**PUBLIC DISCLOSURE COPY**

**Return of Organization Exempt From Income Tax**

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.**

### Form 990

**Department of the Treasury**  
**Internal Revenue Service**

**For the 2021 calendar year, or tax year beginning** JUL 1, 2021 **and ending** JUN 30, 2022

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**C Name of organization**: LUNGEVITY FOUNDATION, INC.

**D Employer identification number**: 36-4433410

**E Telephone number**: 312-407-6100

**G Gross receipts $**: 15,241,593.

**H(a)** Is this a group return for subordinates? **Yes** X **No**

**H(b)** Are all subordinates included? **Yes** X **No**

If "No," attach a list. See instructions

**J Website**: WWW.LUNGEVITY.ORG

**K Form of organization**: X Corporation  
Trust  
Association  
Other

**L Year of formation**: 2001  
**M State of legal domicile**: IL

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**Part I**  
**Summary**

1. Briefly describe the organization’s mission or most significant activities: **SEE SCHEDULE O**

2. **Check this box** if the organization discontinued its operations or disposed of more than 25% of its net assets.

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**Activities & Governance**

- **3 Number of voting members of the governing body (Part VI, line 1a)**
- **4 Number of independent voting members of the governing body (Part VI, line 1b)**
- **5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)**
- **6 Total number of volunteers (estimate if necessary)**

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**Revenue**

<table>
<thead>
<tr>
<th>Revenue Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>16,238,414</td>
<td>14,845,849</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Investment income (Part VIII, column A), lines 3, 4, and 7d</td>
<td>13,862</td>
<td>-1,710</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column A), lines 5, 6d, 8c, 9c, 10c, and 11e</td>
<td>0</td>
<td>-300,706</td>
</tr>
<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column A, line 12)</td>
<td>16,252,276</td>
<td>14,543,433</td>
</tr>
</tbody>
</table>

---

**Expenses**

<table>
<thead>
<tr>
<th>Expenses Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column A), lines 1-3</td>
<td>2,463,771</td>
<td>3,024,136</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column A, line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other expenses (Part IX, column A, lines 11a-11d, 11f-24e)</td>
<td>4,205,800</td>
<td>5,571,837</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column D, line 25)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other expenses (Part IX, column A, lines 11a-11d, 11f-24e)</td>
<td>3,800,532</td>
<td>5,067,178</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25)</td>
<td>10,470,103</td>
<td>13,663,151</td>
</tr>
<tr>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>5,782,173</td>
<td>880,282</td>
</tr>
</tbody>
</table>

---

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets (Part X, line 16)</td>
<td>11,167,743</td>
<td>12,082,053</td>
</tr>
<tr>
<td>Total liabilities (Part X, line 26)</td>
<td>354,815</td>
<td>388,843</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>10,812,928</td>
<td>11,693,210</td>
</tr>
</tbody>
</table>

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**Part II**  
**Signature Block**

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

**Signature of officer**

**ANDREA STERN FERRIS, PRESIDENT & CEO**

**Date**

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**Print/Type preparer’s name**

**JAMES G. QUAID**

**Date** 12/08/22  
**Check** I am self-employed  
**PTIN** 00641738

**Preparer’s signature**

**Date**

---

**Firm’s name**

**OSTROW REISEN BERK & ABRAMS, LTD.**

**Firm’s EIN** 36-2938874

**Firm’s address**

**455 N CITYFRONT PLAZA DR, SUITE 1500**  
**CHICAGO, IL  60611**

**Phone no.** 312-670-7444

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**May the IRS discuss this return with the preparer shown above?** See instructions **X Yes  No**

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**Form 990 (2021)**

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**For Paperwork Reduction Act Notice, see the separate instructions.**

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132001 12-09-21 LHA
### Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

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

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

If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

#### 4a

<table>
<thead>
<tr>
<th>Code:</th>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,561,795.</td>
<td>2,514,228.</td>
<td></td>
</tr>
</tbody>
</table>

**RESEARCH SERVICES – FUNDING CLINICAL RESEARCH AWARDS IN LUNG CANCER TO BRING ADVANCES IN CLINICAL RESEARCH MORE RAPIDLY TO PATIENT CARE.**

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#### 4b

<table>
<thead>
<tr>
<th>Code:</th>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,799,545.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT AND PUBLIC EDUCATION – CREATES, UPDATES AND MAINTAINS A COLLECTION OF EDUCATIONAL TOOLS AND MATERIALS FOR PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS**

