	***** THIS IS NOT A FILEABLE COPY *****		
Form 8879-EO	IRS e-file Signature Authorization		OMB No. 1545-1878
Form 00/9-EU	for an Exempt Organization For calendar year 2018, or fiscal year beginning , 2018, and ending	, 20	2010
Department of the Treasury	Do not send to the IRS. Keep for your records.	, <u> </u>	2018
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
LUNG CANCER F	OUNDATION OF AMERICA	20-8	730839
Name and title of officer			
DAVID STURGES			
FOUNDER & TRE			
	Return and Return Information (Whole Dollars Only)		
	Irn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr		
	a, below, and the amount on that line for the return being filed with this form was blank, lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab		
than one line in Part I.	lank (do not enter -0-). But, il you entered -0- on the return, then enter -0- on the applicab		v. Do hot complete more
			1 252 227
1a Form 990 check here		1b	1,333,437.
2a Form 990-EZ check he			
3a Form 1120-POL check	······································		
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		
Part II Declarat	tion and Signature Authorization of Officer		
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected	nount in Part I above is the amount shown on the copy of the organization's electronic re- der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organiz stitution to debit the entry to this account. To revoke a payment, I must contact the U.S an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries an a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.	the IRS and essing the re electronic f eation's fede . Treasury F institutions d resolve is	d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this inancial Agent at involved in the sues related to the
Officer's PIN: check one	box only		
X I authorize WI	NDES, INC.	to enter m	/ PIN 10441
	ERO firm name		Enter five numbers, but
			do not enter all zeros
is being filed wit	on the organization's tax year 2018 electronically filed return. If I have indicated within t h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen.		
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2018 this return that a copy of the return is being filed with a state agency(ies) regulating cha nter my PIN on the return's disclosure consent screen.		-
Officer's signature 🕨 🔭	*** THIS IS NOT A FILEABLE COPY *** Date		
Part III Certifica	tion and Authentication		
	our six-digit electronic filing identification		
	your five-digit self-selected PIN. 33755911166	5	

number (EFIN) followed by your five-digit self-selected PIN.

33755911166	
Do not enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature		WINDES,	INC.
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Date 🕨	05/	06	/19
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ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18

Form 8879-EO (2018)

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2018.03030 LUNG CANCER FOUNDATION OF A 10441__1

Form	990
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Department of the Treasury

0040

Internal Revenue Service

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.



		and e	ending		
B	Check if applicabl	e: C Name of organization		D Employer identific	cation number
	Addre	e LUNG CANCER FOUNDATION OF AMERICA			
	Name Chang			20-8	730839
	Initial		Room/suite	E Telephone number	
	Final return			(507)354-1361
_	termir ated	, , , , ,		G Gross receipts \$	1,365,339.
	Amen return	NEW OHM, MN 50075		H(a) Is this a group re	
	Applic tion pendi			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c)() + (insert no.) 4947(a)(1) o$	r 🔄 527		list. (see instructions)
		te: N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year of	of formation: 2007 N	State of legal domicile: MN
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	11SSIO	N OF LUNG C	
anc		FOUNDATION OF AMERICA (LCFA) IS THE DRAMA			IN
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		
Š	3				7
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots			7
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			2
ivit	6	Total number of volunteers (estimate if necessary)		6	77
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		844,482.	1,359,997.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,389.	2,117.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,904.	-8,877.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		879,775.	1,353,237.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	上	200,000.	400,646.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm}$		217,722.	268,414.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	1,925.
ž		Total fundraising expenses (Part IX, column (D), line 25) 95,84		000 011	44.4 50.1
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		289,011.	414,724.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		706,733.	1,085,709.
		Revenue less expenses. Subtract line 18 from line 12		173,042.	267,528.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		961,008.	1,316,759.
at As	21	Total liabilities (Part X, line 26)	上	353,527.	441,750.
_		Net assets or fund balances. Subtract line 21 from line 20		607,481.	875,009.
Pa	art II	Signature Block			

