotal			<u> </u>				—	1,679,513.		0.	24	1,3!	57.
c Total from continuation sheets to Part VII								0.		0.		,	0.
d Total (add lines 1b and 1c)							•	1,679,513.		0.	24	1,3!	
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportabl	e			
compensation from the organization						,			•				14
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	npensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	\$100,000 of com	pensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
(A)								(B)		_	(C		_
Name and business								Description of s	services	C	ompei	nsatio	1
PLATFORMQ HEALTH EDUCATIO		1							CEDUTCEC		1 🗗	E 0.4	0.0
100 CRESENT RD, NEEDHAM,	MA U249	4						EDUCATIONAL	PEKATCES		тэ.	5,00	<u>, , , , , , , , , , , , , , , , , , , </u>

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

Form **990** (2021)

Form 990 (2021) LUNGEVI
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S (0	1	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'							
يَّ ق				2,047,254.				
Ŧ\$,			9	2,017,231.				
<u>≅</u> ≅			Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and	10 -00 -0-				
혈兼			similar amounts not included above 1f	12,798,595.				
g		g	Noncash contributions included in lines 1a-1f 1g \$	121,202.				
<u>5 g</u>		h	Total. Add lines 1a-1f		14,845,849.			
				Business Code				
ĕ	2	а						
r Š		b						
Program Service Revenue		С						
an eve		d						
ge B		е						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
	•		other similar amounts)		2,932.			2,932.
	4		Income from investment of tax-exempt bond		,			,
	5		Royalties	•				
	3		(i) Real	(ii) Personal				
	6	_		(ii) i croonar				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	` '				
			assets other than inventory 7a 354,366	•				
		b	Less: cost or other basis					
ne			and sales expenses					
Ven		С	Gain or (loss) 7c -4,642	•				
Be		d	Net gain or (loss)	<u>.</u>	-4,642.			-4,642.
her Revenue	8	а	Gross income from fundraising events (not					
₹			including \$ 2,047,254. of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 38,446.				
		b	Less: direct expenses	b 339,152.				
			Net income or (loss) from fundraising events		-300,706.			-300,706.
			Gross income from gaming activities. See		·			·
	-		Part IV, line 19	a				
		b	Less: direct expenses 9					
			Net income or (loss) from gaming activities_	<u> </u>				
			Gross sales of inventory, less returns					
		u	and allowances 100	19				
		h						
			• • • • • • • • • • • • • • • • • • • •	•				
$\overline{}$		C	Net income or (loss) from sales of inventory	Business Code				
SI	4.	_		Dualitess Code				
Miscellaneous Revenue	11							
llan Gen		b						
Se Se		С						
Σ			All other revenue					
		е	Total. Add lines 11a-11d		44 540 400	_	-	202 445
	12		Total revenue. See instructions		14,543,433.	0.	0.	-302,416.

Form 990 (2021) LUNGEVITY FOUNDATION, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,024,136.	3,024,136.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,053,570.	812,100.	162,033.	79,437.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2	0.600.016	252 244	
7	Other salaries and wages	3,555,561.	2,633,916.	359,911.	561,734.
8	Pension plan accruals and contributions (include	112 050	05 653	10 261	15 010
	section 401(k) and 403(b) employer contributions)	113,252.		10,361.	17,218.
9	Other employee benefits	514,870.	381,529.	58,432.	74,909.
10	Payroll taxes	334,584.	249,985.	37,745.	46,854.
11	Fees for services (nonemployees):				
	Management	14 560	10 075	1 600	2.062
		14,560.	10,875.	1,622.	2,063.
	Accounting	29,950.	22,370.	3,336.	4,244.
	Lobbying				
е	,	775	F 7 0	0.6	110
f	Investment management fees	775.	579.	86.	110.
g	Other. (If line 11g amount exceeds 10% of line 25,	0 100 016	0 174 700	6 055	16 060
	column (A), amount, list line 11g expenses on Sch 0.)	2,198,016.		6,955.	16,263.
12	Advertising and promotion	1,454,654.		25 220	3,728.
13	Office expenses	478,705. 136,240.		25,320.	40,336.
14	Information technology	130,240.	67,035.		69,205.
15	Royalties	277,935.	207,592.	30,962.	20 201
16	Occupancy	56,972.	47,874.	1,483.	39,381. 7,615.
17	Travel	30,312.	47,074.	1,403.	7,013.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	381,209.	2/2 7/1		27 160
19	Conferences, conventions, and meetings	301,409.	343,741.		37,468.
20	Interest				
21	Payments to affiliates	11,302.	8,442.	1,259.	1,601.
22	Depreciation, depletion, and amortization	26,860.	20,062.	2,992.	3,806.
23	Insurance Other expenses, Itemize expenses not covered	20,000.	20,002.	4,334.	3,000.
24	above. (List miscellaneous 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					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,663,151.	11,954,682.	702,497.	1,005,972.
26	Joint costs. Complete this line only if the organization	<u> </u>			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	·		·		000