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#### 4c

<table>
<thead>
<tr>
<th>Code:</th>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,712,552.</td>
<td>509,908.</td>
<td></td>
</tr>
</tbody>
</table>

**IMPROVING ACCESS TO CARE – WORKS TO IMPROVE ACCESS TO LIFE-SAVING CARE IN UNDERSERVED COMMUNITIES THROUGH VARIOUS INITIATIVES, INCLUDING EFFORTS TO STREAMLINE THE CLINICAL TRIAL PROCESS AND MAKE IT MORE ACCESSIBLE TO PATIENTS, AND ENSURING BIOMARKER TESTING IS AVAILABLE TO ALL PATIENTS DIAGNOSED WITH NON-SMALL CELL LUNG CANCER.**

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Other program services (Describe on Schedule O.)

<table>
<thead>
<tr>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>880,790.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total program service expenses**

11,954,682.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Schedules</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>11b</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E</td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If “Yes,” complete Schedule F, Parts I and IV</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H</td>
<td>X</td>
</tr>
<tr>
<td>20b</td>
<td>b. If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If “Yes,” complete Schedule I, Parts I and II</td>
<td>X</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Part IV Checklist of Required Schedules (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28a A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35b If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**Part V  Statements Regarding Other IRS Filings and Tax Compliance**

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendar year ending with or within the year covered by this return.  

| 2a | 46 |

b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

| 2b | X |

**Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?  

| 3a | X |

b. If "Yes," has it filed a Form 990-T for this year?  

| 3b | |

If "No" to line 3b, provide an explanation on Schedule O.

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)?  

| 4a | X |

b. If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

| 5a | X |

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

| 5b | X |

c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  

| 5c | |

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  

| 6a | X |

b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

| 6b | |

7. Organizations that may receive deductible contributions under section 170(c).  

| 7a | X |

b. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  

| 7b | X |

c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  

| 7c | X |

d. If "Yes," indicate the number of Forms 8282 filed during the year.  

| 7d | |

e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

| 7e | X |

f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  

| 7f | X |

g. Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

| 7g | |

h. Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  

| 7h | |

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  

| 8 | |

9. Sponsoring organizations maintaining donor advised funds.  

| 9a | |

b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

| 9b | |

10. Section 501(c)(7) organizations. Enter:  

| 10a | |

b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  

| 10b | |

11. Section 501(c)(12) organizations. Enter:  

| 11a | |

b. Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  

| 11b | |

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  

| 12a | |

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  

| 12b | |

13. Section 501(c)(29) qualified nonprofit health insurance issuers.  

| 13a | |

b. Is the organization licensed to issue qualified health plans in more than one state?  

| 13b | |

Note: See the instructions for additional information the organization must report on Schedule O.  

| 13c | |

14a. Did the organization receive any payments for indoor tanning services during the tax year?  

| 14a | X |

b. If "Yes," has it filed a Form 720 to report these payments?  

| 14b | |

15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  

| 15 | X |

If "Yes," see the instructions and file Form 4720, Schedule N.

16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  

| 16 | X |

If "Yes," complete Form 4720, Schedule O.

17. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  

| 17 | |

If "Yes," complete Form 6069.
### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b. Enter the number of voting members included on line 1a, above, who are independent.

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5. Did the organization become aware during the year of a significant diversion of the organization’s assets?

6. Did the organization have members or stockholders?

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a. The governing body?

   b. Each committee with authority to act on behalf of the governing body?

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.

### Section B. Policies

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

10a. Did the organization have local chapters, branches, or affiliates?

   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?

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

   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

   b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

   c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe on Schedule O how this was done.

13. Did the organization have a written whistleblower policy?

14. Did the organization have a written document retention and destruction policy?

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?

   a. The organization’s CEO, Executive Director, or top management official

   b. Other officers or key employees of the organization

   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?

   b. If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed. See Schedule O.

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

   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 financial statements available to the public during the tax year.

20. State the name, address, and telephone number of the person who possesses the organization’s books and records.

   BARBARA NETTER - 312-407-6100
   228 S. WABASH AVENUE, SUITE 700, CHICAGO, IL 60604
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 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.