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

Sign Here	Signature of officer DAVID STURGES, FOUNDER Type or print name and title	R & TREASURER	Date					
Paid Preparer	Print/Type preparer's name DONITA M. JOSEPH Firm's name ⊾ WINDES, INC.	Fieparer S Signature	Date Check PTIN 05/06/19 ^{if} _{self-employed} P00286656 Firm's EIN ► 95-3001179					
Use Only	Firm's address P.O. BOX 87 LONG BEACH, CA	90801-0087	Phone no. (562) 435-1191					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) LUNG CANCER FOUNDATION OF AMERICA	20-8730839 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE MISSION OF LUNG CANCER FOUNDATION OF AMERICA (LCFA)) т.с. тне
	DRAMATIC IMPROVEMENT IN SURVIVORSHIP OF LUNG CANCER PAT	
	THE FUNDING OF TRANSFORMATIVE SCIENCE, WITH THE ULTIMAT	FE GOAL OF
	CURING THE DISEASE. TO ACCOMPLISH THIS, LCFA HAS WORKED	D TO RAISE BOTH
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otl	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 932,047. including grants of \$ 400,646.) (Reve	enue \$)
	EDUCATION AND ADVOCACY PROGRAM: AS PART OF THE LUNG CANCER FOUNDATION OF AMERICA'S (LCH	TA MISSION TO
	HELP FUND NEEDED LUNG CANCER RESEARCH, IT ALSO MUST UNI	
	AMOUNT OF EDUCATION WITH RESPECT TO NOT ONLY THE DISEAS	
	OF THE ART OF LUNG CANCER RESEARCH AS WELL. THIS EDUCAT	
	AWARENESS IS CARRIED OUT IN A NUMBER OF WAYS. IT INCLU	
	PUBLIC SERVICE ANNOUNCEMENTS, SATELLITE MEDIA TOURS, SO	
	PARTICIPATION IN LUNG CANCER SEMINARS/MEETINGS, THROUGH	
	WAY OF BROCHURES AND OTHER HANDOUTS, AND BY WAY OF NEWS PARTICIPATION IN TELEVISION PROGRAMS.	3 ARTICLES AND
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$
		<u> </u>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 932,047.	
		Form 990 (2018)
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Form	990	(2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	- 11	
12a	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 23	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> " <i>Yes</i> ," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	^ (2018)
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Form 990 (2018)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	37	
Pa	Note. All Form 990 filers are required to complete Schedule O	38	Х	
ral	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Roy 2 of Form 1006. Enter 0, if not applicable	5	Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b	ń		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c	х	
832004	(gambing) withings to phze withings :			(2018)
	1			,)

2018.03030 LUNG CANCER FOUNDATION OF A 10441__1

2018)	LUNG	CANCER	FOUNDATION	OF	AMERICA
Statements	Regardin	g Other IR	S Filings and Tax	Cor	npliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 23
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders N/A			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
5	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{2}$			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		v
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.			

Form **990** (2018)

832005 12-31-18

Form 990 (2018)

Part V

Form 990	(2018))
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LUNG CANCER FOUNDATION OF AMERICA

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

	Check if Schedule O contains a response or note to any line in this Part VI				
Sect	tion A. Governing Body and Management				_
			_	Yes	1
	Enter the number of voting members of the governing body at the end of the tax year	1a	./		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
	Enter the number of voting members included in line 1a, above, who are independent		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under th	he direct supervisio	n		
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		
6	Did the organization have members or stockholders?				
	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				t
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				┫
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal R		J	1	
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
					_
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	uy before filling the f			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	x	
		a ta conflicta?			+
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			x	
	in Schedule O how this was done			X	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		14		
	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ļ
	The organization's CEO, Executive Director, or top management official				4
	Other officers or key employees of the organization		1 5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			ļ
	taxable entity during the year?		16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MN , CA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-T (Section 5	01(c)(3)s onl	/) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	licy, and fina	ncial	
	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 bo	ooks and records 🕨	►		_
	LAWRENCE S. RACHMEL - (818)342-0808				
	6345 BALBOA BOULEVARD, #382, ENCINO, CA 91302				
2006	i 12-31-18		For	n 990) (
	6 506 794084 10441 2018.03030 LUNG CANCER FO				

Part VII	Co	mpensat	ion of	f Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	ated
	Em	ployees,	and	Independe	ent Contra	ctors		•	-	

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	more erson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KIM NORRIS PRESIDENT	30.00	x		x				0.	0.	14,136.
(2) DAVID STURGES	10.00									
TREASURER		x		x				0.	0.	0.
(3) SUSAN MANDEL, MD	10.00							•		
SECRETARY		x		x				0.	0.	0.
(4) MARTA KAUFFMAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(5) ROBERT FIGLIN, MD FACP	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) DAVID T. LEVINSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) MARTIN EDELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JIM BARANSKI	40.00									
EXECUTIVE DIRECTOR		х		х				155,435.	0.	13,452.
92007 10 21 19	<u> </u>	I	1	L		I	I	I		Form 990 (2018)

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Form **990** (2018)

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Form 99		CER FOUL	NDA	AT]	101	1 (OF	A	MERICA	20-8	<u>730</u>	839	Pa	ige 8
Part V	II Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson) than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	IS	com fre orga and	pensat om the anization d relate nization	e on ed
			-											
			-											
	ıb-total		-						155,435.		0.	2'	7,58	88.
c To d To	otal from continuation sheets to Part V otal (add lines 1b and 1c) otal number of individuals (including but r	I, Section A	·····			· · · · · · ·			0. 155,435.	,000 of reportab	0.		7,58	0.
	mpensation from the organization						,			· ·				1
	d the organization list any former officer, e 1a? <i>If "Yes," complete Schedule J for</i> s								•			3	Yes	No X
4 Fo	or any individual listed on line 1a, is the su Id related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot e J i	her compensation from for such individual	the organization		4	x	
	d any person listed on line 1a receive or a ndered to the organization? If "Yes," com	-				-			-			5		х
	n B. Independent Contractors	piete concau		0. 00		00.0								
	omplete this table for your five highest co e organization. Report compensation for	-	-								npens	ation f	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C comper		1
								_						
								_						
	tal number of independent contractors (i 00,000 of compensation from the organi	-	iot lii	mite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (2	.018)