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,543,263.	1	1,852,306.
	2	Savings and temporary cash investments			7,139,673.	2	7,489,920.
	3	Pledges and grants receivable, net			1,125,104.	3	791,579.
	4	Accounts receivable, net			872,707.	4	1,496,594.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			433,524.	9	409,484.
	10a	Land, buildings, and equipment: cost or othe	l l				
		basis. Complete Part VI of Schedule D	10a	113,511. 87,474.			
	b	Less: accumulated depreciation	37,339.	10c	26,037.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	16 100	14	16 122		
	15	Other assets. See Part IV, line 11			16,133.	15	16,133.
	16	Total assets. Add lines 1 through 15 (must e			11,167,743.		12,082,053.
	17	Accounts payable and accrued expenses			323,036.	17	371,796.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
Lia I	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrule Unsecured notes and loans payable to unrula				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D		' '	31,779.	25	17,047.
	26	Total liabilities. Add lines 17 through 25			354,815.	26	388,843.
		Organizations that follow FASB ASC 958, o	heck her	e 🕨 🗓			222,222
es		and complete lines 27, 28, 32, and 33.					
auc	27	, , ,			4,918,188.	27	4,800,497.
Bala	28				5,894,740.	28	6,892,713.
둳		Organizations that do not follow FASB ASC					,
Ξ		and complete lines 29 through 33.	ŕ	,			
ō	29	Capital stock or trust principal, or current fun			29		
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				10,812,928.	32	11,693,210.
	33	Total liabilities and net assets/fund balances			11,167,743.	33	12,082,053.
-					-		Form 990 (2021)

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,			
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>82.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	812	9,9	<u> 28.</u>
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	11,	693	3,2	10.
Pa	t 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 on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		···			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LUNGEVITY FOUNDATION, 36-4433410 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	8053299.	8411087.	11507366.	16238414.	<u> 15131849.</u>	59342015.			
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	8053299.	8411087.	11507366.	16238414.	<u>15131849.</u>	59342015.			
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)						15848568.			
	Public support. Subtract line 5 from line 4.						43493447.			
Sec	ction B. Total Support			•	,					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	8053299.	8411087.	11507366.	16238414.	<u> 15131849.</u>	59342015.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	652.	855.	6,918.	9,316.	2,932.	20,673.			
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.)						50060600			
11	Total support. Add lines 7 through 10						59362688.			
12	Gross receipts from related activities,	•	,			12				
13	First 5 years. If the Form 990 is for the						. \square			
800	organization, check this box and stop	here					>			
	ction C. Computation of Publi			L (6)			73.27 %			
14	Public support percentage for 2021 (li					14	== 00			
15										
Ioa										
h										
b							. \Box			
175										
174	- · · · · · · · · · · · · · · · · · · ·									
	· ·		•	-		· ·	▶ □			
h		•	•							
J		J				•	10/0 01			
	,		•		•					
18	•				•					
17a	5 Public support percentage from 2020 Schedule A, Part II, line 14 6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	_	
	Yes	No
1		
_		
2		
За		
O.L.		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		<u></u>
00		
9a		
9b		
9с		
40-		
10a		
10b		
ıle A (For	m 990)	2021
-		

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Schedule A (Form 990) 2021

Par	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		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	tion D. All Type III Supporting Organizations			
	r		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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

	edule A (Form 990) 2021 HONGEVIII FOONDATION,		·	O 4433410 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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			

Schedule A (Form 990) 2021

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

instructions).