#### Positional Responsibilities

- President & CEO
- Executive Director of Research
- COO & CFO
- Chief Development Officer
- Chief Health Equity Officer
- Chief Marketing Officer
- Director of Precision Medicine
- Senior Director of Public Policy Initiatives
- VP Global Engagement & Patient PSHPS
- VP of Strategic PSHPS
- Chairman
- Secretary
- Treasurer
- Director
- Director
- Director

#### Compensation Details

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Stern Ferris</td>
<td>40.00</td>
<td>x</td>
<td>x</td>
<td>244,371</td>
<td>0.0</td>
<td>25,534</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upal Basu Roy</td>
<td>40.00</td>
<td>x</td>
<td>185,005</td>
<td>0.0</td>
<td>32,934</td>
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</tr>
<tr>
<td>Barbara Netter</td>
<td>40.00</td>
<td>x</td>
<td>198,794</td>
<td>0.0</td>
<td>17,768</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Bull</td>
<td>40.00</td>
<td>x</td>
<td>166,097</td>
<td>0.0</td>
<td>32,178</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Wenger</td>
<td>40.00</td>
<td>x</td>
<td>182,482</td>
<td>0.0</td>
<td>9,816</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Nicole Martin</td>
<td>40.00</td>
<td>x</td>
<td>170,607</td>
<td>0.0</td>
<td>16,640</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Kristen Santiago</td>
<td>40.00</td>
<td>x</td>
<td>155,150</td>
<td>0.0</td>
<td>16,022</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP Global Engagement &amp; Patient PSHPS</td>
<td>40.00</td>
<td>x</td>
<td>134,174</td>
<td>0.0</td>
<td>30,901</td>
<td></td>
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<tr>
<td>Meriam Driss</td>
<td>40.00</td>
<td>x</td>
<td>121,154</td>
<td>0.0</td>
<td>30,380</td>
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<tr>
<td>Alex Stern</td>
<td>2.00</td>
<td>x</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Stigger</td>
<td>2.00</td>
<td>x</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Galli</td>
<td>2.00</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lynne Doughtie</td>
<td>2.00</td>
<td>x</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>William Jones</td>
<td>2.00</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jennifer Kashatus</td>
<td>2.00</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Marquis</td>
<td>2.00</td>
<td>x</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) ANDRE OWENS DIRECTOR</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) MICHAEL PARISI DIRECTOR</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) DR. CHARLES RUDIN DIRECTOR</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) ANDREW STERN DIRECTOR</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) PAUL G. STERN DIRECTOR</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) ROBERT WINN DIRECTOR</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Part VII (continued)**

1b Subtotal ➤ 1,679,513. 0. 241,357.
1c Total from continuation sheets to Part VII, Section A ➤ 0. 0. 0.
1d Total (add lines 1b and 1c) ➤ 1,679,513. 0. 241,357.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ➤ 14

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ➤ 3 X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual ➤ 4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ➤ 5 X

**Section B. Independent Contractors**

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLATFORMQ HEALTH EDUCATION</td>
<td>EDUCATIONAL SERVICES</td>
<td>155,000.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➤ 1
### Form 990 (2021) Statement of Revenue

LUNGEVITY FOUNDATION, INC.  
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#### Part VIII

**Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>2,047,254.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>$121,202.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>$14,845,849.</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2,932.</td>
<td>2,932.</td>
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</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>354,366.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>359,008.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>-4,642.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>-4,642.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ 2,047,254. of contributions reported on line 1c). See Part IV, line 18</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>38,446.</td>
<td></td>
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</tr>
<tr>
<td>8b</td>
<td>339,152.</td>
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<td></td>
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</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>-300,706.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total revenue. See instructions</th>
<th>14,543,433.</th>
<th>0.</th>
<th>0.</th>
<th>-302,416.</th>
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</thead>
</table>

**Statement of Revenue**

LUNGEVITY FOUNDATION, INC.  
36-4433410 Page 9

<table>
<thead>
<tr>
<th>Form 990 (2021)</th>
<th>132009 12-09-21</th>
</tr>
</thead>
</table>