832008 12-31-18

					OUNDATIO	N OF	AMERI	CA	20-8730	839 Page 9
Pa	rt V	/11								
_			Check if Schedule O cont	ains a response	or note to any lin		Part VIII … A)	(B)	(C)	
							revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
ts, (Am		с	Fundraising events	1c	31,048.					
Gifi		d	Related organizations	1d						
ini,		е	Government grants (contribut	ions) 1e						
er o		f	All other contributions, gifts, gran							
Jth D			similar amounts not included above							
onti od C		g	Noncash contributions included in lines	1a-1f: \$		1 250				
āČ		h	Total. Add lines 1a-1f			1,355	1,997.			
	~	_			Business Code					
Program Service Revenue	2									
Ser		b								
evel Svel		d								
Bas		e e								
Pro			All other program service reve	nue						
		a								
	3	0	Investment income (including							
			other similar amounts)		►	2	2,117.			2,117.
	4		Income from investment of tax							
	5		Royalties		►					
				(i) Real	(ii) Personal					
	6	а	Gross rents							
			Less: rental expenses	-						
			Rental income or (loss)							
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securities	(ii) Other					
			assets other than inventory							
		b	Less: cost or other basis							
		_	and sales expenses							
			Gain or (loss)							
			Net gain or (loss) Gross income from fundraising							
Other Revenue	0	a	including \$ 31,0							
eve			contributions reported on line							
гŖ			Part IV, line 18	,	3,225.					
the		b	Less: direct expenses		12,102.					
0			Net income or (loss) from func		►	- 8	8,877.			-8,877.
			Gross income from gaming ac	-	i					
			Part IV, line 19							
		b	Less: direct expenses	b						
		с	Net income or (loss) from gam	ning activities	►					
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale							
	44	_	Miscellaneous Revenu		Business Code					
	11	a b								
		с С								
		d	All other revenue							
			Total. Add lines 11a-11d							
	12	-	Total revenue. See instructions			1,353	3,237.	0.	0.	-6,760.
83200		31			F		-			Form 990 (2018)

⁹ 15040506 794084 10441 2018.03030 LUNG CANCER FOUNDATION OF A 10441__1

LUNG CANCER FOUNDATION OF AMERICA

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	i otal oxponoco	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	400,646.	400,646.		
~	individuals. See Part IV, line 22	400,040.	400,040.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	183,024.	118,966.	18,302.	45,756
6	Compensation not included above, to disqualified	105,024.	110,500.	10,502.	45,750
U I	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,687.	38,797.	5,968.	14,922
8	Pension plan accruals and contributions (include				,,
Č	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,423.	7,425.	1,142.	2,856
0	Payroll taxes	14,280.	9,282.	1,428.	2,856 3,570
1	Fees for services (non-employees):				-,
'a					
b					
c	•	15,750.		15,750.	
d					
e		1,925.			1,925
f	Investment management fees	_,,,			
g					
э	column (A) amount, list line 11g expenses on Sch 0.)	268,807.	256.941.		11,866
2	Advertising and promotion	71,667.	256,941. 70,959.	708.	,
3	Office expenses	15,721.		7,466.	8,255
4	Information technology	1,261.		1,191.	70
5	Royalties	_,			
6	Occupancy	2,036.		1,182.	854
7	Travel	29,509.	28,881.	275.	353
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	351.	150.	201.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	2,958.		2,118.	840
4	Other expenses. Itemize expenses not covered	,		-	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CREDIT CARD FEES	4,225.		4.	4,221
b	MEMBERSHIPS	1,698.		1,648.	50
c	STATE FILING FEES	275.		275.	
d	BANK CHARGES	266.		162.	104
e		200.			200
5	Total functional expenses. Add lines 1 through 24e	1,085,709.	932,047.	57,820.	95,842
5 6	Joint costs. Complete this line only if the organization	-,,			,-=
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	CANCER	FOUNDATION	OF	AMERICA	

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		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		376,591.	1	421,494.
	2	Savings and temporary cash investments		384,417.	2	405,542.
	3	Pledges and grants receivable, net		200,000.	3	489,723.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr).	-		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other			-	
	100	basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14				14	
	15	Intangible assets			15	
	16	Other assets. See Part IV, line 11		961,008.	16	1,316,759.
	17	Total assets. Add lines 1 through 15 (must equa Accounts payable and accrued expenses		28,527.	17	16,750.
	18			325,000.	17	425,000.
	10	Grants payable		525,000.	19	425,000
		Deferred revenue				
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to current and former				
bili		key employees, highest compensated employee				
Lia		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	<i>,</i> .			
				353,527.	25	441,750.
	26	Total liabilities. Add lines 17 through 25		555,527.	26	441,750.
		Organizations that follow SFAS 117 (ASC 958				
ces	-	complete lines 27 through 29, and lines 33 an		101 101		100 000
lan	27	Unrestricted net assets		<u>401,481.</u> 206,000.	27	409,809. 465,200.
Ba	28	Temporarily restricted net assets		200,000.	28	405,200.
pu	29				29	
Ľ.		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
s o		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		607 401	32	
~	33	Total net assets or fund balances		607,481.	33	875,009.
	34	Total liabilities and net assets/fund balances		961,008.	34	1,316,759.
						Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

	1 990 (2018) LUNG CANCER FOUNDATION OF AMERICA	20-87	30839	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,353		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,085		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,52	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	607	7,48	81.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	875	5,00	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2018
Open to Public Inspection