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)						
Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	3							
_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 (describe in Part VI). See instructions.		6						
_7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2021 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount	Г	10						
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
<u>a</u>	From 2016								
<u>b</u>	From 2017								
c	From 2018								
d	From 2019								
<u>e</u>	From 2020								
f	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2021 distributable amount								
<u>i</u>	Carryover from 2016 not applied (see instructions)								
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2021 distributable amount								
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
d	Excess from 2020								

Schedule A (Form 990) 2021

e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization LUNGEVITY FOUNDATION, INC. **Employer identification number** 36-4433410

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at an el aforcas	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 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 assets held in donor advised	t funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements 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 conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	S And I lindayinal Transcriptor	ou Ciucilou A o o do
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		L ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X	asures or other similar assets for financial o	
~	the following amounts required to be reported under FASB A		gaiii, piovide
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		Schedule D (Form 990) 2021

132051 10-28-21

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

		Y FOUNDAT							<u>33410</u>	Page 2
Par	t III Organizations Maintaining Co	llections of A	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	•	d 💹	Loan or exc	hange progra	am				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explai	n how th	ey further th	e organizatio	on's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or r	receive donations	of art, his	storical treas	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange		lete if the	organizatio	n answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian							_	_	
	on Form 990, Part X?							L	」Yes	No
b	If "Yes," explain the arrangement in Part XIII an	nd complete the fo	llowing t	able:						
									Amount	
	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f		7	
	Did the organization include an amount on Form						y?	L	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. C									Ш
ı aı	22	ne organization ar	1	rior year	(c) Two yea			ears back	(e) Four y	eare hack
4.	_	(a) Current year	(6) 1	Tior year	(C) TWO yea	13 Dack (uj mico y	rcars back	(e) rour y	- Dack
	Beginning of year balance									
	Contributions									
C	Net investment earnings, gains, and losses									-
d	Grants or scholarships									-
е	Other expenditures for facilities									
	and programs									
	Administrative expenses End of year balance									
g 2	Provide the estimated percentage of the currer	at year and halanc	o (lino 1e	r column (a)) hold ac:					
a	Board designated or quasi-endowment	,	% %	j, coluitiii (a)	j riciu as.					
	Permanent endowment	%								
	Term endowment > %									
·	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	•	ation tha	t are held ar	nd administer	red for the	organiza	ation		
ou	by:	norror the organiz	ation tha	t are ricia ar	ia aarriiriistoi	100 101 1110	organiza	20011	Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the or									
Par										
	Complete if the organization answered	"Yes" on Form 99	0, Part IV	, line 11a. S	ee Form 990	, Part X, Ii	ine 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	/alue
		basis (invest			(other)		reciation	I .	.,	
1a	Land									
	Buildings									
	Leasehold improvements			3	5,026.		25,7	12.	9	,314.
	Equipment				8,485.		61,7			,723.
	Other									

Schedule D (Form 990) 2021

26,037.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 LUNGEVITY FO Part VII Investments - Other Securities.	•		4433410 Pag
Complete if the organization answered "Yes" o	n 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-o	f-year market value
I) Financial derivatives			
c) Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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-o	f-vear market value
	(5) 25511 14145	(c) meaned of variations does of one of	· your marrier raide
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	- Faure 000 Bart IV line	11d Cos Farms 000 Part V line 15	
Complete if the organization answered "Yes" o		Tra. See Form 990, Part X, line 15.	(h) Daali valva
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			17,04
(2)			, -

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	17,047.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,047.

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) 2021

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	14,890,458.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b	347,800.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	347,800.
3	Subtra	act line 2e from line 1			3	14,542,658.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	775.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	775.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		<u></u>	5	14,543,433.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	nts With	i Expenses per F	Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	14,010,176.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	347,800.		
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	347,800.
3	Subtra	act line 2e from line 1			3	13,662,376.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	775.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	775.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,663,151.
		Supplemental Information.				
_			,	101 5 11/11 4		(I' O D 1) (I

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 X, LINE 2:

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. IN ADDITION, THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	LUNGEVITY FOUNDATION,	INC.	36-4433410 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation (continued)		
	(continued)		
-			

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

LUNGEVI	TY FOUNDATION, INC.				36-4433	410	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c			or has been notified	it is exempt from re	gistration	
or nothing.							