9

15381208 311101 89261.000  
2021.05010 LUNGEVITY FOUNDATION, INC 89261.01
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
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<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>3,024,136.</td>
<td>3,024,136.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>1,053,570.</td>
<td>812,100.</td>
<td>162,033.</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>3,555,561.</td>
<td>2,633,916.</td>
<td>359,911.</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>1,053,570.</td>
<td>812,100.</td>
<td>162,033.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>113,252.</td>
<td>85,673.</td>
<td>10,361.</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>514,870.</td>
<td>381,529.</td>
<td>58,432.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>334,584.</td>
<td>249,985.</td>
<td>37,745.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>111,302.</td>
<td>8,442.</td>
<td>1,259.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td>136,240.</td>
<td>67,035.</td>
<td>69,205.</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>2,198,016.</td>
<td>2,174,798.</td>
<td>6,955.</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>478,705.</td>
<td>413,049.</td>
<td>25,320.</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>136,240.</td>
<td>67,035.</td>
<td>69,205.</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>136,240.</td>
<td>67,035.</td>
<td>69,205.</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>277,935.</td>
<td>207,592.</td>
<td>30,962.</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)</td>
<td>26,860.</td>
<td>20,062.</td>
<td>2,992.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>1,454,654.</td>
<td>1,450,926.</td>
<td>3,728.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>14,560.</td>
<td>10,875.</td>
<td>1,622.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>334,584.</td>
<td>249,985.</td>
<td>37,745.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>381,209.</td>
<td>343,741.</td>
<td>37,468.</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>13,663,151.</td>
<td>11,954,682.</td>
<td>702,497.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>$1,543,263</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>$7,139,673</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>$1,125,104</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>$872,707</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>$433,524</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>$113,511</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>$37,339</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>$16,133</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>$11,167,743</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>$31,779</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>$354,815</td>
</tr>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>$4,918,188</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>$5,894,740</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>$10,812,928</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>$11,167,743</td>
</tr>
</tbody>
</table>

Form 990 (2021)
### Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>14,543,433.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>13,663,151.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>880,282.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>10,812,928.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>11,693,210.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash ☐ Accrual ☒ Other ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Form 990 (2021)*
### Part I: Reason for Public Charity Status

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Box Selected</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations ..................................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s). ..................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table of Supported Organizations

<table>
<thead>
<tr>
<th>Name of supported organization</th>
<th>EIN</th>
<th>Type of organization (described on lines 1-10 above)</th>
<th>Is the organization listed in your governing document?</th>
<th>Amount of monetary support</th>
<th>Amount of other support</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNGEVITY FOUNDATION, INC.</td>
<td>36-4433410</td>
<td>(Complete Part II.)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule A (Form 990) 2021

LUNGEVITY FOUNDATION, INC. 36-4433410 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in)

Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>8053299.</td>
<td>8411087.</td>
<td>11507366.</td>
<td>16238414.</td>
<td>15131849.</td>
<td>59342015.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>8053299.</td>
<td>8411087.</td>
<td>11507366.</td>
<td>16238414.</td>
<td>15131849.</td>
<td>59342015.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15848568.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43493447.</td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>8053299.</td>
<td>8411087.</td>
<td>11507366.</td>
<td>16238414.</td>
<td>15131849.</td>
<td>59342015.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>652.</td>
<td>855.</td>
<td>6,918.</td>
<td>9,316.</td>
<td>2,932.</td>
<td>20,673.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>59362688.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2021</th>
<th>(b) 2021</th>
<th>(c) 2021</th>
<th>(d) 2021</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))</td>
<td>14</td>
<td>73.27</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2020 Schedule A, Part II, line 14</td>
<td>15</td>
<td>75.99</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Section A. Public Support

### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. Subtract line 7c from line 6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. Add lines 9, 10c, 11, and 12.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>First 5 years.</strong> If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2020 Schedule A, Part III, line 15</td>
</tr>
</tbody>
</table>

## Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2020 Schedule A, Part III, line 17</td>
</tr>
</tbody>
</table>

### Support Schedule for Organizations Described in Section 509(a)(2)

- **Section A. Public Support**
- **Section B. Total Support**
- **Section C. Computation of Public Support Percentage**
- **Section D. Computation of Investment Income Percentage**

*Note: This form is for LUNGEVITY FOUNDATION, INC., with EIN 36-4433410.*
**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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and
      11c below, the governing body of a supported organization? 
      Yes No 11a
   b A family member of a person described on line 11a above?
      Yes No 11b
   c 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.
      Yes No 11c

Section B. Type I Supporting Organizations

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.
   Yes No 1

2 Did the organization operate for the benefit of any supported organization other than the supported
   organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in
   Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
   supervised, or controlled the supporting organization.
   Yes No 2

Section C. Type II Supporting Organizations

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).
   Yes No 1

Section D. All Type III Supporting Organizations

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?
   Yes No 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).
   Yes No 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 of the organization’s
   supported organizations played in this regard.
   Yes No 3