Intern	al Rever	nue Service	▶	Go to www.irs.gov	v/Form990 for instruction	ons and th	ne latest i	nformation.		Insp	ection
Nam	ne of t	the organizat		CANCED EO			<u></u>				tion numbe
Pa	rt I	Descon			UNDATION OF All organizations must co			a instruction		0-8730	1039
									S.		
	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2					Attach Schedule E (Forn						
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i i	ii).			
4		A medical re	search organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospita	ıl's name,
		city, and stat	te:								
5		An organizat	ion operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local gov	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).			
7	X				antial part of its support f				the general	public des	cribed in
				omplete Part II.)		Ũ			U U		
8					(1)(A)(vi). (Complete Par	· II)					
9	\square				in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
Ŭ					culture (see instructions).						
		university:		grant concept of agric			name, eng	y, and state c	in the coneg		
10			ion that norma	Illy receives: (1) more	than 22 1/20/ of its our	nort from	oontributi	one member	chin food a	nd aroos ra	
10					e than 33 1/3% of its sup						
					ct to certain exceptions,						
					e (less section 511 tax) fro	om busine	sses acqu	lired by the o	rganization	after June	30, 1975.
				mplete Part III.)							
11	\square	-	-	-	ively to test for public sa	•					
12		-	-	-	ively for the benefit of, to	-			-		
					ed in section 509(a)(1) o					heck the b	ox in
			•	• •	of supporting organizatio		-		-		
а		∐ Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	upporting	
	_	organizatio	on. You must c	complete Part IV, Se	ections A and B.						
b		Type II. As	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving	
		control or r	management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		organizatio	on(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fu	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d] Type III no	on-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)	
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .			
е		-			written determination fro				e II, Type III		
		functionally	y integrated, or	r Type III non-functio	onally integrated support	ing organiz	zation.				
f	Ente										
a				n about the supporte							
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount o	f monetary	(vi) Amou	unt of other
		organization	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see	e instructions
T											
Tota	1							1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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Schedule A (Form 990 or 990-EZ) 2018 LUNG CANCER FOUNDATION OF AMERICA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	292,129.	665,503.	516,372.	844,482.	1,359,997.	3,678,483.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities	ties										
	iurnished by a governmental unit to											
	the organization without charge	ation without charge										
4	Total. Add lines 1 through 3	292,129.	665,503.	516,372.	844,482.	1,359,997.	3,678,483.					
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)						1,373,948.					
6	Public support. Subtract line 5 from line 4.						2,304,535.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
7	Amounts from line 4	292,129.	665,503.	516,372.	844,482.	1,359,997.	3,678,483.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources \dots	84.	86.	607.	1,389.	2,117.	4,283.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						3,682,766.					
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12						
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)						
	organization, check this box and stop)					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage									
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	62.58 %					
	Public support percentage from 2017					15	70.53 %					
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo						
	stop here. The organization qualifies	as a publicly supp	orted organization	۱ <u></u>			X					
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	rt VI how the organ	ization					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization							
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is [.]	10% or					
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the						
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	►					
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	s ►					
					Scho	dule A (Form 990	or 000 E7) 2019					

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Schedule A (Form 990 or 990 EZ) 2018 LUNG CANCER FOUNDATION OF AMERICA Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total	
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per- formed, or facilities furnished in								
any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received								
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year								
c Add lines 7a and 7b								
B Public support. (Subtract line 7c from line 6.)								
ection B. Total Support								
alendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total	
9 Amounts from line 6								
0a Gross income from interest,								
dividends, payments received on securities loans, rents, royalties,								
and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
1 Net income from unrelated business								
activities not included in line 10b,								
whether or not the business is regularly carried on								
2 Other income. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part VI.)								
	ha arganization'	l a first assand thi	 rd fourth or fifth t		<u> </u>		ation	
4 First five years. If the Form 990 is for t	-			•	-		· · · · · ·	
check this box and stop here	Support Pe	rcentage						_
5 Public support percentage for 2018 (lin			column (f))		15			%
 Public support percentage for 2018 (infl Public support percentage from 2017 § 					16			%
Section D. Computation of Invest								70
					17			
•					17			%
7 Investment income percentage for 201					18		7 is uset	%
7 Investment income percentage for 2018 Investment income percentage from 20	17 Schedule A,					and the state		
 7 Investment income percentage for 201 8 Investment income percentage from 20 9a 33 1/3% support tests - 2018. If the or 	17 Schedule A, rganization did r	not check the box	on line 14, and line	e 15 is more than 3		, and line 1	7 is not	
 7 Investment income percentage for 201 8 Investment income percentage from 20 9a 33 1/3% support tests - 2018. If the omore than 33 1/3%, check this box and 	9 17 Schedule A, rganization did r d stop here. The	not check the box organization qual	on line 14, and line ifies as a publicly s	e 15 is more than supported organiza	ation .		▶□	
 7 Investment income percentage for 201 8 Investment income percentage from 20 9a 33 1/3% support tests - 2018. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the ormore tests - 2017. If the ormore test is a support test is a support test is a support test in the ormore test is a support test is a support test is a support test in the ormore test in th	1 7 Schedule A, rganization did r d stop here. The rganization did r	not check the box organization qual not check a box o	on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	ation ore than	33 1/3%, a	▶□ and	
 7 Investment income percentage for 201 8 Investment income percentage from 20 9a 33 1/3% support tests - 2018. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the orline 18 is not more than 33 1/3%, check 	17 Schedule A, rganization did r d stop here. The rganization did r k this box and st	not check the box organization qual not check a box of t op here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a mization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is ma as a publicly suppo	ation ore than orted or	33 1/3%, aganization	► and ►	
 7 Investment income percentage for 201 18 Investment income percentage from 20 19a 33 1/3% support tests - 2018. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the origina 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization 	17 Schedule A, rganization did r d stop here. The rganization did r k this box and st	not check the box organization qual not check a box of t op here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a mization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is m as a publicly supp nis box and see in	ation ore than orted or structio	33 1/3%, a ganization	and ▶□	
 7 Investment income percentage for 201 8 Investment income percentage from 20 9a 33 1/3% support tests - 2018. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the orline 18 is not more than 33 1/3%, check 	17 Schedule A, rganization did r d stop here. The rganization did r k this box and st	not check the box organization qual not check a box of t op here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a mization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is m as a publicly supp nis box and see in	ation ore than orted or structio	33 1/3%, a ganization	► and ►	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 LUNG CANCER FOUNDATION OF AMERICA