132081 10-21-21

Schedule G (Form 990) 2021

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

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			CELEBRATION	BREATHE DEEP		· · ·			
			OF HOPE GALA	ANYWHERE	19	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Revenue					· · · · · · · · · · · · · · · · · · ·				
ver	1	Gross receipts	466,805.	245,401.	1,373,494.	2,085,700.			
Re	ı.	aross rescripte	200,0001						
	2	Less: Contributions	441,745.	245,401.	1,360,108.	2,047,254.			
	_	2000. Contributions							
	3	Gross income (line 1 minus line 2)	25,060.		13,386.	38,446.			
_	_	Greece income (into 1 minute into 2)	23,0001		23,3331	30,1101			
	4	Cash prizes							
	7	Odon prizes							
	5	Noncash prizes							
S	3	Noncash prizes							
nse	6	Rent/facility costs	55,656.		40,676.	96,332.			
kpe	0	nerioracility costs	33,030.		40,070•	70,332.			
Direct Expenses	_	Food and houseness	113,956.		20,803.	134,759.			
je	7	Food and beverages	113,930.		20,003.	134,739.			
Ճ		Entertainment							
	8	Entertainment		12,920.	48,096.	108,061.			
	9	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		339,152.			
	10					-300,706.			
11 Net income summary. Subtract line 10 from line 3, column (d) → 3 0 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Fait IV, line 19, Of 1	eported more than				
		\$15,000 0111 01111 990-EZ, line 0a.	1	(b) Pull tabs/instant		(d) Total gaming (add			
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
Revenue				sings/progressive sings		con (a) amough con (o)			
Вè	_	0							
	1	Gross revenue							
		Ocale acine							
es	2	Cash prizes							
Direct Expenses		Managalandas							
Ϋ́	3	Noncash prizes							
ž.		Dont/facility agets							
Dire	4	Rent/facility costs							
	_	Other direct consess							
	5	Other direct expenses		Van a					
		Mali veta av Jahav	Yes %	Yes %	Yes %				
	6	Volunteer labor	L No	L No	No				
	_	D: 1	5						
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>				
					_				
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		·····				
_	F	towthe etato(e) in unbight the engagination and	ioto gamina cativitias						
		ter the state(s) in which the organization condu							
		the organization licensed to conduct gaming a				Yes No			
b	IT "	No," explain:							
	_								
40-	14/-	are one of the expenientian's remine lies are	woled appeared at a tra-	regionate al direction de la territoria	voor?	Vaa Dii			
		ere any of the organization's gaming licenses re				Yes No			
0) IT "	Yes," explain:							
	_								

Schedule G (Form 990) 2021

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Sche	dule G (Form 990) 2021 LUNGEVITY FOUNDATION, INC. 36-4	#4224T0	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			-

132083 10-21-21

Schedule G	(Form 990)	LUNGEVITY	FOUNDATION,	INC.	36-4433410	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued))			
-						
-						
-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

Name of the organization LUNGEVITY	FOUNDATI	ON, INC.					Employer identification number $36-4433410$
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro- 	stance? ocedures for moni	toring the use of grant	t funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	-	-	lne line 1 table				_

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

(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	27	3,024,136.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
FUNDS ARE DISTRIBUTED TO LUNGEVITY	'S MEDICA	L INVESTIC	SATORS FOR	STUDIES THAT	
HAVE BEEN PRE-APPROVED BY THE ORGA	NIZATION.	LUNGEVITY	RECEIVES	PROGRESS	
REPORTS FOR STUDIES AT THE MID-POI	NT OF THE	STUDY TER	RM (IF TERM	IS MORE	
THAN ONE YEAR) AND AT THE COMPLETI	ON OF THE	STUDY. FO	OR MULTI-YE	AR STUDIES,	
LUNGEVITY DECIDES WHETHER TO FUND	SUBSEOUEN	T YEARS, E	BASED ON TH	E	
PERFORMANCE OF MEDICAL INVESTIGATO					
I BREOKHANCE OF MEDICAL INVESTIGATO	/IX •				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

LUNGEVITY FOUNDATION, INC.

 $Employer\ identification\ number\\ 36-4433410$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, ,	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	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			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			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) UPAL BASU ROY	(i)	185,005.	0.	0.	7,400.	25,534.	217,939.	0.
EXECUTIVE DIRECTOR OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA NETTER	(i)	198,794.	0.	0.	7,952.	9,816.	216,562.	0.
COO & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REBECCA BULL	(i)	166,097.	0.	0.	6,644.	25,534.	198,275.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEANNE REGNANTE	(i)	182,482.	0.	0.	0.	9,816.	192,298.	0.
CHIEF HEALTH EQUITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LINDA WENGER	(i)	170,607.	0.	0.	6,824.	9,816.	187,247.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICOLE MARTIN	(i)	155,150.	0.	0.	6,206.	9,816.	171,172.	0.
DIR OF PRECISION MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KRISTEN SANTIAGO	(i)	134,174.	0.	0.	5,367.	25,534.	165,075.	0.
SR DIR PUBLIC POLICY INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY MOORE	(i)	121,154.	0.	0.	4,846.	25,534.	151,534.	0.
VP GLOBAL ENGAGEMENT & PATIENT PSHPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MERIAM DRISS	(i)	121,679.	0.	0.	3,650.	25,534.	150,863.	0.
VP OF STRATEGIC PSHPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Tartin Cappicinental 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