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a [] 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.
   c [] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.
   a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of
      the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify
      those supported organizations and explain how these activities directly furthered their exempt purposes,
      how the organization was responsive to those supported organizations, and how the organization determined
      that these activities constituted substantially all of its activities.
      Yes No 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.
      Yes No 2b

3 Parent of Supported Organizations. Answer lines 3a and 3b below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
      trustees of each of the supported organizations? If “Yes” or “No” provide details in Part VI.
      Yes No 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.
      Yes No 3b
### Part VI

**See instructions.**

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

---

**Schedule A (Form 990) 2021**
### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2021 (reasonable cause required - <em>explain in Part VI</em>). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2021</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2017</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2018</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2019</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2020</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through 3e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2016 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2021 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4,</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <em>explain in Part VI</em>. See instructions.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <em>explain in Part VI</em>. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2017</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2018</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2019</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2020</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2021</td>
<td></td>
</tr>
</tbody>
</table>
Part VI

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

(See instructions.)
**Supplemental Financial Statements**

**Part I**

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**Part II**

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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

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

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

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

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

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

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

**Part III**

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

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

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

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

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included on Form 990, Part X
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange program
   e Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? [ ] Yes [ ] No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No
   b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No
   b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment %
   b Permanent endowment %
   c Term endowment %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   i Unrelated organizations
   ii Related organizations

   If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Part VI  Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>35,026.</td>
<td>25,712.</td>
<td>9,314.</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>78,485.</td>
<td>61,762.</td>
<td>16,723.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 26,037.
### Part VII Investments - Other Securities

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
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<tr>
<td>(D)</td>
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<tr>
<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<td>(6)</td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

### Part X Other Liabilities

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

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) <strong>DEFERRED RENT</strong></td>
<td><strong>17,047.</strong></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) **17,047.**
Schedule D (Form 990) 2021

LUNGEVITY FOUNDATION, INC.

36-4433410

Page 4

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1  Total revenue, gains, and other support per audited financial statements .................................................. 1  14,890,458.

2  Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a  Net unrealized gains (losses) on investments .................................................................................. 2a  
   b  Donated services and use of facilities ............................................................................... 2b  347,800.
   c  Recoveries of prior year grants ......................................................................................... 2c  
   d  Other (Describe in Part XIII.) ......................................................................................... 2d  
   e  Add lines 2a through 2d ....................................................................................... 2e  347,800.

3  Subtract line 2e from line 1 .................................................................................. 3  14,542,658.

4  Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a  Investment expenses not included on Form 990, Part VIII, line 7b .................................. 4a  775.
   b  Other (Describe in Part XIII.) ......................................................................................... 4b  
   c  Add lines 4a and 4b ....................................................................................... 4c  775.

5  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ............................. 5  14,543,433.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1  Total expenses and losses per audited financial statements .......................................................... 1  14,010,176.

2  Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a  Donated services and use of facilities .................................................................................. 2a  347,800.
   b  Prior year adjustments .............................................................................................................. 2b  
   c  Other losses ......................................................................................................................... 2c  
   d  Other (Describe in Part XIII.) .......................................................................................... 2d  
   e  Add lines 2a through 2d ............................................................................................... 2e  347,800.

3  Subtract line 2e from line 1 ............................................................................................... 3  13,662,376.

4  Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a  Investment expenses not included on Form 990, Part VIII, line 7b .................................. 4a  775.
   b  Other (Describe in Part XIII.) .......................................................................................... 4b  
   c  Add lines 4a and 4b ............................................................................................... 4c  775.

5  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ............................. 5  13,663,151.

Part XIII | Supplemental Information.

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:

Supplemental Information Regarding Fundraising or Gaming Activities

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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [ ] No
   b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________
   ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________
   ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________
   ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________
   ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________
   ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________  ____________________________________________________
## 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.