11 Has the organization accepted a gift or contribution from any of the following person? Image: Control of the organization?					
A Agenco who directly controlled to approded organization? A disk controlled entity or a person described in (a) above? A disk controlled entity or a person described in (a) above? A disk controlled entity or a person described in (a) above? A disk controlled entity or a person described in (a) above? A disk controlled entity or a person described in (a) above? Yes Controlled the organizations Yes Controlled the organizations Yes Yes Yes Controlled the organization set of the organization's directors or trustees at all times during the tax yes? Yes Yes Controlled the organization's advives. If the organization's directors or trustees at all times during the tax yes? Yes Yes Controlled the organization's advives. If the organization's directors or trustees at all times during the tax yes? Yes Yes Controlled the organization controlled the supported organization, describe how the powers to organization's Controlled the supporting organization. Yes				Yes	No
below, the governing body of a supported organization? 11a b A family member of a person described in (a) or (b) above?!! "Vist" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or oldet at least a majority of the organization's directors or trustees at all times during the taxyear? If "No," describe in Part VI now the supported organization at more supported organization, describe how the powers to appoint and/or move directors or trustees we allocated among the supported organization at most comported organization after the organization appoints are effective." <i>J and the organization after amove directors or trustees we allocated among the supported organization after amove directors or trustees we allocated among the supported organization after the upported organization after the tense of the purposes of the supported organization (b) that operated, supporting organization. 1 2 Did the organization operate for the benefit carre trustees were allocated among the supported organization of the directors or trustees of each of the organization organization (b) that operated, supporting organization (b) that operated, supporting organization. 2 2 Did the organization or carrelistical as the purposed organization (b) that operated, supporting organization. 1 2 Externo D. All Type II Bupporting Organizations. 1 1 3 Did the organization provide to each of the supported organization? If 'No,' exception in Part VI how ordite organization? and organization? If 'No,' exceptio</i>					
b A family member of a perion described in (a) atow? 110 c A 35% controlled mity of a perion described in (b) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulary apoint or detail in Bart VI how the supported organization's directors or trustees at all times during the tax year? If Wo, "describe how the powers to apoint and/or memory directors or trustees were allocated among the supported organization, describe how the powers to apoint and/or memory directors or trustees were allocated among the supported organization or trustees and allocated among the supported organization or trustees and allocated among the support of organization or power adviring the tax year? 1 2 Did the organization operated, supervised, or controlled the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization or trustees of each of the cognization's directors or trustees of each of the cognization's directors or trustees the supporting organization (s)? If "No," describe in Part VI how control or management of the supporting organizations, by the list day of the fith month of the organization supported organizations, by the list day of the fith month of the organization reported supervised, supported organizations, by the list day of the fith month of the organization supported organization (s)? If "No," describe in Part VI how the organization supported organization (s)? If "No," describe organization is directors or trustees of each of the cogninites on thow the adin and mout of support povided (u)?	а				
c A 35% controlled entity of a person described in (a) or (b) above?// "Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Ves regularly appoint or elect a least a majority of the organization is directors or trustees at all times during the tax year? (if "No," describe in Part VI how the supported organization for the organization and what conflictions or trustees were allocated arrange the supported organization operate to the bornel of any supported organization of the organization and what conflictions or trustees were allocated arrange the supported organization operate for the bornel of any supported organization of ther than the supported organization operate for the bornel of any supported organization of ther than the supported organization operate for the bornel of any supported organization of ther than the supported organization supporting organizations ves supervised, or controlled the supporting organization ves any other providing such banefit carried out the purposes of the supported organization of "Yes," regular in majority of the organization supported organization (% 1 "No," describe in Part VI how control or maigement of the supporting Organizations ves ves any of the organization supported organizations, by the last day of the fifth month of the organization's supervised, or accounters in effect on the date on infliction, to the extent to trevicuble? ves any of the organization softeners, directors, or trustees either (i) apporting organizations ves any of the organization softeners, directors, or trustees either (i) apporting organizations ves any of the organization's supported organization, by the supported organization's ves any of the organization softeners, directors, or trustees either (i) apporting organization's ves any of the organization softeners, directors, or trustees either (i) apporting organization's ves any of the organization softeners, dire					
Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year if No', describe hor part VI how the supported organization of the organization and appoint and/or more widerclos or trustees were allocated among the supported organization, describe how the powers to appoint and/or more widerclos or trustees were allocated among the supported organization of the that the supported organization of the that the support do organization of the that the support do organization of the that the supported organization of the that the support of organization of the directors or trustees of each of the organization support and organization of the that the support of organization or support of organization or trustees or each of the organization support of organizations. Yes 1 Were a majority of the organization or trustees during the tax year also a majority of the directors or trustees of each of the organization system of the directors or management of the supporting Organizations. Yes 1 Vere a majority of the organization or was vested in the same persons that controlled or managed the organization provide to each of the support of organizations. by the last day of the fifth month of the organization's divers, (i) a written notice describing the type and amount of support provided during the piror tax year (ii) a color of the organization's supported organization's supported organization support of organization's and (i) and (i)					
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025 10-11-18 Schedule A (Form 990 or 990-EZ)	832025		90 or 99	90-EZ)	2018