LUNGEVITY FOUNDATION, INC. Employer identification number 36-4433410

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of d noncash contrib	etermin		S
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									
9	Intellectual property Securities - Publicly traded	X	13	9.4	,162.				
10	Securities - Closely held stock		13	J = /	, 102.				
	Securities - Closely field stock Securities - Partnership, LLC, or								
11	* ' · · · · · · · · · · · · · · · · · ·								
10	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
44	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		_		0.4.0				
25	Other ► (FUNDRAISING E)	X	4	27,	,040.	F'MV			
26	Other ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz		,						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ementL	29				
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	s 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't require	d to be us	ed for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard	contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column	(a) is chec	ked,			
	describe in Part II.								
ГНА	For Paperwork Reduction Act Notice see	the Instruct	tions for Form 900	,		Schodule I	A /Earn	~ 000)	2021

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LUNGEVITY FOUNDATION, INC. **Employer identification number**

36-4433410 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,

EXPENSES \$ 880,790. 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) 2021

NATIONAL SURVIVOR SUMMITS

<u>Schedule O (Form 990) 2021</u>

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 APPROVED 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

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021		Page 2
Name of the organization	UNGEVITY FOUNDATION, INC.	Employer identification number 36-4433410
INDEPENDENTLY DE	TERMINE COMPENSATION FOR A SENIOR ORGANIZA	TION OFFICIAL.
THEY USE A NUMBE	R OF FACTORS IN ORDER TO DETERMINE COMPENS	SATION, INCLUDING
(1)THEIR UNDERST	ANDING OF RELEVANT COMPENSATION PROGRAMS I	N BOTH THE
FOR-PROFIT AND N	ONPROFIT SECTORS, (2) COMPENSATION SURVEYS	FOR NONPROFIT
EXECUTIVES MANAG	ING SIMILAR SIZED ORGANIZATION PROVIDED BY	INDUSTRY
EMPLOYMENT AND B	ENEFITS CONSULTANTS AND (3) EVALUATION AND	PERFORMANCE
METRICS TO JUDGE	THE PERFORMANCE OF THE FOUNDATION.	
FORM 990, PART V	I, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA,CO,FL,ME,MD,I	L,MA,MS,NH,NJ,NY,NC,ND,OH,OK,OR,RI,SC,UT,V	A,WA,WI
FORM 990, PART V	I, SECTION C, LINE 19:	
ALL GOVERNING DO	CUMENTS AND CONFLICT OF INTEREST POLICY AR	RE AVAILABLE TO
THE PUBLIC UPON	REQUEST. FINANCIAL STATEMENTS ARE AVAIALE	BLE ON THE
ORGANIZATION'S W	EBSITE OR UPON REQUEST.	
FORM 990, PART I	X, LINE 11G, OTHER FEES:	
EVENT MANAGEMENT	:	
PROGRAM SERVICE	EXPENSES	61,342.
MANAGEMENT AND G	ENERAL EXPENSES	4,699.
FUNDRAISING EXPE	NSES	13,436.
TOTAL EXPENSES		79,477.
RECRUITING:		
PROGRAM SERVICE	EXPENSES	5,917.
MANAGEMENT AND G	ENERAL EXPENSES	883.
FUNDRAISING EXPE	NSES	1,123.
TOTAL EXPENSES		7,923.
132212 11-11-21	4.4	Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page
Name of the organization LUNGEVITY FOUNDATION, INC.	Employer identification number 36-4433410
PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES	1,673,895.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,673,895.
CONTENT DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	424,551.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	424,551.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	9,093.
MANAGEMENT AND GENERAL EXPENSES	1,373.
FUNDRAISING EXPENSES	1,704.
TOTAL EXPENSES	12,170.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,198,016.