<table>
<thead>
<tr>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELEBRATION OF HOPE GALA</td>
<td>BREATHE DEEP ANYWHERE</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Gross receipts</td>
<td>Gross receipts</td>
<td>Gross receipts</td>
<td>2,085,700.</td>
</tr>
<tr>
<td>466,805.</td>
<td>245,401.</td>
<td>1,373,494.</td>
<td>2,085,700.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td></td>
<td>1,360,108.</td>
<td>2,047,254.</td>
</tr>
<tr>
<td>441,745.</td>
<td>245,401.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td></td>
<td>13,386.</td>
<td>38,446.</td>
</tr>
<tr>
<td>25,060.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Direct Expenses

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td>40,676.</td>
<td>96,332.</td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td>55,656.</td>
<td>9,270.</td>
<td>64,926.</td>
</tr>
<tr>
<td>Food and beverages</td>
<td>113,956.</td>
<td>20,803.</td>
<td>134,759.</td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>47,045.</td>
<td>12,920.</td>
<td>59,965.</td>
</tr>
<tr>
<td>Total</td>
<td>245,401.</td>
<td>245,401.</td>
<td>390,802.</td>
</tr>
</tbody>
</table>

### Revenue

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>466,805.</td>
<td>245,401.</td>
<td>1,373,494.</td>
<td>2,085,700.</td>
</tr>
</tbody>
</table>

### Direct Expense Summary

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total gross receipts</td>
<td>2,085,700.</td>
<td></td>
</tr>
<tr>
<td>Less: Direct expenses</td>
<td>245,401.</td>
<td></td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>38,446.</td>
<td></td>
</tr>
</tbody>
</table>

### Net Income Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income (line 1 minus line 2)</td>
<td>38,446.</td>
</tr>
</tbody>
</table>

## 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.

### Direct Expenses

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Revenue

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Direct Expense Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total gross receipts</td>
<td></td>
</tr>
<tr>
<td>Less: Direct expenses</td>
<td></td>
</tr>
</tbody>
</table>

### Net Gaming Income Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net gaming income</td>
<td></td>
</tr>
</tbody>
</table>

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

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

b) If "No," explain:

9a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? □ Yes □ No

b) If "Yes," explain:

---

Schedule G (Form 990) 2021
Schedule G (Form 990) 2021

LUNGEVITY FOUNDATION, INC. 36-4433410 Page 3

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility ☐ Yes ☐ No
   b An outside facility ☐ Yes ☐ No

   %

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 ▶ $ and the amount of gaming revenue retained by the third party ▶ $.

   c If "Yes," enter name and address of the third party:

Name ▶
Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
## Part I: General Information on Grants and Assistance

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
<td>X Yes  No</td>
</tr>
<tr>
<td>2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
<td></td>
</tr>
</tbody>
</table>

## Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section (if applicable)</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

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

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

Schedule I (Form 990) 2021
## Grants and Other Assistance to Domestic Individuals

Part III can be duplicated if additional space is needed.

### (a) Type of grant or assistance
<table>
<thead>
<tr>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNG CANCER RESEARCH</td>
<td>27</td>
<td>3,024,136.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV Supplemental Information

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

**PART I, LINE 2:**

FUNDS ARE DISTRIBUTED TO LUNGEVITY'S MEDICAL INVESTIGATORS FOR STUDIES THAT HAVE BEEN PRE-APPROVED BY THE ORGANIZATION. LUNGEVITY RECEIVES PROGRESS REPORTS FOR STUDIES AT THE MID-POINT OF THE STUDY TERM (IF TERM IS MORE THAN ONE YEAR) AND AT THE COMPLETION OF THE STUDY. FOR MULTI-YEAR STUDIES, LUNGEVITY DECIDES WHETHER TO FUND SUBSEQUENT YEARS, BASED ON THE PERFORMANCE OF MEDICAL INVESTIGATOR.
Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
Part II
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ANDREA STERN FERRIS</td>
<td>(i) 244,371. 0. 0. 0. 25,534. 269,905. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 216,562. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td>(2) UPAL BASU ROY</td>
<td>(i) 185,005. 0. 0. 7,400. 25,534. 217,939. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 216,562. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR OF RESEARCH</td>
<td>(3) BARBARA NETTER</td>
<td>(i) 198,794. 0. 0. 7,952. 9,816. 216,562. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 216,562. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>COO &amp; CFO</td>
<td>(4) REBECCA BULL</td>
<td>(i) 166,097. 0. 0. 6,644. 25,534. 198,275. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 216,562. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CHIEF DEVELOPMENT OFFICER</td>
<td>(5) JEANNE REGNANTE</td>
<td>(i) 182,482. 0. 0. 0. 9,816. 192,298. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 192,298. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CHIEF HEALTH EQUITY OFFICER</td>
<td>(6) LINDA WENGER</td>
<td>(i) 170,607. 0. 0. 6,824. 9,816. 187,247. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 187,247. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CHIEF MARKETING OFFICER</td>
<td>(7) NICOLE MARTIN</td>
<td>(i) 155,150. 0. 0. 6,206. 9,816. 171,172. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 9,816. 171,172. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>DIR OF PRECISION MEDICINE</td>
<td>(8) KRISTEN SANTIAGO</td>
<td>(i) 134,174. 0. 0. 5,367. 25,534. 165,075. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 25,534. 165,075. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>SR DIR PUBLIC POLICY INITIATIVES</td>
<td>(9) AMY MOORE</td>
<td>(i) 121,154. 0. 0. 4,846. 25,534. 151,534. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 25,534. 151,534. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>VP GLOBAL ENGAGEMENT &amp; PATIENT PSHPS</td>
<td>(10) MERIAM DRISS</td>
<td>(i) 121,679. 0. 0. 3,650. 25,534. 150,863. 0.</td>
<td>(ii) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0. 0. 0. 25,534. 150,863. 0.</td>
<td>(1) 0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>VP OF STRATEGIC PSHPS</td>
<td>(11)</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(1)</td>
</tr>
<tr>
<td></td>
<td>(12)</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(1)</td>
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<td>(17)</td>
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<td>(18)</td>
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<td>(19)</td>
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<td>(ii)</td>
<td>(iii)</td>
<td>(1)</td>
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<tr>
<td></td>
<td>(20)</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2021
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.
## Part I: Types of Property