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Schedule A (Form 990 or 990 EZ) 2018 LUNG CANCER FOUNDATION OF AMERICA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

instructions).

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 LUNG CANCER FOUNDATION OF AMERICA

Fai	Type III Non-Functionally Integrated 509	(a)(s) supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	(Form 990 or 990 EZ) 2018 LUNG Supplemental Information.	Drovido the -			Dort II, line 10	· Dort II. line 4"	$7_2 \text{ or } 17 \text{ b} \cdot \text{Dot}^+$	730839 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9c, 1 ection E, lines	1a, 11b, aı 1c, 2a, 2b	nd 11c; Part IV , 3a, and 3b; F	/, Section B, Iir Part V, Iine 1; P	nes 1 and 2; Pai Part V, Section E	t IV, Section C, 3, line 1e; Part V
	Section D, lines 5, 6, and 8; and Par (See instructions.)	rt V, Section E	, lines 2, 5, an	d 6. Also (complete this p	oart for any ad	ditional informa	tion.
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Identification of Excess Contributions Included on Part II, Line 5

20-8730839

2018

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ASTRAZENECA PHARMACEUTICALS	75,000.	1,345.
BRISTOL-MEYERS SQUIBB COMPAY	980,653.	906,998.
GENENTECH	221,500.	147,845.
NOVARTIS	110,000.	36,345.
PFIZER, INC. C/O IRENE MARANGI	132,500.	58,845.
MERCK & CO., INC.	237,380.	163,725.
TAKEDA PHARMACEUTICALS USA, INC.	132,500.	58,845.
Total Excess Contributions to Schedule A, Part II, Line 5		1,373,948.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name of the organization

LUNG CANCER FOUNDATION OF AMERICA

Employer identification number 20-8730839

organization answered "Yes" on Form 390, Part IV, Ine 0. (a) Donor advised funds (b) Funds and other accounts (c) Aggregate value of grants from (during year) (c) Aggregate value of grants from (from 4 doron advisor) for any other purpose conforming (mpermission private benefit) (c) Competition examements hald by the organization (frokat all that apply) (c) Proservation of all for public use (e.g., recreation or advisor) (c) Preservation of a scrifted historic structure (c) Preservation of a certified historic structure (c) Aggregate value of grants aggregate scrifted historic structure (c) Aggregate value of conservation examements (c) acquired after 7/2500, and not on a historic structure (d) Authors of conservation examements in cludied in (c) acquired after 7/2500, and not on a historic structure (c) Authors of conservation examements (c) acquired after 7/2500, and not on a historic structure (c) Authors of conservation examements (c) acquired after 7/2500, and not on a historic structure (c) Aut	Pa	t I Organizations Maintaining Donor Advise	d Funds or	Other Similar Fund	ds or Ac	counts.Complete if the
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 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X 5 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X 5 6 Assets included in Form 990, Part X 7 14 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X 5 6 7 15 Assets included in			LION S III AI ICIAI		s the orga	anization's accounting to
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 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 			-	-	• •	
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c Schedule D (Form 990) 2018 c Schedule D (Form 990) 2018<th>-</th><th>-</th><th></th><th></th><th></th><th></th>	-	-				
b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018	а		,	•		► \$
LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990.Schedule D (Form 990) 2018						

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Sche		NCER FOUND						20-87			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Histori	ical Tr	reasures, or	Other	Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the	following that a	are a sign	nificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			change program						
b	Scholarly research	е	e 🛄 Oth	er							
c	Preservation for future generations										
4	Provide a description of the organization's c	•			•	•		ose in Par	t XIII.		
5	During the year, did the organization solicit of										1
Dai	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
I UI	reported an amount on Form 990, Pa			Janizatic	in answered i		5111 990	J, Faitiv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custod		diary for con	tributior	ns or other asse	ets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on F					-	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete				1	-			4		
4.	Device in a factor balance	(a) Current year	(b) Prior	year	(c) Two years	Dack (d)	i nree y	ears back	(e) Fou	years	раск
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses Grants or scholarships										
d	Other expenditures for facilities										
e	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a. c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment	5	%	,	,,						
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held a	and administere	ed for the	organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				·····				3b		
4	Describe in Part XIII the intended uses of the		owment fund	ds.							
Pa	t VI Land, Buildings, and Equipn					Davit V II.a	- 10				
	Complete if the organization answere								(1) D		
	Description of property	(a) Cost or o basis (investr			t or other (other)	(c) Accu depre	umulate ciation		(d) Boo	k value	e
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		V and 1		10-1						0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	х, coiumn (i	ы), iine 1	IUC.)				D /Farm	0001	• •

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	LUNG CANCER	FOUNDATION (OF AMERICA	20-8730839 Page 3
Part VII Investments -	Other Securities.			
Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X	, line 12.
(a) Description of security or categ	OTY (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990				
Part VIII Investments -	-			
			11c. See Form 990, Part X	
(a) Description of	investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990	, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.				
Complete if the orga			11d. See Form 990, Part X	
	(a)	Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b) must equal Fe	rm 000 Part V cal (P) line	- 15)		
Total. (Column (b) must equal Fo Part X Other Liabilitie		, , j, , , , , , , , , , , , , , , , ,		······ 🚩
		on Form 990 Part IV line	11e or 11f. See Form 990,	Part X line 25
	anzalion answered res	on rom 330, Fait IV, IIIE	116 0FTH. See FUIII 990,	i ait A, III 0 20.

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

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

Schedule D	(Form 990)	2018
Schedule D	0000000	2010

Sche	dule D (Form 990) 2018 LUNG CANCER FOUNDATION OF	AMERICA	20-	8730839 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Returr	າ.
	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	1,353,237.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,353,237.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,353,237.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		er Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		. 1	1,085,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_ 2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			•
е	······································		2e	0.
3	Subtract line 2e from line 1		3	1,085,709.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		-
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5	1,085,709.
Pa	rt 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:

THE FOUNDATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE
SERVICE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX
POSITIONS, SUCH AS ITS POSITION OF BEING TAX EXEMPT, ONLY AFTER
DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT
SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO
POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION
IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND STATE
PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

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Schedule D (Form 990) 2018	LUNG	CANCER	FO
Part XIII Supplemental Inf	iormation (continued)	

Schedule D (Form 990) 2018

SCHEDULE G	Suppleme	ntal Informat	tion Regard	ling Fu	inc	Irais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)							Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19	, or if the	2018
Department of the Treasury		-	ttach to Form							Open to Public
Internal Revenue Service		to www.irs.gov	/Form990 for i	nstructi	ion	s and	the latest informat	ion.		Inspection
Name of the organization		NCER FOU	NDATION	OF A	MI	ERI	CA		Employer ide	entification number 839
	complete this par		organization ar	nswered	"Y	es" or	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
c Phone solici d In-person so 2 a Did the organization	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	or oral agreement art VII) or entity in viduals or entities	e Sol f Sol g Spe with any indivi	icitation icitation ecial fun- idual (inc	of i of g dra cluc	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Ye:	
(i) Name and addres or entity (fund		(ii) <i>A</i>	Activity	hav or	cont	Did aiser istody trol of itions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Ye	es	No				
					-					
					_					
					_					
					_					
Total										
3 List all states in wh or licensing.					trib	utions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Inst	ructions for Fo	orm 990	or	990-l	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

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.

				,	0 1	-
			(a) Event #1 DAY AT THE RACES	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	34,273.			34,273.
	2	Less: Contributions	31,048.			31,048.
	3	Gross income (line 1 minus line 2)	3,225.			3,225.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
ē	8	Entertainment				
	9	Other direct expenses				12,102.
	10				>	12,102.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-8,877.
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
щ	1	Gross revenue				
es	2	Cash prizes				
sens	3	Noncash prizes				
ЩЩ	3	Noncash phzes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	<u> </u>	Not gaming meene summary. Subtract inte 7				I
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10-		ve any of the eventiation's coming licenses w	wakad ayanandad ar t	reminated during the tax	N0050	Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax		
2		,				
83300	22 10	D-03-18			Schedule G /Eo	rm 990 or 990-EZ) 2018
55200						

Sch	edule G (Form 990 or 990-EZ) 2018 LUNG CANCER FOUNDATION OF AMERICA 20-	<u>8730</u>	839	Page 3
	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:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	🗌 No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vaa	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ــــــا	res	
D	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. li	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, ,
8320	33 10-03-18 Schedule G (For	m 990 (or 990)-EZ) 2018
	33			

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		Sc	hedule G (Form 990 or 990-E
	34		

LUNG CANCER FOUNDATION OF AMERICA

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 Schedule G (Form 990 or 990-EZ)
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 Part IV
 Supplemental Information (continued)