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>13</td>
<td>94,162.</td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
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</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>(FUNDRAISING E)</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Noncash Contributions

- **Check if applicable**: 
- **Number of contributions or items contributed**: 
- **Noncash contribution amounts reported on Form 990, Part VIII, line 1g**: 
- **Method of determining noncash contribution amounts**: 

#### 30a
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **Yes**

#### 31
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **Yes**

#### 32a
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **Yes**

#### 33
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule M (Form 990) 2021**
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF LUNGEVITY FOUNDATION IS TO HAVE A MEANINGFUL AND IMMEDIATE IMPACT ON IMPROVING LUNG CANCER SURVIVAL RATES, ENSURE A HIGHER QUALITY OF LIFE FOR LUNG CANCER PATIENTS, AND PROVIDE A COMMUNITY FOR THOSE IMPACTED BY LUNG CANCER.

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

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

LUNGEVITY FOUNDATION IS FIRMLY COMMITTED TO MAKING AN IMMEDIATE IMPACT ON INCREASING QUALITY-OF-LIFE AND SURVIVORSHIP OF PEOPLE WITH LUNG CANCER BY ACCELERATING RESEARCH INTO EARLY DETECTION AND MORE EFFECTIVE TREATMENTS, AS WELL AS PROVIDING COMMUNITY, SUPPORT AND EDUCATION FOR ALL THOSE AFFECTED BY THE DISEASE.

LUNGEVITY MOVES FORWARD FIRMLY RESOLVED TO PROVIDE THE ENERGY, INSPIRATION, AND RESOURCES THAT ARE CRITICAL TO MAKING LUNG CANCER A NATIONAL PRIORITY. LUNGEVITY IS A RESPONSIBLE STEWARD OF YOUR DONATION, SPENDING IT TO ACHIEVE OUR GOAL TO STOP LUNG CANCER NOW.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORT SERVICES - OFFERS THE LARGEST ONLINE NETWORK OF SUPPORT AND IN-PERSON SURVIVORSHIP PROGRAMS FOR ALL PEOPLE AFFECTED BY LUNG CANCER, INCLUDING MESSAGE BOARDS, PEER-TO-PEER SUPPORT MATCHING SERVICE, AND NATIONAL SURVIVOR SUMMITS.

EXPENSES $ 880,790. INCLUDING GRANTS OF $ 0. REVENUE $ 0.
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:

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, CO, FL, ME, MD, IL, MA, MS, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, UT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO
THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILALBE ON THE
ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

EVENT MANAGEMENT:

PROGRAM SERVICE EXPENSES 61,342.
MANAGEMENT AND GENERAL EXPENSES 4,699.
FUNDRAISING EXPENSES 13,436.
TOTAL EXPENSES 79,477.

RECRUITING:

PROGRAM SERVICE EXPENSES 5,917.
MANAGEMENT AND GENERAL EXPENSES 883.
FUNDRAISING EXPENSES 1,123.
TOTAL EXPENSES 7,923.
**Program Services:**

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**Content Development:**

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**Total Other Fees on Form 990, Part IX, Line 11G, Col A**

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