20-8730839 Page 4

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization LUNG CANCER FOUNDATION OF AMERICA Employer identification num 20-873083 Part I General Information on Grants and Assistance Inspection 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	SCHEDU (Form 99	0)	Go	Grants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn i " on Form 990, Pa	ited States		OMB No. 1545-0047			
LUNG CANCER FOUNDATION OF AMERICA 20-873083 Part I General Information on Grants and Assistance Image: Comparison of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance of the grant of the gran				► Go to www.ir	•		nation.		Open to Public Inspection			
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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance												
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (if applicable) (c) IRC section (if applicable) (c) ash grant (c	Part I	General Information on Grants	and Assistance									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, FMV, ap	crite	eria used to award the grants or as	sistance?									
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, FMV, apprais												
1 (a) Name and address of organization or government(b) EIN(c) IRC section (if applicable)(d) Amount of cash grant(e) Amount of non-cash assistance(f) Method of valuation (book, FMV, appraisal,(g) Description of noncash assistance(h) Purpose of grant or assistance	Part II	-	-				anization answered "	es" on Form 990, Pa	t IV, line 21, for any			
or government (if applicable) cash grant aseistance or government (if applicable) cash grant aseistance or assistance or assista							(f) Method of		(1) 5			
	1 (a)	-	(b) EIN			non-cash	valuation (book, FMV, appraisal,					
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) (20)	3 Ente	er total number of other organizatio	ns listed in the line	1 table				<u> </u>				

Schedule I (Form 990) (2018) LUNG CANCER FOUNDATION OF AMERICA

PART I, LINE 2:

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

GRANT RECIPIENTS MUST PROVIDE THE FOLLOWING INFORMATION FOR CONSIDERATION:

- PLANNED SPECIFIC AIMS.

- RATIONALE FOR THE PROJECT TOGETHER WITH BACKGROUND, SIGNIFICANCE AND

INNOVATION OF PROPOSAL.

- BRIEF STATEMENT OF THE OVERALL EXPERIMENTAL APPROACH.

- BRIEF STATEMENT DESCRIBING THE CLINICAL CONTEXT IN WHICH THE BIOMARKER OR

RESEARCH PROJECT WILL BE USED AND THE QUANTITATIVE/PERFORMANCE THAT YOUR

BIOMARKER SHOULD ACHIEVE TO SHOW CLINICAL UTILITY.

Part IV

Part III

Page 2

Schedule I Part IV	(Form 990) Supplei	mental In	LUN formatio	G CAN	ICER FOU	NDATION	OF AME	ERICA	20-8	8730839 Page 2
										SUPPLIES,
PUBLI	CATION	COSTS	, TRA	VEL,	CLINICA	L TRIAL	COSTS,	, ANIMA	L COSTS.	
										Schedule I (Form 990
832291 04-01-18						37	7			

SCHEDULE J		Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	IU)
Depa	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
_		LUNG CANCER FOUNDATION OF AMERICA	20-8	373083	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
		n a thung thung and an a start				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	by of the following the filing exception used to establish the comparation of the exception	ation's			
3		ny, of the following the filing organization used to establish the compensation of the organiz actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
	·	compensation consultant Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	committee			
			Johnnittee			
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
-		hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		Х
b	Any related organiz	ation?				Х
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)) 2018

832111 10-26-18

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred		(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation 0 •		compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JIM BARANSKI (i)		155,435.						0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

(FOIL 990 01 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



20-8730839

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

LUNG CANCER FOUNDATION OF AMERICA

SURVIVORSHIP OF LUNG CANCER PATIENTS THROUGH THE FUNDING OF

TRANSFORMATIVE SCIENCE, WITH THE ULTIMATE GOAL OF CURING THE DISEASE.

TO ACCOMPLISH THIS, LCFA HAS WORKED TO RAISE BOTH THE FUNDS AND THE

NATIONAL PROFILE OF LUNG CANCER IN ORDER TO SUBSTANTIALLY INCREASE

SUPPORT OF INNOVATIVE AND GROUNDBREAKING RESEARCH EFFORTS.

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

THE FUNDS AND THE NATIONAL PROFILE OF LUNG CANCER IN ORDER TO

SUBSTANTIALLY INCREASE SUPPORT OF INNOVATIVE AND GROUNDBREAKING

RESEARCH EFFORTS.

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

THE DRAFT FORM 990 IS REVIEWED BY THE LCFA CORPORATE OFFICERS, AND THEN

SUBMITTED TO THE LCFA BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

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

LCFA'S CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND EACH DIRECTOR, OFFICER AND SENIOR STAFF MEMBER WILL CERTIFY ANNUALLY THAT HE OR SHE HAS RECEIVED, READ, UNDERSTOOD AND IS IN COMPLIANCE WITH, THE POLICY. IT IS THE RESPONSIBILITY OF EACH OFFICER AND DIRECTOR OF THE CORPORATION TO DISCHARGE HIS OR HER DUTIES AS A DIRECTOR AND OFFICER IN GOOD FAITH, IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF THE CORPORATION, AND WITH THE CARE AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD EXERCISE UNDER SIMILAR CIRCUMSTANCES.

41

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification number
LUNG CANCER FOUNDATION OF AMERICA	20-8730839
FORM 990, PART VI, SECTION B, LINE 15:	
LCFA IS REGULARLY AND CONSISTENTLY MONITORING THE EXECUT	IVE DIRECTORS
PERFORMANCE AND SALARY. LCFA UTILIZED A COMPENSATION STU	DY AND A
COMPENSATION COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
LCFA MAKES ALL GOVERNING DOCUMENTS AND FINANCIAL INFORMA	TION AVAILABLE TO
THE PUBLIC ON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	256,943
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	11,860
TOTAL EXPENSES	268,80
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	268,80
832212 10-10-18 Sch 42	edule O (Form 990 or 990-EZ) (20